Friday, October 4, 2019

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Note: For procedure codes that display an asterisk (*) in the Allowed Amount column, please see the fee table "DME UPL Affected Codes 07/01/2019."

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
01996	Daily hospital management of epidural or subarachnoid continuous drug administration	1/1/2008	$46.13		No	N/A
01999	Unlisted anesthesia procedure(s)	1/1/1979	$0.00		No	N/A
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$44.75		No	N/A
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1/1/2019	$107.78		No	N/A
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$51.94		No	N/A
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1/1/2019	$240.04		No	N/A
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$135.64		No	N/A
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	1/1/2019	$391.76		No	N/A
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$236.69		No	N/A
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	1/1/2019	$0.00		No	N/A
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$0.00		No	N/A
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	7/1/2018	$103.29		No	N/A
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	7/1/2018	$474.34		No	N/A
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	7/1/2018	$433.14		No	N/A
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	7/1/2018	$378.81		No	N/A
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	7/1/2018	$92.72		No	N/A
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	7/1/2018	$101.01		No	N/A
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	7/1/2018	$175.66		No	N/A
10080	Incision and drainage of pilonidal cyst; simple	7/1/2018	$151.23		No	N/A
10081	Incision and drainage of pilonidal cyst; complicated	7/1/2018	$228.09		No	N/A
10120	Incision and removal of foreign body, subcutaneous tissues; simple	7/1/2018	$130.10		No	N/A
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	7/1/2018	$232.60		No	N/A
10140	Incision and drainage of hematoma, seroma or fluid collection	7/1/2018	$139.55		No	N/A
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	7/1/2018	$110.37		No	N/A
10180	Incision and drainage, complex, postoperative wound infection	7/1/2018	$207.31		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	7/1/2018	$46.86		No	N/A
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$18.40		No	N/A
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	7/1/2018	$497.29		No	N/A
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	7/1/2018	$666.55		No	N/A
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	7/1/2018	$606.21		No	N/A
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	7/1/2018	$234.23		No	N/A
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	7/1/2018	$424.78		No	N/A
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	7/1/2018	$455.95		No	N/A
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	7/1/2018	$596.67		No	N/A
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	7/1/2018	$99.59		No	N/A
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	7/1/2018	$194.61		No	N/A
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	7/1/2018	$266.20		No	N/A
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$35.06		No	N/A
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$62.07		No	N/A
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$105.00		No	N/A
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	7/1/2018	$40.90		No	N/A
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	7/1/2018	$50.01		No	N/A
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	7/1/2018	$56.66		No	N/A
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	1/1/2019	$82.88		No	N/A
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$44.76		No	N/A
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	1/1/2019	$104.23		No	N/A
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$51.28		No	N/A

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11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	1/1/2019	$126.07		No	N/A
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	1/1/2019	$60.52		No	N/A
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	7/1/2018	$75.74		No	N/A
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$16.49		No	N/A
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	7/1/2018	$82.43		No	N/A
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	7/1/2018	$101.29		No	N/A
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	7/1/2018	$119.21		No	N/A
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	7/1/2018	$131.74		No	N/A
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	7/1/2018	$84.07		No	N/A
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	7/1/2018	$103.36		No	N/A
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	7/1/2018	$122.62		No	N/A
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	7/1/2018	$128.83		No	N/A
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	7/1/2018	$96.13		No	N/A
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	7/1/2018	$94.53		No	N/A
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	7/1/2018	$135.58		No	N/A
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	7/1/2018	$157.36		No	N/A
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	7/1/2018	$105.84		No	N/A
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	7/1/2018	$126.45		No	N/A
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	7/1/2018	$140.81		No	N/A
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	7/1/2018	$162.66		No	N/A
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	7/1/2018	$183.97		No	N/A
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	7/1/2018	$265.06		No	N/A
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	7/1/2018	$104.04		No	N/A

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11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	7/1/2018	$133.07		No	N/A
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	7/1/2018	$149.34		No	N/A
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	7/1/2018	$170.24		No	N/A
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	7/1/2018	$197.62		No	N/A
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	7/1/2018	$283.02		No	N/A
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	7/1/2018	$114.79		No	N/A
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	7/1/2018	$142.35		No	N/A
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	7/1/2018	$159.15		No	N/A
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	7/1/2018	$189.33		No	N/A
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	7/1/2018	$238.19		No	N/A
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	7/1/2018	$331.07		No	N/A
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	7/1/2018	$322.14		No	N/A
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	7/1/2018	$408.66		No	N/A
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	7/1/2018	$314.85		No	N/A
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	7/1/2018	$413.68		No	N/A
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	7/1/2018	$347.96		No	N/A
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	7/1/2018	$431.29		No	N/A
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	7/1/2018	$163.46		No	N/A
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	7/1/2018	$193.62		No	N/A
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	7/1/2018	$209.94		No	N/A
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	7/1/2018	$240.41		No	N/A

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11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	7/1/2018	$266.35		No	N/A
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	7/1/2018	$380.52		No	N/A
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	7/1/2018	$164.54		No	N/A
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	7/1/2018	$194.40		No	N/A
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	7/1/2018	$217.03		No	N/A
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	7/1/2018	$254.72		No	N/A
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	7/1/2018	$286.93		No	N/A
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	7/1/2018	$344.41		No	N/A
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	7/1/2018	$169.60		No	N/A
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	7/1/2018	$200.99		No	N/A
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	7/1/2018	$229.46		No	N/A
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	7/1/2018	$270.69		No	N/A
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	7/1/2018	$334.00		No	N/A
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	7/1/2018	$435.29		No	N/A
11719	Trimming of nondystrophic nails, any number	7/1/2018	$12.39		No	N/A
11720	Debridement of nail(s) by any method(s); 1 to 5	7/1/2018	$28.23		No	N/A
11721	Debridement of nail(s) by any method(s); 6 or more	7/1/2018	$38.91		No	N/A
11730	Avulsion of nail plate, partial or complete, simple; single	7/1/2018	$90.29		No	N/A
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	7/1/2018	$27.13		No	N/A
11740	Evacuation of subungual hematoma	7/1/2018	$42.59		No	N/A
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	7/1/2018	$131.21		No	N/A
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	7/1/2018	$112.49		No	N/A
11760	Repair of nail bed	7/1/2018	$159.26		No	N/A
11762	Reconstruction of nail bed with graft	7/1/2018	$238.97		No	N/A
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	7/1/2018	$142.14		No	N/A
11770	Excision of pilonidal cyst or sinus; simple	7/1/2018	$231.95		No	N/A
11771	Excision of pilonidal cyst or sinus; extensive	7/1/2018	$483.81		No	N/A
11772	Excision of pilonidal cyst or sinus; complicated	7/1/2018	$583.26		No	N/A
11900	Injection, intralesional; up to and including 7 lesions	7/1/2018	$47.53		No	N/A
11901	Injection, intralesional; more than 7 lesions	7/1/2018	$59.90		No	N/A

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11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	7/1/2018	$145.32		Yes	MCU
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	7/1/2018	$166.87		Yes	MCU
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	7/1/2018	$810.63		No	N/A
11970	Replacement of tissue expander with permanent prosthesis	7/1/2018	$519.68		Yes	MCU
11971	Removal of tissue expander(s) without insertion of prosthesis	7/1/2018	$395.95		No	N/A
11976	Removal, implantable contraceptive capsules	7/1/2018	$122.82		No	N/A
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	7/1/2018	$81.17		No	N/A
11981	Insertion, non-biodegradable drug delivery implant	7/1/2018	$119.77		No	N/A
11982	Removal, non-biodegradable drug delivery implant	7/1/2018	$134.37		No	N/A
11983	Removal with reinsertion, non-biodegradable drug delivery implant	7/1/2018	$195.67		No	N/A
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	7/1/2018	$76.97		No	N/A
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	7/1/2018	$93.78		No	N/A
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	7/1/2018	$109.72		No	N/A
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	7/1/2018	$138.15		No	N/A
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	7/1/2018	$164.03		No	N/A
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	7/1/2018	$188.97		No	N/A
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	7/1/2018	$93.98		No	N/A
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	7/1/2018	$98.46		No	N/A
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	7/1/2018	$115.01		No	N/A
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	7/1/2018	$138.77		No	N/A
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	7/1/2018	$175.09		No	N/A
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	7/1/2018	$132.08		No	N/A
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	7/1/2018	$149.51		No	N/A
12020	Treatment of superficial wound dehiscence; simple closure	7/1/2018	$237.22		No	N/A
12021	Treatment of superficial wound dehiscence; with packing	7/1/2018	$138.69		No	N/A
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	7/1/2018	$200.70		No	N/A
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	7/1/2018	$254.95		No	N/A
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	7/1/2018	$264.05		No	N/A

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12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	7/1/2018	$320.74		No	N/A
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	7/1/2018	$356.02		No	N/A
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	7/1/2018	$404.70		No	N/A
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	7/1/2018	$200.73		No	N/A
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	7/1/2018	$244.49		No	N/A
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	7/1/2018	$303.78		No	N/A
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	7/1/2018	$337.61		No	N/A
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	7/1/2018	$401.01		No	N/A
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	7/1/2018	$441.68		No	N/A
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	7/1/2018	$218.07		No	N/A
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	7/1/2018	$248.88		No	N/A
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	7/1/2018	$291.86		No	N/A
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	7/1/2018	$304.68		No	N/A
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	7/1/2018	$393.26		No	N/A
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	7/1/2018	$469.08		No	N/A
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	7/1/2018	$498.14		No	N/A
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	7/1/2018	$282.51		No	N/A
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	7/1/2018	$333.90		No	N/A
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	7/1/2018	$102.69		No	N/A
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	7/1/2018	$295.72		No	N/A
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	7/1/2018	$360.61		No	N/A
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	7/1/2018	$112.30		No	N/A
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	7/1/2018	$325.66		No	N/A
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	7/1/2018	$402.49		No	N/A
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	7/1/2018	$151.25		No	N/A

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13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	7/1/2018	$356.55		No	N/A
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	7/1/2018	$428.27		No	N/A
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	7/1/2018	$163.91		No	N/A
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	7/1/2018	$683.02		No	N/A
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	7/1/2018	$524.35		No	N/A
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	7/1/2018	$677.53		No	N/A
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	7/1/2018	$587.92		No	N/A
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	7/1/2018	$736.71		No	N/A
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	7/1/2018	$645.17		No	N/A
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	7/1/2018	$799.34		No	N/A
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	7/1/2018	$659.15		No	N/A
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	7/1/2018	$859.76		No	N/A
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	7/1/2018	$910.78		No	N/A
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$190.08		No	N/A
14350	Filleted finger or toe flap, including preparation of recipient site	7/1/2018	$595.66		No	N/A
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	7/1/2018	$293.70		No	N/A
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	7/1/2018	$63.64		No	N/A
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	7/1/2018	$339.28		No	N/A
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	7/1/2018	$105.45		No	N/A
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	7/1/2018	$210.67		No	N/A
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	7/1/2018	$473.03		No	N/A
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	7/1/2018	$722.47		No	N/A

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15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$155.34		No	N/A
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	7/1/2018	$675.44		No	N/A
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$98.96		No	N/A
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	7/1/2018	$673.46		No	N/A
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$144.24		No	N/A
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	7/1/2018	$718.27		No	N/A
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$174.27		No	N/A
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	7/1/2018	$555.00		No	N/A
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$85.36		No	N/A
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	7/1/2018	$722.25		No	N/A
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$84.47		No	N/A
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	7/1/2018	$583.41		No	N/A
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	7/1/2018	$101.57		No	N/A
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$132.16		No	N/A
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	7/1/2018	$678.66		No	N/A
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	7/1/2018	$136.29		No	N/A

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15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$151.97		No	N/A
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	7/1/2018	$702.87		No	N/A
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$124.19		No	N/A
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	7/1/2018	$651.49		No	N/A
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$114.52		No	N/A
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	7/1/2018	$789.71		No	N/A
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$155.25		No	N/A
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	7/1/2018	$859.61		No	N/A
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$181.35		No	N/A
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	7/1/2018	$119.88		No	N/A
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$23.21		No	N/A
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	7/1/2018	$253.94		No	N/A
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$59.72		No	N/A
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	7/1/2018	$128.03		No	N/A
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$29.76		No	N/A
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	7/1/2018	$278.57		No	N/A

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15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$71.67		No	N/A
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	7/1/2018	$771.60		No	N/A
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	7/1/2018	$751.86		No	N/A
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	7/1/2018	$770.03		No	N/A
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	7/1/2018	$683.40		No	N/A
15600	Delay of flap or sectioning of flap (division and inset); at trunk	7/1/2018	$271.54		No	N/A
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	7/1/2018	$299.16		No	N/A
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	7/1/2018	$367.42		No	N/A
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	7/1/2018	$386.08		No	N/A
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	7/1/2018	$424.49		No	N/A
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	7/1/2018	$1,312.76		Yes	Telligen
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	7/1/2018	$951.75		No	N/A
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	7/1/2018	$904.45		Yes	Telligen
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	7/1/2018	$1,288.56		No	N/A
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	7/1/2018	$1,049.94		No	N/A
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	7/1/2018	$1,129.86		No	N/A
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	7/1/2018	$860.64		No	N/A
15750	Flap; neurovascular pedicle	7/1/2018	$781.25		No	N/A
15756	Free muscle or myocutaneous flap with microvascular anastomosis	7/1/2018	$1,978.15		No	N/A
15757	Free skin flap with microvascular anastomosis	7/1/2018	$1,948.40		No	N/A
15758	Free fascial flap with microvascular anastomosis	7/1/2018	$1,966.22		No	N/A
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	7/1/2018	$721.55		No	N/A
15770	Graft; derma-fat-fascia	7/1/2018	$566.98		No	N/A
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	7/1/2018	$186.16		Yes	MCU
15820	Blepharoplasty, lower eyelid;	7/1/2018	$479.65		No	N/A
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	7/1/2018	$521.26		No	N/A
15822	Blepharoplasty, upper eyelid;	7/1/2018	$380.67		No	N/A
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	7/1/2018	$522.18		No	N/A
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	7/1/2008	$536.88		Yes	MCU
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	7/1/2018	$1,002.28		Yes	Telligen
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	7/1/2018	$743.58		Yes	Telligen

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15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	7/1/2018	$673.30		Yes	Telligen
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	7/1/2018	$745.88		Yes	Telligen
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	7/1/2018	$856.61		No	N/A
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	7/1/2018	$1,524.22		No	N/A
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	7/1/2018	$2,325.46		No	N/A
15845	Graft for facial nerve paralysis; regional muscle transfer	7/1/2018	$866.35		No	N/A
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	7/1/2008	$796.67		Yes	Telligen
15850	Removal of sutures under anesthesia (other than local), same surgeon	7/1/2008	$54.03		No	N/A
15851	Removal of sutures under anesthesia (other than local), other surgeon	7/1/2018	$84.30		No	N/A
15852	Dressing change (for other than burns) under anesthesia (other than local)	7/1/2018	$40.25		No	N/A
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	7/1/2018	$93.08		No	N/A
15877	Suction assisted lipectomy; trunk	3/6/2018	$0.00		Yes	Telligen
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	7/1/2018	$512.71		No	N/A
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	7/1/2018	$666.05		No	N/A
15931	Excision, sacral pressure ulcer, with primary suture;	7/1/2018	$582.15		No	N/A
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	7/1/2018	$716.36		No	N/A
15934	Excision, sacral pressure ulcer, with skin flap closure;	7/1/2018	$793.86		No	N/A
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	7/1/2018	$926.66		No	N/A
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	7/1/2018	$755.61		No	N/A
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	7/1/2018	$878.48		No	N/A
15940	Excision, ischial pressure ulcer, with primary suture;	7/1/2018	$590.92		No	N/A
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	7/1/2018	$765.71		No	N/A
15944	Excision, ischial pressure ulcer, with skin flap closure;	7/1/2018	$754.41		No	N/A
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	7/1/2018	$837.78		No	N/A
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	7/1/2018	$1,391.78		No	N/A
15950	Excision, trochanteric pressure ulcer, with primary suture;	7/1/2018	$502.54		No	N/A
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	7/1/2018	$748.71		No	N/A
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	7/1/2018	$770.89		No	N/A
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	7/1/2018	$848.21		No	N/A
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	7/1/2018	$979.45		No	N/A
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	7/1/2018	$1,002.22		No	N/A
15999	Unlisted procedure, excision pressure ulcer	1/1/1979	$0.00		No	N/A
16000	Initial treatment, first degree burn, when no more than local treatment is required	7/1/2018	$58.72		No	N/A
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	7/1/2018	$69.67		No	N/A
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	7/1/2018	$125.57		No	N/A
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	7/1/2018	$158.24		No	N/A
16035	Escharotomy; initial incision	7/1/2018	$169.51		No	N/A

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16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	7/1/2018	$70.32		No	N/A
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	7/1/2018	$55.87		No	N/A
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	7/1/2018	$4.38		No	N/A
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	7/1/2018	$122.06		No	N/A
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	7/1/2018	$291.96		Yes	MCU
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	7/1/2018	$372.26		Yes	MCU
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	7/1/2018	$547.95		Yes	MCU
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	7/1/2018	$94.02		No	N/A
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	7/1/2018	$111.32		No	N/A
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	7/1/2018	$67.63		No	N/A
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	7/1/2018	$80.77		No	N/A
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	7/1/2018	$121.72		No	N/A
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	7/1/2018	$148.39		No	N/A
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	7/1/2018	$161.83		No	N/A
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	7/1/2018	$173.62		No	N/A
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	7/1/2018	$196.60		No	N/A
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	7/1/2018	$127.78		No	N/A
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	7/1/2018	$138.29		No	N/A
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	7/1/2018	$157.97		No	N/A
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	7/1/2018	$175.72		No	N/A

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17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	7/1/2018	$207.99		No	N/A
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	7/1/2018	$240.93		No	N/A
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	7/1/2018	$119.38		No	N/A
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	7/1/2018	$150.80		No	N/A
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	7/1/2018	$173.06		No	N/A
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	7/1/2018	$207.43		No	N/A
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	7/1/2018	$237.56		No	N/A
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	7/1/2018	$303.52		No	N/A
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	7/1/2018	$558.06		No	N/A
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	7/1/2018	$327.67		No	N/A
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	7/1/2018	$521.51		No	N/A

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17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	7/1/2018	$312.68		No	N/A
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	7/1/2018	$67.75		No	N/A
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	3/6/2018	$0.00		Yes	Telligen
19000	Puncture aspiration of cyst of breast;	7/1/2018	$94.80		No	N/A
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	7/1/2018	$23.20		No	N/A
19020	Mastotomy with exploration or drainage of abscess, deep	7/1/2018	$397.70		No	N/A
19030	Injection procedure only for mammary ductogram or galactogram	7/1/2018	$139.86		No	N/A
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	7/1/2018	$579.57		No	N/A
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	7/1/2018	$476.57		No	N/A
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	7/1/2018	$563.57		No	N/A
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	7/1/2018	$457.63		No	N/A
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	7/1/2018	$841.12		No	N/A
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	7/1/2018	$679.13		No	N/A
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	7/1/2018	$125.74		No	N/A
19101	Biopsy of breast; open, incisional	7/1/2018	$285.68		No	N/A
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	7/1/2018	$2,461.30		No	N/A
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	7/1/2018	$407.93		No	N/A
19112	Excision of lactiferous duct fistula	7/1/2018	$385.19		No	N/A

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19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	7/1/2018	$415.05		No	N/A
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	7/1/2018	$459.39		No	N/A
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	7/1/2018	$136.94		No	N/A
19260	Excision of chest wall tumor including ribs	7/1/2018	$1,017.60		No	N/A
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	7/1/2018	$1,373.47		No	N/A
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	7/1/2018	$1,496.90		No	N/A
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	7/1/2018	$203.68		No	N/A
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	7/1/2018	$140.56		No	N/A
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	7/1/2018	$229.31		No	N/A
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	7/1/2018	$171.32		No	N/A
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	7/1/2018	$433.73		No	N/A
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	7/1/2018	$378.26		No	N/A
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	7/1/2018	$719.15		No	N/A
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	7/1/2018	$579.56		No	N/A
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	7/1/2018	$3,308.08		No	N/A
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	7/1/2018	$80.48		No	N/A
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	7/1/2018	$839.92		No	N/A
19300	Mastectomy for gynecomastia	7/1/2018	$441.65		Yes	MCU
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	7/1/2018	$550.89		No	N/A
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	7/1/2018	$759.05		No	N/A

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19303	Mastectomy, simple, complete	7/1/2018	$810.62		No	N/A
19304	Mastectomy, subcutaneous	7/1/2018	$487.49		No	N/A
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	7/1/2018	$954.81		No	N/A
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	7/1/2018	$1,012.76		No	N/A
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	7/1/2018	$1,010.50		No	N/A
19316	Mastopexy	7/1/2018	$656.51		Yes	MCU
19318	Reduction mammaplasty	7/1/2018	$942.03		Yes	Telligen
19324	Mammaplasty, augmentation; without prosthetic implant	7/1/2018	$452.15		Yes	MCU
19325	Mammaplasty, augmentation; with prosthetic implant	7/1/2018	$548.26		Yes	MCU
19328	Removal of intact mammary implant	7/1/2018	$422.45		Yes	MCU
19330	Removal of mammary implant material	7/1/2018	$540.63		Yes	MCU
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	7/1/2018	$856.31		Yes	MCU
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	7/1/2018	$788.18		Yes	MCU
19350	Nipple/areola reconstruction	7/1/2018	$698.16		No	N/A
19355	Correction of inverted nipples	7/1/2018	$638.51		Yes	MCU
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	7/1/2018	$1,283.73		Yes	MCU
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	7/1/2018	$1,348.84		Yes	MCU
19364	Breast reconstruction with free flap	7/1/2018	$2,364.48		Yes	MCU
19366	Breast reconstruction with other technique	7/1/2018	$1,207.20		Yes	MCU
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	7/1/2018	$1,536.35		Yes	MCU
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	7/1/2018	$1,887.44		Yes	MCU
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	7/1/2018	$1,751.39		Yes	MCU
19370	Open periprosthetic capsulotomy, breast	7/1/2018	$585.46		Yes	MCU
19371	Periprosthetic capsulectomy, breast	7/1/2018	$668.86		Yes	MCU
19380	Revision of reconstructed breast	7/1/2018	$660.35		Yes	MCU
19499	Unlisted procedure, breast	3/6/2018	$0.00		Yes	Telligen
20100	Exploration of penetrating wound (separate procedure); neck	7/1/2018	$516.18		No	N/A
20101	Exploration of penetrating wound (separate procedure); chest	7/1/2018	$377.69		No	N/A
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	7/1/2018	$410.54		No	N/A
20103	Exploration of penetrating wound (separate procedure); extremity	7/1/2018	$493.84		No	N/A
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	7/1/2018	$859.94		No	N/A
20200	Biopsy, muscle; superficial	7/1/2018	$172.22		No	N/A
20205	Biopsy, muscle; deep	7/1/2018	$241.07		No	N/A
20206	Biopsy, muscle, percutaneous needle	7/1/2018	$197.69		No	N/A
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	7/1/2018	$142.05		No	N/A
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	7/1/2018	$435.31		No	N/A

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20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	7/1/2018	$131.74		No	N/A
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	7/1/2018	$303.75		No	N/A
20250	Biopsy, vertebral body, open; thoracic	7/1/2018	$326.36		No	N/A
20251	Biopsy, vertebral body, open; lumbar or cervical	7/1/2018	$356.90		No	N/A
20500	Injection of sinus tract; therapeutic (separate procedure)	7/1/2018	$90.10		No	N/A
20501	Injection of sinus tract; diagnostic (sinogram)	7/1/2018	$99.43		No	N/A
20520	Removal of foreign body in muscle or tendon sheath; simple	7/1/2018	$173.71		No	N/A
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	7/1/2018	$403.49		No	N/A
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	7/1/2018	$65.55		No	N/A
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	7/1/2018	$71.33		No	N/A
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar 'fascia')	7/1/2018	$45.37		No	N/A
20551	Injection(s); single tendon origin/insertion	7/1/2018	$51.93		No	N/A
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	7/1/2018	$47.10		No	N/A
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	7/1/2018	$54.27		No	N/A
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	7/1/2018	$285.13		No	N/A
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	7/1/2018	$41.25		No	N/A
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	7/1/2018	$61.47		No	N/A
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	7/1/2018	$43.23		No	N/A
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	7/1/2018	$68.29		No	N/A
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	7/1/2018	$51.26		No	N/A
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	7/1/2018	$77.00		No	N/A
20612	Aspiration and/or injection of ganglion cyst(s) any location	7/1/2018	$51.35		No	N/A
20615	Aspiration and injection for treatment of bone cyst	7/1/2018	$204.38		No	N/A
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	7/1/2018	$180.00		No	N/A
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	7/1/2018	$204.73		No	N/A
20661	Application of halo, including removal; cranial	7/1/2018	$417.17		No	N/A
20662	Application of halo, including removal; pelvic	7/1/2018	$433.89		No	N/A
20663	Application of halo, including removal; femoral	7/1/2018	$397.97		No	N/A
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	7/1/2018	$717.97		No	N/A
20665	Removal of tongs or halo applied by another individual	7/1/2018	$92.77		No	N/A
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	7/1/2018	$318.19		No	N/A
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	7/1/2018	$523.11		No	N/A
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	7/1/2018	$507.73		No	N/A

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20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	7/1/2018	$956.85		No	N/A
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	7/1/2018	$379.47		No	N/A
20694	Removal, under anesthesia, of external fixation system	7/1/2018	$359.98		No	N/A
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	7/1/2018	$1,027.69		No	N/A
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	7/1/2018	$1,766.24		No	N/A
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	7/1/2018	$2,354.34		No	N/A
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	7/1/2018	$2,804.42		No	N/A
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	7/1/2018	$3,391.22		No	N/A
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	7/1/2018	$1,764.43		No	N/A
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	7/1/2018	$1,514.71		No	N/A
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	7/1/2018	$1,767.36		No	N/A
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	7/1/2018	$1,555.70		No	N/A
20838	Replantation, foot, complete amputation	7/1/2018	$2,162.69		No	N/A
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	7/1/2018	$350.31		No	N/A
20902	Bone graft, any donor area; major or large	7/1/2018	$244.36		No	N/A
20910	Cartilage graft; costochondral	7/1/2018	$396.05		No	N/A
20912	Cartilage graft; nasal septum	7/1/2018	$403.62		No	N/A
20920	Fascia lata graft; by stripper	7/1/2018	$339.34		No	N/A
20922	Fascia lata graft; by incision and area exposure, complex or sheet	7/1/2018	$498.03		No	N/A
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	7/1/2018	$431.88		No	N/A
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	7/1/2018	$360.62		No	N/A
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	7/1/2008	$171.62		No	N/A
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	7/1/2018	$93.73		No	N/A
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	1/1/2019	$616.36		No	N/A
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	1/1/2019	$565.49		No	N/A
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	1/1/2019	$616.02		No	N/A

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20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	1/1/1996	$0.00		No	N/A
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	7/1/2018	$142.70		No	N/A
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	7/1/2018	$155.65		No	N/A
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	7/1/2018	$209.17		No	N/A
20955	Bone graft with microvascular anastomosis; fibula	7/1/2018	$2,133.47		No	N/A
20956	Bone graft with microvascular anastomosis; iliac crest	7/1/2018	$2,264.17		No	N/A
20957	Bone graft with microvascular anastomosis; metatarsal	7/1/2018	$2,354.01		No	N/A
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	7/1/2018	$2,277.00		No	N/A
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	7/1/2018	$2,362.86		No	N/A
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	7/1/2018	$2,449.03		No	N/A
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	7/1/2018	$2,444.54		No	N/A
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	7/1/2018	$2,581.05		No	N/A
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	7/1/2018	$64.49		No	N/A
20975	Electrical stimulation to aid bone healing; invasive (operative)	7/1/2018	$151.00		No	N/A
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	7/1/2018	$43.92		No	N/A
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	7/1/2018	$3,266.45		No	N/A
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	7/1/2018	$5,000.03		No	N/A
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	7/1/2018	$126.12		No	N/A
20999	Unlisted procedure, musculoskeletal system, general	1/1/1979	$0.00		No	N/A
21010	Arthrotomy, temporomandibular joint	7/1/2018	$653.16		No	N/A
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	7/1/2018	$292.28		No	N/A
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	7/1/2018	$288.24		No	N/A
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	7/1/2018	$438.89		No	N/A
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	7/1/2018	$445.33		No	N/A
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	7/1/2018	$604.01		No	N/A
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	7/1/2018	$866.39		No	N/A
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	7/1/2018	$754.05		No	N/A
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	7/1/2018	$520.87		No	N/A
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	7/1/2018	$655.61		No	N/A
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	7/1/2018	$439.51		No	N/A
21031	Excision of torus mandibularis	7/1/2018	$336.69		No	N/A

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21032	Excision of maxillary torus palatinus	7/1/2018	$339.44		No	N/A
21034	Excision of malignant tumor of maxilla or zygoma	7/1/2018	$1,112.65		No	N/A
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	7/1/2018	$442.43		No	N/A
21044	Excision of malignant tumor of mandible;	7/1/2018	$745.57		No	N/A
21045	Excision of malignant tumor of mandible; radical resection	7/1/2018	$1,047.43		No	N/A
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	7/1/2018	$952.40		No	N/A
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	7/1/2018	$1,124.31		No	N/A
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	7/1/2018	$971.23		No	N/A
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	7/1/2018	$1,029.87		No	N/A
21050	Condylectomy, temporomandibular joint (separate procedure)	7/1/2018	$770.40		No	N/A
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	7/1/2018	$700.88		No	N/A
21070	Coronoidectomy (separate procedure)	7/1/2018	$550.04		No	N/A
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	7/1/2018	$325.97		No	N/A
21076	Impression and custom preparation; surgical obturator prosthesis	7/1/2018	$840.51		No	N/A
21077	Impression and custom preparation; orbital prosthesis	7/1/2018	$2,114.09		No	N/A
21079	Impression and custom preparation; interim obturator prosthesis	7/1/2018	$1,426.10		No	N/A
21080	Impression and custom preparation; definitive obturator prosthesis	7/1/2018	$1,605.96		No	N/A
21081	Impression and custom preparation; mandibular resection prosthesis	7/1/2018	$1,476.66		Yes	MCU
21082	Impression and custom preparation; palatal augmentation prosthesis	7/1/2018	$1,390.24		Yes	MCU
21083	Impression and custom preparation; palatal lift prosthesis	7/1/2018	$1,324.12		No	N/A
21084	Impression and custom preparation; speech aid prosthesis	7/1/2018	$1,519.49		Yes	MCU
21085	Impression and custom preparation; oral surgical splint	7/1/2018	$638.05		No	N/A
21086	Impression and custom preparation; auricular prosthesis	7/1/2018	$1,567.98		Yes	MCU
21087	Impression and custom preparation; nasal prosthesis	7/1/2018	$1,570.31		No	N/A
21088	Impression and custom preparation; facial prosthesis	1/1/1991	$0.00		No	N/A
21089	Unlisted maxillofacial prosthetic procedure	1/1/1979	$0.00		No	N/A
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	7/1/2018	$608.81		No	N/A
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	7/1/2018	$673.87		No	N/A
21116	Injection procedure for temporomandibular joint arthrography	7/1/2018	$137.57		No	N/A
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	7/1/2018	$580.34		No	N/A
21121	Genioplasty; sliding osteotomy, single piece	7/1/2018	$651.65		No	N/A
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	7/1/2018	$676.74		No	N/A
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	7/1/2018	$784.99		No	N/A
21125	Augmentation, mandibular body or angle; prosthetic material	7/1/2018	$2,478.43		No	N/A
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	7/1/2018	$3,168.92		No	N/A
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	7/1/2018	$787.01		Yes	MCU

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21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	7/1/2018	$1,166.33		No	N/A
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	7/1/2018	$1,199.21		No	N/A
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	7/1/2018	$1,258.30		No	N/A
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	7/1/2018	$1,369.87		No	N/A
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	7/1/2018	$1,427.96		No	N/A
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	7/1/2018	$1,505.86		No	N/A
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	7/1/2018	$1,425.59		No	N/A
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	7/1/2018	$1,528.82		No	N/A
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	7/1/2018	$1,687.46		No	N/A
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	7/1/2018	$1,872.30		No	N/A
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	7/1/2018	$2,244.80		Yes	MCU
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	7/1/2018	$2,434.99		No	N/A
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	7/1/2018	$1,701.12		No	N/A
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	7/1/2018	$1,897.64		No	N/A
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	7/1/2018	$1,302.52		No	N/A
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	7/1/2018	$1,459.39		No	N/A
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	7/1/2018	$633.43		No	N/A
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	7/1/2018	$1,825.25		No	N/A
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	7/1/2018	$1,989.19		No	N/A

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21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	7/1/2018	$2,142.49		No	N/A
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	7/1/2018	$1,444.24		No	N/A
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	7/1/2018	$1,095.75		No	N/A
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	7/1/2018	$1,255.18		No	N/A
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	7/1/2018	$1,227.87		No	N/A
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	7/1/2018	$1,269.49		No	N/A
21198	Osteotomy, mandible, segmental;	7/1/2018	$1,000.78		No	N/A
21199	Osteotomy, mandible, segmental; with genioglossus advancement	7/1/2018	$925.79		No	N/A
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	7/1/2018	$1,025.23		No	N/A
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	7/1/2018	$1,492.52		No	N/A
21209	Osteoplasty, facial bones; reduction	7/1/2018	$749.87		No	N/A
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	7/1/2018	$1,877.26		No	N/A
21215	Graft, bone; mandible (includes obtaining graft)	7/1/2018	$3,263.53		No	N/A
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	7/1/2018	$635.37		No	N/A
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	7/1/2018	$612.69		No	N/A
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	7/1/2018	$959.36		No	N/A
21242	Arthroplasty, temporomandibular joint, with allograft	7/1/2018	$889.34		No	N/A
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	7/1/2018	$1,465.46		No	N/A
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	7/1/2018	$903.01		Yes	Idaho Smiles
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	7/1/2018	$1,023.89		Yes	Idaho Smiles
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	7/1/2018	$755.49		Yes	Idaho Smiles
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	7/1/2018	$1,405.72		No	N/A
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	7/1/2018	$938.16		Yes	Idaho Smiles
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	7/1/2018	$1,323.41		Yes	Idaho Smiles
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	7/1/2018	$1,217.39		No	N/A
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	7/1/2018	$1,066.70		No	N/A
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	7/1/2018	$1,204.89		No	N/A
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	7/1/2018	$2,133.09		No	N/A
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	7/1/2018	$1,972.59		No	N/A

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21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	7/1/2018	$1,410.47		No	N/A
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	7/1/2018	$1,765.27		No	N/A
21270	Malar augmentation, prosthetic material	7/1/2018	$864.66		No	N/A
21275	Secondary revision of orbitocraniofacial reconstruction	7/1/2018	$716.92		No	N/A
21280	Medial canthopexy (separate procedure)	7/1/2018	$491.41		No	N/A
21282	Lateral canthopexy	7/1/2018	$326.54		No	N/A
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	7/1/2018	$157.81		No	N/A
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	7/1/2018	$351.43		No	N/A
21299	Unlisted craniofacial and maxillofacial procedure	1/1/2015	$0.00		Yes	Telligen
21310	Closed treatment of nasal bone fracture without manipulation	7/1/2018	$113.93		No	N/A
21315	Closed treatment of nasal bone fracture; without stabilization	7/1/2018	$229.90		No	N/A
21320	Closed treatment of nasal bone fracture; with stabilization	7/1/2018	$212.98		No	N/A
21325	Open treatment of nasal fracture; uncomplicated	7/1/2018	$396.08		No	N/A
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	7/1/2018	$478.82		No	N/A
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	7/1/2018	$611.94		No	N/A
21336	Open treatment of nasal septal fracture, with or without stabilization	7/1/2018	$543.96		No	N/A
21337	Closed treatment of nasal septal fracture, with or without stabilization	7/1/2018	$339.40		No	N/A
21338	Open treatment of nasoethmoid fracture; without external fixation	7/1/2018	$557.97		No	N/A
21339	Open treatment of nasoethmoid fracture; with external fixation	7/1/2018	$634.76		No	N/A
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	7/1/2018	$632.98		No	N/A
21343	Open treatment of depressed frontal sinus fracture	7/1/2018	$914.38		No	N/A
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	7/1/2018	$1,177.93		No	N/A
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	7/1/2018	$653.69		No	N/A
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	7/1/2018	$760.69		No	N/A
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	7/1/2018	$856.57		No	N/A
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	7/1/2018	$920.31		No	N/A
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	7/1/2018	$357.62		No	N/A
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	7/1/2017	$423.64		No	N/A
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	7/1/2018	$460.00		No	N/A
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	7/1/2018	$953.19		No	N/A

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21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	7/1/2018	$1,092.96		No	N/A
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	7/1/2018	$652.27		No	N/A
21386	Open treatment of orbital floor blowout fracture; periorbital approach	7/1/2018	$596.16		No	N/A
21387	Open treatment of orbital floor blowout fracture; combined approach	7/1/2018	$680.32		No	N/A
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	7/1/2018	$684.44		No	N/A
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	7/1/2018	$864.60		No	N/A
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	7/1/2018	$162.76		No	N/A
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	7/1/2018	$437.83		No	N/A
21406	Open treatment of fracture of orbit, except blowout; without implant	7/1/2018	$490.01		No	N/A
21407	Open treatment of fracture of orbit, except blowout; with implant	7/1/2018	$552.16		No	N/A
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	7/1/2018	$771.08		No	N/A
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	7/1/2018	$624.45		No	N/A
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	7/1/2018	$573.85		No	N/A
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	7/1/2018	$672.80		No	N/A
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	7/1/2018	$611.64		No	N/A
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	7/1/2018	$613.84		No	N/A
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	7/1/2018	$1,493.98		No	N/A
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	7/1/2018	$1,204.25		No	N/A
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	7/1/2018	$1,752.96		No	N/A
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	7/1/2018	$488.84		No	N/A
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	7/1/2018	$655.56		No	N/A
21450	Closed treatment of mandibular fracture; without manipulation	7/1/2018	$476.38		No	N/A
21451	Closed treatment of mandibular fracture; with manipulation	7/1/2018	$633.68		No	N/A
21452	Percutaneous treatment of mandibular fracture, with external fixation	7/1/2018	$537.37		No	N/A
21453	Closed treatment of mandibular fracture with interdental fixation	7/1/2018	$771.08		No	N/A
21454	Open treatment of mandibular fracture with external fixation	7/1/2018	$481.76		No	N/A
21461	Open treatment of mandibular fracture; without interdental fixation	7/1/2018	$1,796.47		No	N/A
21462	Open treatment of mandibular fracture; with interdental fixation	7/1/2018	$1,916.48		No	N/A
21465	Open treatment of mandibular condylar fracture	7/1/2018	$795.94		No	N/A
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	7/1/2018	$1,031.44		No	N/A
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	7/1/2018	$83.21		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	7/1/2018	$655.28		No	N/A
21490	Open treatment of temporomandibular dislocation	7/1/2018	$785.56		No	N/A
21497	Interdental wiring, for condition other than fracture	7/1/2018	$566.87		No	N/A
21499	Unlisted musculoskeletal procedure, head	1/1/1979	$0.00		No	N/A
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	7/1/2018	$380.94		No	N/A
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	7/1/2018	$425.23		No	N/A
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	7/1/2018	$372.56		No	N/A
21550	Biopsy, soft tissue of neck or thorax	7/1/2018	$221.09		No	N/A
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	7/1/2018	$378.41		No	N/A
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$621.07		No	N/A
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	7/1/2018	$349.65		No	N/A
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$448.16		No	N/A
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	7/1/2018	$811.49		No	N/A
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	7/1/2018	$1,143.41		No	N/A
21600	Excision of rib, partial	7/1/2018	$468.14		No	N/A
21610	Costotransversectomy (separate procedure)	7/1/2018	$992.32		No	N/A
21615	Excision first and/or cervical rib;	7/1/2018	$522.39		No	N/A
21616	Excision first and/or cervical rib; with sympathectomy	7/1/2018	$607.55		No	N/A
21620	Ostectomy of sternum, partial	7/1/2018	$427.49		No	N/A
21627	Sternal debridement	7/1/2018	$456.36		No	N/A
21630	Radical resection of sternum;	7/1/2018	$1,046.43		No	N/A
21632	Radical resection of sternum; with mediastinal lymphadenectomy	7/1/2018	$1,021.28		No	N/A
21685	Hyoid myotomy and suspension	7/1/2018	$842.11		No	N/A
21700	Division of scalenus anticus; without resection of cervical rib	7/1/2018	$305.23		No	N/A
21705	Division of scalenus anticus; with resection of cervical rib	7/1/2018	$456.54		No	N/A
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	7/1/2018	$431.68		No	N/A
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	7/1/2018	$459.58		No	N/A
21740	Reconstructive repair of pectus excavatum or carinatum; open	7/1/2018	$875.66		No	N/A
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	1/1/2003	$0.00		No	N/A
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	1/1/2003	$0.00		No	N/A
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	7/1/2018	$579.61		No	N/A
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	7/1/2018	$509.40		No	N/A
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	7/1/2018	$619.86		No	N/A
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	7/1/2018	$839.79		No	N/A

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21820	Closed treatment of sternum fracture	7/1/2018	$120.23		No	N/A
21825	Open treatment of sternum fracture with or without skeletal fixation	7/1/2018	$455.80		No	N/A
21899	Unlisted procedure, neck or thorax	1/1/1979	$0.00		Yes	Telligen
21920	Biopsy, soft tissue of back or flank; superficial	7/1/2018	$217.29		No	N/A
21925	Biopsy, soft tissue of back or flank; deep	7/1/2018	$378.57		No	N/A
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	7/1/2018	$399.66		No	N/A
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	7/1/2018	$398.42		No	N/A
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$560.99		No	N/A
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$625.90		No	N/A
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	7/1/2018	$872.42		No	N/A
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	7/1/2018	$1,204.08		No	N/A
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	7/1/2018	$800.09		No	N/A
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	7/1/2018	$794.57		No	N/A
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	7/1/2018	$745.08		No	N/A
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	7/1/2018	$739.40		No	N/A
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	7/1/2018	$675.48		No	N/A
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	7/1/2018	$119.41		No	N/A
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	7/1/2018	$871.94		No	N/A
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	7/1/2018	$925.65		No	N/A
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	7/1/2018	$925.65		No	N/A
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	7/1/2018	$119.09		No	N/A
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	7/1/2018	$2,056.89		No	N/A
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	7/1/2018	$2,029.18		No	N/A
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	7/1/2018	$498.84		No	N/A
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	7/1/2018	$1,502.28		No	N/A
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	7/1/2018	$1,255.84		No	N/A
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	7/1/2018	$1,258.39		No	N/A
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	7/1/2018	$308.62		No	N/A

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22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	7/1/2018	$1,350.41		No	N/A
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	7/1/2018	$1,441.43		No	N/A
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	7/1/2018	$1,344.67		No	N/A
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	7/1/2018	$307.66		No	N/A
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	7/1/2018	$261.63		No	N/A
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	7/1/2018	$743.94		No	N/A
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	7/1/2018	$1,355.86		No	N/A
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	7/1/2018	$1,511.02		No	N/A
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	7/1/2018	$1,208.15		No	N/A
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	7/1/2018	$1,246.61		No	N/A
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	7/1/2018	$1,258.29		No	N/A
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	7/1/2018	$237.26		No	N/A
22505	Manipulation of spine requiring anesthesia, any region	7/1/2018	$112.61		No	N/A
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	7/1/2018	$1,415.57		No	N/A
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	7/1/2018	$1,396.81		No	N/A
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	7/1/2018	$799.82		No	N/A
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	7/1/2018	$5,956.06		No	N/A
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	7/1/2018	$5,927.42		No	N/A

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22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	7/1/2018	$3,587.10		No	N/A
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	7/1/2018	$1,503.49		Yes	Telligen
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	7/1/2018	$1,410.40		Yes	Telligen
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	7/1/2018	$306.03		Yes	Telligen
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	7/1/2018	$1,623.36		Yes	Telligen
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	7/1/2018	$1,431.30		Yes	Telligen
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	7/1/2018	$335.03		Yes	Telligen
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	7/1/2018	$1,052.08		Yes	Telligen
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	7/1/2018	$1,404.59		Yes	Telligen
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	7/1/2018	$1,300.55		Yes	Telligen
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	7/1/2018	$278.29		Yes	Telligen
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	7/1/2018	$1,647.47		Yes	Telligen
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	7/1/2018	$1,314.16		Yes	Telligen
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	7/1/2018	$1,255.09		Yes	Telligen
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	7/1/2018	$1,077.30		Yes	Telligen
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	7/1/2018	$1,060.73		Yes	Telligen
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	7/1/2018	$1,341.34		Yes	Telligen
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	7/1/2018	$330.44		Yes	Telligen
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	7/1/2018	$1,313.69		Yes	Telligen

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22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	7/1/2018	$270.01		Yes	Telligen
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	7/1/2018	$1,560.34		Yes	Telligen
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	7/1/2018	$418.96		Yes	Telligen
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	7/1/2018	$1,144.04		Yes	Telligen
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	7/1/2018	$1,786.39		Yes	Telligen
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	7/1/2018	$2,060.29		Yes	Telligen
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	7/1/2018	$1,560.52		Yes	Telligen
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	7/1/2018	$1,692.13		Yes	Telligen
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	7/1/2018	$1,893.64		Yes	Telligen
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	7/1/2018	$1,860.78		No	N/A
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	7/1/2018	$2,138.80		No	N/A
22830	Exploration of spinal fusion	7/1/2018	$686.03		Yes	Telligen
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	7/1/2018	$642.87		Yes	Telligen
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	7/1/2018	$645.13		Yes	Telligen
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	7/1/2018	$645.13		Yes	Telligen
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	7/1/2018	$690.61		Yes	Telligen
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	7/1/2018	$839.58		Yes	Telligen
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	7/1/2018	$614.85		Yes	Telligen
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	7/1/2018	$638.47		Yes	Telligen
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	7/1/2018	$696.61		Yes	Telligen

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22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	7/1/2018	$306.21		Yes	Telligen
22849	Reinsertion of spinal fixation device	7/1/2018	$1,095.90		Yes	Telligen
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	7/1/2018	$608.85		No	N/A
22852	Removal of posterior segmental instrumentation	7/1/2018	$584.89		No	N/A
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	7/1/2018	$213.78		Yes	Telligen
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	7/1/2018	$276.50		Yes	Telligen
22855	Removal of anterior instrumentation	7/1/2018	$929.94		No	N/A
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	7/1/2018	$1,373.57		Yes	Telligen
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	7/1/2018	$1,437.58		Yes	Telligen
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	7/1/2018	$431.95		Yes	Telligen
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	7/1/2018	$276.50		Yes	Telligen
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	7/1/2018	$1,925.85		No	N/A
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	7/1/2018	$1,718.02		No	N/A
22899	Unlisted procedure, spine	1/1/1979	$0.00		Yes	Telligen
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$478.82		No	N/A
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$564.73		No	N/A
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	7/1/2018	$368.75		No	N/A
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	7/1/2018	$371.86		No	N/A
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	7/1/2018	$893.75		No	N/A
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	7/1/2018	$1,133.26		No	N/A
22999	Unlisted procedure, abdomen, musculoskeletal system	1/1/1979	$0.00		No	N/A
23000	Removal of subdeltoid calcareous deposits, open	7/1/2018	$488.73		No	N/A
23020	Capsular contracture release (eg, Sever type procedure)	7/1/2018	$586.67		No	N/A
23030	Incision and drainage, shoulder area; deep abscess or hematoma	7/1/2018	$376.12		No	N/A
23031	Incision and drainage, shoulder area; infected bursa	7/1/2018	$351.68		No	N/A
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	7/1/2018	$577.67		No	N/A

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23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	7/1/2018	$609.85		No	N/A
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	7/1/2018	$480.20		No	N/A
23065	Biopsy, soft tissue of shoulder area; superficial	7/1/2018	$184.95		No	N/A
23066	Biopsy, soft tissue of shoulder area; deep	7/1/2018	$470.42		No	N/A
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	7/1/2018	$355.87		No	N/A
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$589.69		No	N/A
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	7/1/2018	$397.11		No	N/A
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$457.75		No	N/A
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	7/1/2018	$968.87		No	N/A
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	7/1/2018	$1,224.14		No	N/A
23100	Arthrotomy, glenohumeral joint, including biopsy	7/1/2018	$424.93		No	N/A
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	7/1/2018	$387.10		No	N/A
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	7/1/2018	$542.80		No	N/A
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	7/1/2018	$421.16		No	N/A
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	7/1/2018	$562.57		No	N/A
23120	Claviculectomy; partial	7/1/2018	$496.12		No	N/A
23125	Claviculectomy; total	7/1/2018	$602.90		No	N/A
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	7/1/2018	$517.43		No	N/A
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	7/1/2018	$453.34		No	N/A
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	7/1/2018	$590.62		No	N/A
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	7/1/2018	$527.34		No	N/A
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	7/1/2018	$563.32		No	N/A
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	7/1/2018	$674.33		No	N/A
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	7/1/2018	$575.85		No	N/A
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	7/1/2018	$475.88		No	N/A
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	7/1/2018	$480.74		No	N/A
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	7/1/2018	$644.23		No	N/A
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	7/1/2018	$555.71		No	N/A
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	7/1/2018	$556.27		No	N/A
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	7/1/2018	$621.27		No	N/A
23190	Ostectomy of scapula, partial (eg, superior medial angle)	7/1/2018	$485.55		No	N/A
23195	Resection, humeral head	7/1/2018	$642.45		No	N/A
23200	Radical resection of tumor; clavicle	7/1/2018	$1,294.34		No	N/A
23210	Radical resection of tumor; scapula	7/1/2018	$1,521.71		No	N/A
23220	Radical resection of tumor, proximal humerus	7/1/2018	$1,671.70		No	N/A

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23330	Removal of foreign body, shoulder; subcutaneous	7/1/2018	$230.06		No	N/A
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	7/1/2018	$396.72		No	N/A
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	7/1/2018	$916.71		No	N/A
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	7/1/2018	$1,092.08		No	N/A
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	7/1/2018	$110.17		No	N/A
23395	Muscle transfer, any type, shoulder or upper arm; single	7/1/2018	$1,093.94		No	N/A
23397	Muscle transfer, any type, shoulder or upper arm; multiple	7/1/2018	$967.52		No	N/A
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	7/1/2018	$826.70		No	N/A
23405	Tenotomy, shoulder area; single tendon	7/1/2018	$527.52		No	N/A
23406	Tenotomy, shoulder area; multiple tendons through same incision	7/1/2018	$657.05		No	N/A
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	7/1/2018	$698.98		No	N/A
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	7/1/2018	$725.57		No	N/A
23415	Coracoacromial ligament release, with or without acromioplasty	7/1/2018	$592.01		No	N/A
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	7/1/2018	$825.45		No	N/A
23430	Tenodesis of long tendon of biceps	7/1/2018	$633.44		No	N/A
23440	Resection or transplantation of long tendon of biceps	7/1/2018	$641.89		No	N/A
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	7/1/2018	$807.96		No	N/A
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	7/1/2018	$850.40		No	N/A
23460	Capsulorrhaphy, anterior, any type; with bone block	7/1/2018	$928.66		No	N/A
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	7/1/2018	$906.67		No	N/A
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	7/1/2018	$952.88		No	N/A
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	7/1/2018	$957.52		No	N/A
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	7/1/2018	$1,024.17		No	N/A
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	7/1/2018	$1,244.66		No	N/A
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	7/1/2018	$1,389.31		No	N/A
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	7/1/2018	$1,500.87		No	N/A
23480	Osteotomy, clavicle, with or without internal fixation;	7/1/2018	$698.81		No	N/A
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	7/1/2018	$811.18		No	N/A
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	7/1/2018	$733.92		No	N/A
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	7/1/2018	$864.00		No	N/A
23500	Closed treatment of clavicular fracture; without manipulation	7/1/2018	$185.58		No	N/A
23505	Closed treatment of clavicular fracture; with manipulation	7/1/2018	$298.23		No	N/A
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	7/1/2018	$612.08		No	N/A
23520	Closed treatment of sternoclavicular dislocation; without manipulation	7/1/2018	$195.97		No	N/A
23525	Closed treatment of sternoclavicular dislocation; with manipulation	7/1/2018	$325.40		No	N/A
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	7/1/2018	$485.87		No	N/A

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23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	7/1/2018	$530.10		No	N/A
23540	Closed treatment of acromioclavicular dislocation; without manipulation	7/1/2018	$191.06		No	N/A
23545	Closed treatment of acromioclavicular dislocation; with manipulation	7/1/2018	$290.34		No	N/A
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	7/1/2018	$478.80		No	N/A
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	7/1/2018	$556.36		No	N/A
23570	Closed treatment of scapular fracture; without manipulation	7/1/2018	$196.86		No	N/A
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	7/1/2018	$339.40		No	N/A
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	7/1/2018	$835.52		No	N/A
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	7/1/2018	$276.12		No	N/A
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	7/1/2018	$392.00		No	N/A
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	7/1/2018	$753.20		No	N/A
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	7/1/2018	$1,058.25		No	N/A
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	7/1/2018	$227.77		No	N/A
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	7/1/2017	$316.17		No	N/A
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	7/1/2018	$663.54		No	N/A
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	7/1/2018	$268.12		No	N/A
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	7/1/2018	$340.28		No	N/A
23660	Open treatment of acute shoulder dislocation	7/1/2017	$490.86		No	N/A
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	7/1/2018	$359.76		No	N/A
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	7/1/2017	$741.20		No	N/A
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	7/1/2018	$464.24		No	N/A
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	7/1/2018	$791.45		No	N/A
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	7/1/2017	$165.54		No	N/A
23800	Arthrodesis, glenohumeral joint;	7/1/2018	$873.45		No	N/A
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	7/1/2018	$1,094.33		No	N/A
23900	Interthoracoscapular amputation (forequarter)	7/1/2018	$1,184.24		No	N/A
23920	Disarticulation of shoulder;	7/1/2017	$934.58		No	N/A
23921	Disarticulation of shoulder; secondary closure or scar revision	7/1/2018	$396.74		No	N/A
23929	Unlisted procedure, shoulder	1/1/1979	$0.00		No	N/A
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	7/1/2017	$295.91		No	N/A
23931	Incision and drainage, upper arm or elbow area; bursa	7/1/2018	$243.77		No	N/A

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23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	7/1/2018	$429.14		No	N/A
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	7/1/2018	$405.03		No	N/A
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	7/1/2018	$604.99		No	N/A
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	7/1/2018	$217.52		No	N/A
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	7/1/2018	$522.32		No	N/A
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	7/1/2018	$344.57		No	N/A
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$589.07		No	N/A
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	7/1/2017	$409.46		No	N/A
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$462.14		No	N/A
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	7/1/2017	$876.51		No	N/A
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	7/1/2018	$1,130.98		No	N/A
24100	Arthrotomy, elbow; with synovial biopsy only	7/1/2018	$354.07		No	N/A
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	7/1/2018	$423.92		No	N/A
24102	Arthrotomy, elbow; with synovectomy	7/1/2018	$524.17		No	N/A
24105	Excision, olecranon bursa	7/1/2017	$294.04		No	N/A
24110	Excision or curettage of bone cyst or benign tumor, humerus;	7/1/2018	$497.63		No	N/A
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	7/1/2017	$616.80		No	N/A
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	7/1/2018	$733.73		No	N/A
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	7/1/2018	$450.74		No	N/A
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	7/1/2018	$526.82		No	N/A
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	7/1/2017	$544.45		No	N/A
24130	Excision, radial head	7/1/2018	$431.69		No	N/A
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	7/1/2018	$635.37		No	N/A
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	7/1/2018	$535.78		No	N/A
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	7/1/2018	$572.67		No	N/A
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	7/1/2018	$597.95		No	N/A
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	7/1/2018	$502.70		No	N/A
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	7/1/2018	$528.71		No	N/A
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	7/1/2018	$1,002.55		No	N/A
24150	Radical resection of tumor, shaft or distal humerus	7/1/2018	$1,328.90		No	N/A
24152	Radical resection of tumor, radial head or neck	7/1/2018	$1,153.55		No	N/A
24155	Resection of elbow joint (arthrectomy)	7/1/2018	$726.52		No	N/A

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24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	7/1/2018	$1,078.52		No	N/A
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	7/1/2018	$621.84		No	N/A
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	7/1/2018	$175.93		No	N/A
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	7/1/2018	$464.28		No	N/A
24220	Injection procedure for elbow arthrography	7/1/2018	$133.15		No	N/A
24300	Manipulation, elbow, under anesthesia	7/1/2018	$351.75		No	N/A
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	7/1/2018	$639.06		No	N/A
24305	Tendon lengthening, upper arm or elbow, each tendon	7/1/2018	$491.93		No	N/A
24310	Tenotomy, open, elbow to shoulder, each tendon	7/1/2018	$399.78		No	N/A
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	7/1/2018	$664.11		No	N/A
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	7/1/2018	$610.30		No	N/A
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	7/1/2018	$668.82		No	N/A
24332	Tenolysis, triceps	7/1/2018	$520.00		No	N/A
24340	Tenodesis of biceps tendon at elbow (separate procedure)	7/1/2018	$521.26		No	N/A
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	7/1/2018	$633.25		No	N/A
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	7/1/2018	$660.70		No	N/A
24343	Repair lateral collateral ligament, elbow, with local tissue	7/1/2017	$597.49		No	N/A
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	7/1/2018	$936.13		No	N/A
24345	Repair medial collateral ligament, elbow, with local tissue	7/1/2017	$594.71		No	N/A
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	7/1/2018	$934.66		No	N/A
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	7/1/2017	$358.16		No	N/A
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	7/1/2018	$444.73		No	N/A
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	7/1/2018	$561.97		No	N/A
24360	Arthroplasty, elbow; with membrane (eg, fascial)	7/1/2018	$765.42		No	N/A
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	7/1/2018	$856.83		No	N/A
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	7/1/2018	$902.78		No	N/A
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	7/1/2018	$1,245.81		No	N/A
24365	Arthroplasty, radial head;	7/1/2018	$543.15		No	N/A
24366	Arthroplasty, radial head; with implant	7/1/2018	$579.11		No	N/A
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	7/1/2018	$1,321.63		No	N/A
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	7/1/2018	$1,535.31		No	N/A
24400	Osteotomy, humerus, with or without internal fixation	7/1/2018	$697.58		No	N/A
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	7/1/2018	$899.95		No	N/A

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24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	7/1/2018	$846.21		No	N/A
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	7/1/2018	$900.24		No	N/A
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	7/1/2018	$916.67		No	N/A
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	7/1/2018	$570.10		No	N/A
24495	Decompression fasciotomy, forearm, with brachial artery exploration	7/1/2018	$625.24		No	N/A
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	7/1/2018	$736.39		No	N/A
24500	Closed treatment of humeral shaft fracture; without manipulation	7/1/2018	$303.42		No	N/A
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	7/1/2018	$419.92		No	N/A
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	7/1/2018	$745.83		No	N/A
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	7/1/2018	$731.93		No	N/A
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	7/1/2018	$321.84		No	N/A
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	7/1/2018	$522.41		No	N/A
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	7/1/2018	$631.28		No	N/A
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	7/1/2018	$792.16		No	N/A
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	7/1/2018	$886.19		No	N/A
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	7/1/2018	$272.30		No	N/A
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	7/1/2018	$451.16		No	N/A
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	7/1/2018	$608.54		No	N/A
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	7/1/2018	$624.29		No	N/A
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	7/1/2018	$288.13		No	N/A
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	7/1/2018	$464.99		No	N/A
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	7/1/2018	$711.38		No	N/A
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	7/1/2018	$686.35		No	N/A
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	7/1/2018	$925.05		No	N/A
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	7/1/2018	$930.73		No	N/A
24600	Treatment of closed elbow dislocation; without anesthesia	7/1/2018	$310.97		No	N/A
24605	Treatment of closed elbow dislocation; requiring anesthesia	7/1/2018	$398.54		No	N/A
24615	Open treatment of acute or chronic elbow dislocation	7/1/2018	$606.98		No	N/A
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	7/1/2018	$469.08		No	N/A

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24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	7/1/2018	$572.83		No	N/A
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	7/1/2018	$85.96		No	N/A
24650	Closed treatment of radial head or neck fracture; without manipulation	7/1/2018	$221.76		No	N/A
24655	Closed treatment of radial head or neck fracture; with manipulation	7/1/2018	$371.21		No	N/A
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	7/1/2018	$555.58		No	N/A
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	7/1/2018	$623.85		No	N/A
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	7/1/2018	$246.20		No	N/A
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	7/1/2018	$384.60		No	N/A
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	7/1/2018	$555.82		No	N/A
24800	Arthrodesis, elbow joint; local	7/1/2018	$705.55		No	N/A
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	7/1/2018	$852.71		No	N/A
24900	Amputation, arm through humerus; with primary closure	7/1/2018	$629.06		No	N/A
24920	Amputation, arm through humerus; open, circular (guillotine)	7/1/2018	$622.90		No	N/A
24925	Amputation, arm through humerus; secondary closure or scar revision	7/1/2018	$475.45		No	N/A
24930	Amputation, arm through humerus; re-amputation	7/1/2018	$658.46		No	N/A
24931	Amputation, arm through humerus; with implant	7/1/2018	$794.61		No	N/A
24935	Stump elongation, upper extremity	7/1/2018	$981.03		No	N/A
24940	Cineplasty, upper extremity, complete procedure	7/1/2008	$998.38		No	N/A
24999	Unlisted procedure, humerus or elbow	1/1/1979	$0.00		No	N/A
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	7/1/2018	$285.41		No	N/A
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	7/1/2018	$291.64		No	N/A
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	7/1/2018	$486.29		No	N/A
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	7/1/2018	$942.73		No	N/A
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	7/1/2018	$659.68		No	N/A
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	7/1/2018	$1,033.11		No	N/A
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	7/1/2018	$445.01		No	N/A
25031	Incision and drainage, forearm and/or wrist; bursa	7/1/2018	$298.29		No	N/A
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	7/1/2018	$497.11		No	N/A
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	7/1/2018	$479.06		No	N/A
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	7/1/2018	$214.98		No	N/A
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	7/1/2018	$304.21		No	N/A
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	7/1/2018	$360.85		No	N/A
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	7/1/2018	$453.29		No	N/A
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	7/1/2018	$403.14		No	N/A

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25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	7/1/2018	$441.09		No	N/A
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	7/1/2018	$752.80		No	N/A
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	7/1/2018	$992.87		No	N/A
25085	Capsulotomy, wrist (eg, contracture)	7/1/2018	$382.19		No	N/A
25100	Arthrotomy, wrist joint; with biopsy	7/1/2018	$292.73		No	N/A
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	7/1/2018	$342.64		No	N/A
25105	Arthrotomy, wrist joint; with synovectomy	7/1/2018	$409.93		No	N/A
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	7/1/2018	$525.03		No	N/A
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	7/1/2018	$458.47		No	N/A
25110	Excision, lesion of tendon sheath, forearm and/or wrist	7/1/2018	$288.91		No	N/A
25111	Excision of ganglion, wrist (dorsal or volar); primary	7/1/2018	$271.61		No	N/A
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	7/1/2018	$328.39		No	N/A
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	7/1/2018	$647.31		No	N/A
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	7/1/2018	$511.49		No	N/A
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	7/1/2018	$323.96		No	N/A
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	7/1/2018	$422.92		No	N/A
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	7/1/2018	$422.79		No	N/A
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	7/1/2018	$502.92		No	N/A
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	7/1/2018	$506.52		No	N/A
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	7/1/2018	$380.19		No	N/A
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	7/1/2018	$473.67		No	N/A
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	7/1/2018	$417.98		No	N/A
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	7/1/2018	$438.40		No	N/A
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	7/1/2018	$481.42		No	N/A
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	7/1/2018	$496.33		No	N/A
25170	Radical resection of tumor, radius or ulna	7/1/2018	$1,262.30		No	N/A
25210	Carpectomy; 1 bone	7/1/2018	$415.31		No	N/A
25215	Carpectomy; all bones of proximal row	7/1/2018	$526.43		No	N/A
25230	Radial styloidectomy (separate procedure)	7/1/2018	$368.22		No	N/A
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	7/1/2018	$364.99		No	N/A
25246	Injection procedure for wrist arthrography	7/1/2018	$136.97		No	N/A
25248	Exploration with removal of deep foreign body, forearm or wrist	7/1/2018	$349.61		No	N/A
25250	Removal of wrist prosthesis; (separate procedure)	7/1/2018	$449.73		No	N/A

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25251	Removal of wrist prosthesis; complicated, including total wrist	7/1/2018	$611.44		No	N/A
25259	Manipulation, wrist, under anesthesia	7/1/2018	$352.29		No	N/A
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	7/1/2018	$535.79		No	N/A
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	7/1/2018	$532.02		No	N/A
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	7/1/2018	$642.51		No	N/A
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	7/1/2018	$417.17		No	N/A
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	7/1/2018	$472.37		No	N/A
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	7/1/2018	$571.30		No	N/A
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	7/1/2018	$572.39		No	N/A
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	7/1/2018	$480.47		No	N/A
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	7/1/2018	$371.33		No	N/A
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	7/1/2018	$446.50		No	N/A
25300	Tenodesis at wrist; flexors of fingers	7/1/2018	$585.46		No	N/A
25301	Tenodesis at wrist; extensors of fingers	7/1/2018	$547.97		No	N/A
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	7/1/2018	$528.11		No	N/A
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	7/1/2018	$612.01		No	N/A
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	7/1/2018	$654.98		No	N/A
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	7/1/2018	$777.17		No	N/A
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	7/1/2018	$841.23		No	N/A
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	7/1/2018	$718.34		No	N/A
25335	Centralization of wrist on ulna (eg, radial club hand)	7/1/2018	$802.18		No	N/A
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	7/1/2018	$760.85		No	N/A
25350	Osteotomy, radius; distal third	7/1/2018	$575.09		No	N/A
25355	Osteotomy, radius; middle or proximal third	7/1/2018	$651.09		No	N/A
25360	Osteotomy; ulna	7/1/2018	$556.58		No	N/A
25365	Osteotomy; radius AND ulna	7/1/2018	$777.95		No	N/A
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	7/1/2018	$855.68		No	N/A
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	7/1/2018	$810.49		No	N/A
25390	Osteoplasty, radius OR ulna; shortening	7/1/2018	$657.00		No	N/A

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25391	Osteoplasty, radius OR ulna; lengthening with autograft	7/1/2018	$847.28		No	N/A
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	7/1/2018	$862.54		No	N/A
25393	Osteoplasty, radius AND ulna; lengthening with autograft	7/1/2018	$962.71		No	N/A
25394	Osteoplasty, carpal bone, shortening	7/1/2018	$666.41		No	N/A
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	7/1/2018	$685.37		No	N/A
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	7/1/2018	$884.84		No	N/A
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	7/1/2018	$822.92		No	N/A
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	7/1/2018	$994.66		No	N/A
25425	Repair of defect with autograft; radius OR ulna	7/1/2018	$818.83		No	N/A
25426	Repair of defect with autograft; radius AND ulna	7/1/2018	$957.07		No	N/A
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	7/1/2018	$621.12		No	N/A
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	7/1/2018	$670.80		No	N/A
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	7/1/2018	$656.80		No	N/A
25441	Arthroplasty with prosthetic replacement; distal radius	7/1/2018	$796.55		No	N/A
25442	Arthroplasty with prosthetic replacement; distal ulna	7/1/2018	$688.35		No	N/A
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	7/1/2018	$663.69		No	N/A
25444	Arthroplasty with prosthetic replacement; lunate	7/1/2018	$702.36		No	N/A
25445	Arthroplasty with prosthetic replacement; trapezium	7/1/2018	$615.24		No	N/A
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	7/1/2018	$1,003.09		No	N/A
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	7/1/2018	$706.52		No	N/A
25449	Revision of arthroplasty, including removal of implant, wrist joint	7/1/2018	$881.96		No	N/A
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	7/1/2018	$522.73		No	N/A
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	7/1/2018	$615.85		No	N/A
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	7/1/2018	$610.82		No	N/A
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	7/1/2018	$628.52		No	N/A
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	7/1/2018	$768.90		No	N/A
25500	Closed treatment of radial shaft fracture; without manipulation	7/1/2018	$231.81		No	N/A
25505	Closed treatment of radial shaft fracture; with manipulation	7/1/2018	$421.84		No	N/A
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	7/1/2018	$568.86		No	N/A
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	7/1/2018	$480.78		No	N/A
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	7/1/2018	$667.57		No	N/A

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25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	7/1/2018	$811.98		No	N/A
25530	Closed treatment of ulnar shaft fracture; without manipulation	7/1/2018	$222.41		No	N/A
25535	Closed treatment of ulnar shaft fracture; with manipulation	7/1/2018	$411.44		No	N/A
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	7/1/2018	$528.62		No	N/A
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	7/1/2018	$236.00		No	N/A
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	7/1/2018	$438.21		No	N/A
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	7/1/2018	$572.12		No	N/A
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	7/1/2018	$766.03		No	N/A
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	7/1/2018	$277.80		No	N/A
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	7/1/2018	$460.10		No	N/A
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	7/1/2018	$562.43		No	N/A
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	7/1/2018	$624.71		No	N/A
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	7/1/2018	$701.52		No	N/A
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	7/1/2018	$892.62		No	N/A
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	7/1/2018	$258.80		No	N/A
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	7/1/2018	$404.43		No	N/A
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	7/1/2018	$613.37		No	N/A
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	7/1/2018	$259.35		No	N/A
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	7/1/2018	$385.31		No	N/A
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	7/1/2018	$482.89		No	N/A
25650	Closed treatment of ulnar styloid fracture	7/1/2018	$271.25		No	N/A
25651	Percutaneous skeletal fixation of ulnar styloid fracture	7/1/2018	$412.15		No	N/A
25652	Open treatment of ulnar styloid fracture	7/1/2018	$529.54		No	N/A
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	7/1/2018	$349.95		No	N/A
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	7/1/2018	$514.16		No	N/A
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	7/1/2018	$450.09		No	N/A
25675	Closed treatment of distal radioulnar dislocation with manipulation	7/1/2018	$368.60		No	N/A
25676	Open treatment of distal radioulnar dislocation, acute or chronic	7/1/2018	$535.70		No	N/A
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	7/1/2018	$440.80		No	N/A

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25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	7/1/2018	$625.24		No	N/A
25690	Closed treatment of lunate dislocation, with manipulation	7/1/2018	$406.97		No	N/A
25695	Open treatment of lunate dislocation	7/1/2018	$537.63		No	N/A
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	7/1/2018	$624.86		No	N/A
25805	Arthrodesis, wrist; with sliding graft	7/1/2018	$718.20		No	N/A
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	7/1/2018	$741.02		No	N/A
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	7/1/2018	$524.51		No	N/A
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	7/1/2018	$646.54		No	N/A
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	7/1/2018	$806.66		No	N/A
25900	Amputation, forearm, through radius and ulna;	7/1/2018	$601.07		No	N/A
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	7/1/2018	$595.68		No	N/A
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	7/1/2018	$520.07		No	N/A
25909	Amputation, forearm, through radius and ulna; re-amputation	7/1/2018	$581.53		No	N/A
25920	Disarticulation through wrist;	7/1/2018	$591.04		No	N/A
25922	Disarticulation through wrist; secondary closure or scar revision	7/1/2018	$518.35		No	N/A
25924	Disarticulation through wrist; re-amputation	7/1/2018	$577.15		No	N/A
25927	Transmetacarpal amputation;	7/1/2018	$686.67		No	N/A
25929	Transmetacarpal amputation; secondary closure or scar revision	7/1/2018	$506.23		No	N/A
25931	Transmetacarpal amputation; re-amputation	7/1/2018	$630.50		No	N/A
25999	Unlisted procedure, forearm or wrist	1/1/1979	$0.00		No	N/A
26010	Drainage of finger abscess; simple	7/1/2018	$223.67		No	N/A
26011	Drainage of finger abscess; complicated (eg, felon)	7/1/2018	$329.04		No	N/A
26020	Drainage of tendon sheath, digit and/or palm, each	7/1/2018	$367.80		No	N/A
26025	Drainage of palmar bursa; single, bursa	7/1/2018	$358.16		No	N/A
26030	Drainage of palmar bursa; multiple bursa	7/1/2018	$419.30		No	N/A
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	7/1/2018	$460.40		No	N/A
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	7/1/2018	$728.63		No	N/A
26037	Decompressive fasciotomy, hand (excludes 26035)	7/1/2018	$482.50		No	N/A
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	7/1/2018	$264.83		No	N/A
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	7/1/2018	$396.49		No	N/A
26055	Tendon sheath incision (eg, for trigger finger)	7/1/2018	$469.26		No	N/A
26060	Tenotomy, percutaneous, single, each digit	7/1/2018	$221.23		No	N/A
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	7/1/2018	$271.46		No	N/A
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	7/1/2018	$282.66		No	N/A
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	7/1/2018	$331.56		No	N/A
26100	Arthrotomy with biopsy; carpometacarpal joint, each	7/1/2018	$283.61		No	N/A
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	7/1/2018	$285.49		No	N/A
26110	Arthrotomy with biopsy; interphalangeal joint, each	7/1/2018	$272.99		No	N/A
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	7/1/2018	$356.15		No	N/A
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	7/1/2018	$467.67		No	N/A

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26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	7/1/2018	$425.06		No	N/A
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	7/1/2018	$449.19		No	N/A
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	7/1/2018	$635.31		No	N/A
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	7/1/2018	$897.89		No	N/A
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	7/1/2018	$508.72		No	N/A
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	7/1/2018	$710.62		No	N/A
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	7/1/2018	$235.58		No	N/A
26130	Synovectomy, carpometacarpal joint	7/1/2018	$389.69		No	N/A
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	7/1/2018	$469.25		No	N/A
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	7/1/2018	$428.61		No	N/A
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	7/1/2018	$435.63		No	N/A
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	7/1/2018	$483.44		No	N/A
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	7/1/2018	$346.19		No	N/A
26180	Excision of tendon, finger, flexor or extensor, each tendon	7/1/2018	$377.81		No	N/A
26185	Sesamoidectomy, thumb or finger (separate procedure)	7/1/2018	$466.81		No	N/A
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	7/1/2018	$382.59		No	N/A
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	7/1/2018	$510.71		No	N/A
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	7/1/2018	$375.91		No	N/A
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	7/1/2018	$477.69		No	N/A
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	7/1/2018	$426.22		No	N/A
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	7/1/2018	$419.90		No	N/A
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	7/1/2018	$375.10		No	N/A
26250	Radical resection of tumor, metacarpal	7/1/2018	$911.87		No	N/A
26260	Radical resection of tumor, proximal or middle phalanx of finger	7/1/2018	$683.59		No	N/A
26262	Radical resection of tumor, distal phalanx of finger	7/1/2018	$538.61		No	N/A
26320	Removal of implant from finger or hand	7/1/2018	$294.45		No	N/A
26340	Manipulation, finger joint, under anesthesia, each joint	7/1/2018	$281.66		No	N/A
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	7/1/2018	$83.74		No	N/A

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26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	7/1/2018	$594.90		No	N/A
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	7/1/2018	$682.78		No	N/A
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	7/1/2018	$674.78		No	N/A
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	7/1/2018	$752.43		No	N/A
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	7/1/2018	$833.54		No	N/A
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	7/1/2018	$633.97		No	N/A
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	7/1/2018	$740.31		No	N/A
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	7/1/2018	$709.99		No	N/A
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	7/1/2018	$700.47		No	N/A
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	7/1/2018	$815.81		No	N/A
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	7/1/2018	$472.03		No	N/A
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	7/1/2018	$571.44		No	N/A
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	7/1/2018	$680.83		No	N/A
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	7/1/2018	$741.26		No	N/A
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	7/1/2018	$481.48		No	N/A
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	7/1/2018	$596.93		No	N/A
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	7/1/2018	$425.78		No	N/A
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	7/1/2018	$632.29		No	N/A
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	7/1/2018	$416.26		No	N/A
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	7/1/2018	$442.88		No	N/A
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	7/1/2018	$540.72		No	N/A
26437	Realignment of extensor tendon, hand, each tendon	7/1/2018	$521.06		No	N/A
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	7/1/2018	$517.78		No	N/A
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	7/1/2018	$808.72		No	N/A
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	7/1/2018	$481.26		No	N/A
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	7/1/2018	$586.22		No	N/A
26450	Tenotomy, flexor, palm, open, each tendon	7/1/2018	$340.82		No	N/A
26455	Tenotomy, flexor, finger, open, each tendon	7/1/2018	$337.92		No	N/A

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26460	Tenotomy, extensor, hand or finger, open, each tendon	7/1/2018	$330.01		No	N/A
26471	Tenodesis; of proximal interphalangeal joint, each joint	7/1/2018	$516.27		No	N/A
26474	Tenodesis; of distal joint, each joint	7/1/2018	$501.56		No	N/A
26476	Lengthening of tendon, extensor, hand or finger, each tendon	7/1/2018	$494.48		No	N/A
26477	Shortening of tendon, extensor, hand or finger, each tendon	7/1/2018	$485.76		No	N/A
26478	Lengthening of tendon, flexor, hand or finger, each tendon	7/1/2018	$517.54		No	N/A
26479	Shortening of tendon, flexor, hand or finger, each tendon	7/1/2018	$522.79		No	N/A
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	7/1/2018	$630.32		No	N/A
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	7/1/2018	$706.14		No	N/A
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	7/1/2018	$674.97		No	N/A
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	7/1/2018	$783.41		No	N/A
26490	Opponensplasty; superficialis tendon transfer type, each tendon	7/1/2018	$666.25		No	N/A
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	7/1/2018	$739.22		No	N/A
26494	Opponensplasty; hypothenar muscle transfer	7/1/2018	$669.40		No	N/A
26496	Opponensplasty; other methods	7/1/2018	$726.88		No	N/A
26497	Transfer of tendon to restore intrinsic function; ring and small finger	7/1/2018	$725.18		No	N/A
26498	Transfer of tendon to restore intrinsic function; all 4 fingers	7/1/2018	$959.99		No	N/A
26499	Correction claw finger, other methods	7/1/2018	$694.85		No	N/A
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	7/1/2018	$521.79		No	N/A
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	7/1/2018	$593.55		No	N/A
26508	Release of thenar muscle(s) (eg, thumb contracture)	7/1/2018	$528.56		No	N/A
26510	Cross intrinsic transfer, each tendon	7/1/2018	$498.63		No	N/A
26516	Capsulodesis, metacarpophalangeal joint; single digit	7/1/2018	$587.43		No	N/A
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	7/1/2018	$690.44		No	N/A
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	7/1/2018	$700.18		No	N/A
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	7/1/2018	$542.42		No	N/A
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	7/1/2018	$544.15		No	N/A
26530	Arthroplasty, metacarpophalangeal joint; each joint	7/1/2018	$457.98		No	N/A
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	7/1/2018	$531.91		No	N/A
26535	Arthroplasty, interphalangeal joint; each joint	7/1/2018	$363.35		No	N/A
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	7/1/2018	$595.39		No	N/A
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	7/1/2018	$550.33		No	N/A
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	7/1/2018	$671.73		No	N/A
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	7/1/2018	$567.64		No	N/A
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	7/1/2018	$584.24		No	N/A
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	7/1/2018	$834.13		No	N/A
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	7/1/2018	$638.57		No	N/A
26550	Pollicization of a digit	7/1/2018	$1,386.37		No	N/A

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26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	7/1/2018	$2,798.15		No	N/A
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	7/1/2018	$2,779.23		No	N/A
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	7/1/2018	$3,243.47		No	N/A
26555	Transfer, finger to another position without microvascular anastomosis	7/1/2018	$1,153.65		No	N/A
26556	Transfer, free toe joint, with microvascular anastomosis	7/1/2018	$2,887.29		No	N/A
26560	Repair of syndactyly (web finger) each web space; with skin flaps	7/1/2018	$493.17		No	N/A
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	7/1/2018	$792.83		No	N/A
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	7/1/2018	$1,129.13		No	N/A
26565	Osteotomy; metacarpal, each	7/1/2018	$570.08		No	N/A
26567	Osteotomy; phalanx of finger, each	7/1/2018	$570.02		No	N/A
26568	Osteoplasty, lengthening, metacarpal or phalanx	7/1/2018	$753.36		No	N/A
26580	Repair cleft hand	7/1/2018	$1,274.41		No	N/A
26587	Reconstruction of polydactylous digit, soft tissue and bone	7/1/2018	$883.16		No	N/A
26590	Repair macrodactylia, each digit	7/1/2018	$1,186.09		No	N/A
26591	Repair, intrinsic muscles of hand, each muscle	7/1/2018	$364.91		No	N/A
26593	Release, intrinsic muscles of hand, each muscle	7/1/2018	$502.15		No	N/A
26596	Excision of constricting ring of finger, with multiple Z-plasties	7/1/2018	$640.40		No	N/A
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	7/1/2018	$249.06		No	N/A
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	7/1/2018	$271.95		No	N/A
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	7/1/2018	$387.85		No	N/A
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	7/1/2018	$403.48		No	N/A
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	7/1/2018	$489.44		No	N/A
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	7/1/2018	$322.97		No	N/A
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	7/1/2018	$361.67		No	N/A
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	7/1/2018	$403.69		No	N/A
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	7/1/2018	$532.55		No	N/A
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	7/1/2018	$290.82		No	N/A
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	7/1/2018	$384.34		No	N/A
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	7/1/2018	$424.79		No	N/A
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	7/1/2018	$489.85		No	N/A
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	7/1/2018	$528.96		No	N/A
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	7/1/2018	$275.58		No	N/A
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	7/1/2018	$350.07		No	N/A

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26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	7/1/2018	$373.09		No	N/A
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	7/1/2018	$487.05		No	N/A
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	7/1/2018	$168.17		No	N/A
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	7/1/2018	$285.03		No	N/A
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	7/1/2018	$397.94		No	N/A
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	7/1/2018	$506.74		No	N/A
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	7/1/2018	$195.20		No	N/A
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	7/1/2018	$313.61		No	N/A
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	7/1/2018	$632.28		No	N/A
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	7/1/2018	$156.74		No	N/A
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	7/1/2018	$266.83		No	N/A
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	7/1/2018	$352.95		No	N/A
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	7/1/2018	$425.17		No	N/A
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	7/1/2018	$235.31		No	N/A
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	7/1/2018	$323.17		No	N/A
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	7/1/2018	$375.66		No	N/A
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	7/1/2018	$464.79		No	N/A
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	7/1/2018	$658.85		No	N/A
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	7/1/2018	$607.35		No	N/A
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	7/1/2018	$655.91		No	N/A
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	7/1/2018	$617.28		No	N/A
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	7/1/2018	$685.57		No	N/A
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	7/1/2018	$579.51		No	N/A
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	7/1/2018	$667.76		No	N/A
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	7/1/2018	$471.97		No	N/A
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	7/1/2018	$88.70		No	N/A

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26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	7/1/2018	$608.93		No	N/A
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	7/1/2018	$196.71		No	N/A
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	7/1/2018	$605.72		No	N/A
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	7/1/2018	$544.84		No	N/A
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	7/1/2018	$539.43		No	N/A
26989	Unlisted procedure, hands or fingers	1/1/1979	$0.00		No	N/A
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	7/1/2018	$531.73		No	N/A
26991	Incision and drainage, pelvis or hip joint area; infected bursa	7/1/2018	$599.08		No	N/A
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	7/1/2018	$816.84		No	N/A
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	7/1/2018	$352.71		No	N/A
27001	Tenotomy, adductor of hip, open	7/1/2018	$457.67		No	N/A
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	7/1/2018	$505.91		No	N/A
27005	Tenotomy, hip flexor(s), open (separate procedure)	7/1/2018	$616.34		No	N/A
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	7/1/2018	$623.07		No	N/A
27025	Fasciotomy, hip or thigh, any type	7/1/2018	$783.71		No	N/A
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	7/1/2018	$752.38		No	N/A
27030	Arthrotomy, hip, with drainage (eg, infection)	7/1/2018	$797.91		No	N/A
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	7/1/2018	$827.00		No	N/A
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	7/1/2018	$1,006.19		No	N/A
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	7/1/2018	$861.59		No	N/A
27040	Biopsy, soft tissue of pelvis and hip area; superficial	7/1/2018	$291.78		No	N/A
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	7/1/2018	$592.64		No	N/A
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	7/1/2018	$397.84		No	N/A
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$634.22		No	N/A
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	7/1/2018	$392.02		No	N/A
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$518.11		No	N/A
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	7/1/2018	$1,144.13		No	N/A
27050	Arthrotomy, with biopsy; sacroiliac joint	7/1/2018	$340.76		No	N/A
27052	Arthrotomy, with biopsy; hip joint	7/1/2018	$491.94		No	N/A
27054	Arthrotomy with synovectomy, hip joint	7/1/2018	$582.06		No	N/A
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	7/1/2018	$864.46		No	N/A

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27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	7/1/2018	$1,555.92		No	N/A
27060	Excision; ischial bursa	7/1/2018	$394.79		No	N/A
27062	Excision; trochanteric bursa or calcification	7/1/2018	$386.44		No	N/A
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	7/1/2018	$440.60		No	N/A
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	7/1/2018	$686.82		No	N/A
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	7/1/2018	$880.43		No	N/A
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	7/1/2018	$719.65		No	N/A
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	7/1/2018	$779.87		No	N/A
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	7/1/2018	$1,796.52		No	N/A
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	7/1/2018	$2,175.82		No	N/A
27077	Radical resection of tumor; innominate bone, total	7/1/2018	$2,427.85		No	N/A
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	7/1/2018	$1,771.22		No	N/A
27080	Coccygectomy, primary	7/1/2018	$433.65		No	N/A
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	7/1/2018	$249.87		No	N/A
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	7/1/2018	$521.08		No	N/A
27090	Removal of hip prosthesis; (separate procedure)	7/1/2018	$706.36		No	N/A
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	7/1/2018	$1,364.37		No	N/A
27093	Injection procedure for hip arthrography; without anesthesia	7/1/2018	$158.12		No	N/A
27095	Injection procedure for hip arthrography; with anesthesia	7/1/2018	$206.81		No	N/A
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	7/1/2018	$135.57		No	N/A
27097	Release or recession, hamstring, proximal	7/1/2018	$579.19		No	N/A
27098	Transfer, adductor to ischium	7/1/2018	$589.45		No	N/A
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	7/1/2018	$702.40		No	N/A
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	7/1/2018	$737.30		No	N/A
27110	Transfer iliopsoas; to greater trochanter of femur	7/1/2018	$824.88		No	N/A
27111	Transfer iliopsoas; to femoral neck	7/1/2018	$765.45		No	N/A
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	7/1/2018	$1,109.10		No	N/A
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	7/1/2018	$937.74		No	N/A
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	7/1/2018	$967.19		Yes	Telligen
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	7/1/2018	$1,159.68		Yes	Telligen
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	7/1/2018	$1,432.06		Yes	Telligen
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	7/1/2018	$1,640.21		Yes	Telligen

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27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	7/1/2018	$1,259.40		Yes	Telligen
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	7/1/2018	$1,309.10		Yes	Telligen
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	7/1/2018	$762.27		No	N/A
27146	Osteotomy, iliac, acetabular or innominate bone;	7/1/2018	$1,092.44		No	N/A
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	7/1/2018	$1,255.51		No	N/A
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	7/1/2018	$1,359.62		No	N/A
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	7/1/2018	$1,466.09		No	N/A
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	7/1/2018	$1,196.78		No	N/A
27161	Osteotomy, femoral neck (separate procedure)	7/1/2018	$1,036.28		No	N/A
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	7/1/2018	$1,170.51		No	N/A
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	7/1/2018	$1,003.62		No	N/A
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	7/1/2018	$567.31		No	N/A
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	7/1/2018	$781.49		No	N/A
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	7/1/2018	$949.80		No	N/A
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	7/1/2018	$781.49		No	N/A
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	7/1/2018	$831.43		No	N/A
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	7/1/2018	$957.84		No	N/A
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	7/1/2018	$610.30		No	N/A
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	7/1/2018	$844.88		No	N/A
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	7/1/2018	$102.02		No	N/A
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	7/1/2018	$257.22		No	N/A
27200	Closed treatment of coccygeal fracture	7/1/2018	$154.65		No	N/A
27202	Open treatment of coccygeal fracture	7/1/2018	$452.98		No	N/A
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	7/1/2008	$615.65		No	N/A
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	7/1/2008	$890.40		No	N/A
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)	7/1/2008	$850.70		No	N/A

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27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	7/1/2008	$1,147.76		No	N/A
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	7/1/2018	$451.31		No	N/A
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	7/1/2018	$829.31		No	N/A
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	7/1/2018	$898.03		No	N/A
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	7/1/2018	$1,418.44		No	N/A
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	7/1/2018	$1,611.45		No	N/A
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	7/1/2018	$403.79		No	N/A
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	7/1/2018	$636.87		No	N/A
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	7/1/2018	$774.27		No	N/A
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	7/1/2018	$1,020.56		No	N/A
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	7/1/2018	$390.58		No	N/A
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	7/1/2018	$817.07		No	N/A
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	7/1/2018	$1,050.54		No	N/A
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	7/1/2018	$1,050.54		No	N/A
27246	Closed treatment of greater trochanteric fracture, without manipulation	7/1/2018	$327.10		No	N/A
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	7/1/2018	$633.39		No	N/A
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	7/1/2018	$156.19		No	N/A
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	7/1/2018	$644.79		No	N/A
27253	Open treatment of hip dislocation, traumatic, without internal fixation	7/1/2018	$800.03		No	N/A
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	7/1/2018	$1,082.15		No	N/A
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	7/1/2018	$259.25		No	N/A
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	7/1/2018	$310.04		No	N/A
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	7/1/2018	$946.45		No	N/A
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	7/1/2018	$1,325.97		No	N/A
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	7/1/2018	$340.77		No	N/A

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27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	7/1/2018	$493.46		No	N/A
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	7/1/2018	$367.42		No	N/A
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	7/1/2018	$457.43		No	N/A
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	7/1/2018	$1,061.96		No	N/A
27275	Manipulation, hip joint, requiring general anesthesia	7/1/2018	$155.53		No	N/A
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	7/1/2018	$581.57		Yes	Telligen
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	7/1/2018	$1,142.76		Yes	Telligen
27282	Arthrodesis, symphysis pubis (including obtaining graft)	7/1/2018	$727.85		No	N/A
27284	Arthrodesis, hip joint (including obtaining graft);	7/1/2018	$1,384.00		No	N/A
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	7/1/2018	$1,412.44		No	N/A
27290	Interpelviabdominal amputation (hindquarter amputation)	7/1/2018	$1,387.58		No	N/A
27295	Disarticulation of hip	7/1/2018	$1,080.54		No	N/A
27299	Unlisted procedure, pelvis or hip joint	1/1/1979	$0.00		No	N/A
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	7/1/2018	$568.78		No	N/A
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	7/1/2018	$542.65		No	N/A
27305	Fasciotomy, iliotibial (tenotomy), open	7/1/2018	$406.93		No	N/A
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	7/1/2018	$299.01		No	N/A
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	7/1/2018	$361.86		No	N/A
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	7/1/2018	$621.58		No	N/A
27323	Biopsy, soft tissue of thigh or knee area; superficial	7/1/2018	$230.29		No	N/A
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	7/1/2018	$338.68		No	N/A
27325	Neurectomy, hamstring muscle	7/1/2018	$473.05		No	N/A
27326	Neurectomy, popliteal (gastrocnemius)	7/1/2018	$436.10		No	N/A
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	7/1/2018	$386.14		No	N/A
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$528.34		No	N/A
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	7/1/2018	$882.02		No	N/A
27330	Arthrotomy, knee; with synovial biopsy only	7/1/2018	$352.28		No	N/A
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	7/1/2018	$402.37		No	N/A
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	7/1/2018	$546.36		No	N/A
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	7/1/2018	$496.94		No	N/A
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	7/1/2018	$581.28		No	N/A
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	7/1/2018	$649.16		No	N/A
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	7/1/2018	$354.83		No	N/A
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$639.73		No	N/A

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27340	Excision, prepatellar bursa	7/1/2018	$314.55		No	N/A
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	7/1/2018	$407.60		No	N/A
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	7/1/2018	$448.78		No	N/A
27350	Patellectomy or hemipatellectomy	7/1/2018	$553.93		No	N/A
27355	Excision or curettage of bone cyst or benign tumor of femur;	7/1/2018	$512.86		No	N/A
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	7/1/2018	$628.45		No	N/A
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	7/1/2018	$692.61		No	N/A
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	7/1/2018	$239.02		No	N/A
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	7/1/2018	$724.21		No	N/A
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	7/1/2018	$1,334.47		No	N/A
27365	Radical resection of tumor, femur or knee	7/1/2018	$1,766.48		No	N/A
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	1/1/2019	$120.87		No	N/A
27372	Removal of foreign body, deep, thigh region or knee area	7/1/2018	$501.77		No	N/A
27380	Suture of infrapatellar tendon; primary	7/1/2018	$503.19		No	N/A
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	7/1/2018	$678.46		No	N/A
27385	Suture of quadriceps or hamstring muscle rupture; primary	7/1/2018	$487.15		No	N/A
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	7/1/2018	$705.18		No	N/A
27390	Tenotomy, open, hamstring, knee to hip; single tendon	7/1/2018	$380.57		No	N/A
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	7/1/2018	$486.20		No	N/A
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	7/1/2018	$605.49		No	N/A
27393	Lengthening of hamstring tendon; single tendon	7/1/2018	$432.22		No	N/A
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	7/1/2018	$549.49		No	N/A
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	7/1/2018	$747.20		No	N/A
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	7/1/2018	$522.76		No	N/A
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	7/1/2018	$780.00		No	N/A
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	7/1/2018	$590.07		No	N/A
27403	Arthrotomy with meniscus repair, knee	7/1/2018	$542.87		No	N/A
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	7/1/2018	$573.54		No	N/A
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	7/1/2018	$673.72		No	N/A
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	7/1/2018	$821.72		No	N/A
27415	Osteochondral allograft, knee, open	7/1/2018	$1,161.77		No	N/A
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	7/1/2018	$835.45		No	N/A
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	7/1/2018	$702.41		No	N/A
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	7/1/2018	$632.09		No	N/A
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	7/1/2018	$631.51		No	N/A
27424	Reconstruction of dislocating patella; with patellectomy	7/1/2018	$636.02		No	N/A

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27425	Lateral retinacular release, open	7/1/2018	$379.76		No	N/A
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	7/1/2018	$604.31		No	N/A
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	7/1/2018	$950.61		No	N/A
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	7/1/2018	$1,057.53		No	N/A
27430	Quadricepsplasty (eg, Bennett or Thompson type)	7/1/2018	$629.35		No	N/A
27435	Capsulotomy, posterior capsular release, knee	7/1/2018	$686.77		No	N/A
27437	Arthroplasty, patella; without prosthesis	7/1/2018	$561.63		No	N/A
27438	Arthroplasty, patella; with prosthesis	7/1/2018	$714.72		No	N/A
27440	Arthroplasty, knee, tibial plateau;	7/1/2018	$679.11		No	N/A
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	7/1/2018	$701.74		No	N/A
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	7/1/2018	$740.40		No	N/A
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	7/1/2018	$691.23		No	N/A
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	7/1/2018	$1,069.01		Yes	Telligen
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	7/1/2018	$990.48		Yes	Telligen
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	7/1/2018	$1,158.63		Yes	Telligen
27448	Osteotomy, femur, shaft or supracondylar; without fixation	7/1/2018	$666.15		No	N/A
27450	Osteotomy, femur, shaft or supracondylar; with fixation	7/1/2018	$856.73		No	N/A
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	7/1/2018	$1,109.10		No	N/A
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	7/1/2018	$801.92		No	N/A
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	7/1/2018	$809.70		No	N/A
27465	Osteoplasty, femur; shortening (excluding 64876)	7/1/2018	$1,029.35		No	N/A
27466	Osteoplasty, femur; lengthening	7/1/2018	$1,009.53		No	N/A
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	7/1/2018	$1,145.73		No	N/A
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	7/1/2018	$1,003.35		No	N/A
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	7/1/2018	$1,077.26		No	N/A
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	7/1/2018	$562.21		No	N/A
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	7/1/2018	$623.51		No	N/A
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	7/1/2018	$783.67		No	N/A
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	7/1/2018	$569.77		No	N/A
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	7/1/2018	$1,202.15		Yes	Telligen
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	7/1/2018	$1,503.88		Yes	Telligen
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	7/1/2018	$1,025.17		No	N/A
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	7/1/2018	$959.66		No	N/A

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27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	7/1/2018	$461.62		No	N/A
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	7/1/2018	$495.03		No	N/A
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	7/1/2018	$556.60		No	N/A
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	7/1/2018	$595.27		No	N/A
27500	Closed treatment of femoral shaft fracture, without manipulation	7/1/2018	$440.70		No	N/A
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	7/1/2018	$427.93		No	N/A
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	7/1/2018	$647.76		No	N/A
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	7/1/2018	$682.36		No	N/A
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	7/1/2018	$1,141.56		No	N/A
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	7/1/2018	$829.67		No	N/A
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	7/1/2018	$445.57		No	N/A
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	7/1/2018	$546.17		No	N/A
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	7/1/2018	$582.21		No	N/A
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	7/1/2018	$850.78		No	N/A
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	7/1/2018	$1,059.47		No	N/A
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	7/1/2018	$825.12		No	N/A
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	7/1/2018	$429.73		No	N/A
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	7/1/2018	$582.31		No	N/A
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	7/1/2018	$760.32		No	N/A
27520	Closed treatment of patellar fracture, without manipulation	7/1/2018	$273.62		No	N/A
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	7/1/2018	$639.82		No	N/A
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	7/1/2018	$255.76		No	N/A
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	7/1/2018	$521.84		No	N/A
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	7/1/2018	$765.09		No	N/A
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	7/1/2018	$1,014.70		No	N/A
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	7/1/2018	$401.65		No	N/A

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27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	7/1/2018	$687.93		No	N/A
27550	Closed treatment of knee dislocation; without anesthesia	7/1/2018	$434.82		No	N/A
27552	Closed treatment of knee dislocation; requiring anesthesia	7/1/2018	$529.59		No	N/A
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	7/1/2018	$747.59		No	N/A
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	7/1/2018	$894.47		No	N/A
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	7/1/2018	$1,020.42		No	N/A
27560	Closed treatment of patellar dislocation; without anesthesia	7/1/2018	$309.02		No	N/A
27562	Closed treatment of patellar dislocation; requiring anesthesia	7/1/2018	$410.09		No	N/A
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	7/1/2018	$761.63		No	N/A
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	7/1/2018	$127.67		No	N/A
27580	Arthrodesis, knee, any technique	7/1/2018	$1,226.12		No	N/A
27590	Amputation, thigh, through femur, any level;	7/1/2018	$678.53		No	N/A
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	7/1/2018	$823.57		No	N/A
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	7/1/2018	$578.55		No	N/A
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	7/1/2018	$427.73		No	N/A
27596	Amputation, thigh, through femur, any level; re-amputation	7/1/2018	$611.96		No	N/A
27598	Disarticulation at knee	7/1/2018	$608.54		No	N/A
27599	Unlisted procedure, femur or knee	1/1/1979	$0.00		No	N/A
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	7/1/2018	$344.20		No	N/A
27601	Decompression fasciotomy, leg; posterior compartment(s) only	7/1/2018	$380.71		No	N/A
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	7/1/2018	$412.99		No	N/A
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	7/1/2018	$447.01		No	N/A
27604	Incision and drainage, leg or ankle; infected bursa	7/1/2018	$406.82		No	N/A
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	7/1/2018	$295.39		No	N/A
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	7/1/2018	$240.48		No	N/A
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	7/1/2018	$518.17		No	N/A
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	7/1/2018	$554.85		No	N/A
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	7/1/2018	$483.44		No	N/A
27613	Biopsy, soft tissue of leg or ankle area; superficial	7/1/2018	$215.85		No	N/A
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	7/1/2018	$494.00		No	N/A
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	7/1/2018	$874.70		No	N/A
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	7/1/2018	$1,084.87		No	N/A
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	7/1/2018	$380.84		No	N/A
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	7/1/2018	$399.40		No	N/A
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	7/1/2018	$384.48		No	N/A
27625	Arthrotomy, with synovectomy, ankle;	7/1/2018	$498.54		No	N/A
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	7/1/2018	$520.26		No	N/A
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	7/1/2018	$475.68		No	N/A

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27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	7/1/2018	$352.41		No	N/A
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	7/1/2018	$581.24		No	N/A
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	7/1/2018	$499.61		No	N/A
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	7/1/2018	$650.02		No	N/A
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	7/1/2018	$657.71		No	N/A
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	7/1/2018	$711.83		No	N/A
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	7/1/2018	$571.26		No	N/A
27645	Radical resection of tumor; tibia	7/1/2018	$1,521.71		No	N/A
27646	Radical resection of tumor; fibula	7/1/2018	$1,319.51		No	N/A
27647	Radical resection of tumor; talus or calcaneus	7/1/2018	$905.80		No	N/A
27648	Injection procedure for ankle arthrography	7/1/2018	$141.10		No	N/A
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	7/1/2018	$564.48		No	N/A
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	7/1/2018	$586.63		No	N/A
27654	Repair, secondary, Achilles tendon, with or without graft	7/1/2018	$610.58		No	N/A
27656	Repair, fascial defect of leg	7/1/2018	$536.76		No	N/A
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	7/1/2018	$319.11		No	N/A
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	7/1/2018	$409.80		No	N/A
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	7/1/2018	$309.98		No	N/A
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	7/1/2018	$354.35		No	N/A
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	7/1/2018	$422.81		No	N/A
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	7/1/2018	$519.66		No	N/A
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	7/1/2018	$365.21		No	N/A
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	7/1/2018	$464.35		No	N/A
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	7/1/2018	$568.44		No	N/A
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	7/1/2018	$471.81		No	N/A
27687	Gastrocnemius recession (eg, Strayer procedure)	7/1/2018	$389.36		No	N/A
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	7/1/2018	$547.13		No	N/A
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	7/1/2018	$639.03		No	N/A
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	7/1/2018	$90.28		No	N/A
27695	Repair, primary, disrupted ligament, ankle; collateral	7/1/2018	$409.52		No	N/A
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	7/1/2018	$483.15		No	N/A
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	7/1/2018	$551.39		No	N/A
27700	Arthroplasty, ankle;	7/1/2018	$537.21		No	N/A
27702	Arthroplasty, ankle; with implant (total ankle)	7/1/2018	$822.83		No	N/A
27703	Arthroplasty, ankle; revision, total ankle	7/1/2018	$949.28		No	N/A
27704	Removal of ankle implant	7/1/2018	$486.94		No	N/A

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27705	Osteotomy; tibia	7/1/2018	$651.60		No	N/A
27707	Osteotomy; fibula	7/1/2018	$338.81		No	N/A
27709	Osteotomy; tibia and fibula	7/1/2018	$998.13		No	N/A
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	7/1/2018	$942.42		No	N/A
27715	Osteoplasty, tibia and fibula, lengthening or shortening	7/1/2018	$912.62		No	N/A
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	7/1/2018	$743.96		No	N/A
27722	Repair of nonunion or malunion, tibia; with sliding graft	7/1/2018	$758.04		No	N/A
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	7/1/2018	$1,080.50		No	N/A
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	7/1/2018	$1,040.26		No	N/A
27726	Repair of fibula nonunion and/or malunion with internal fixation	7/1/2018	$820.68		No	N/A
27727	Repair of congenital pseudarthrosis, tibia	7/1/2018	$883.36		No	N/A
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	7/1/2018	$497.92		No	N/A
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	7/1/2018	$379.72		No	N/A
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	7/1/2018	$557.63		No	N/A
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	7/1/2018	$601.88		No	N/A
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	7/1/2018	$661.97		No	N/A
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	7/1/2018	$643.71		No	N/A
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	7/1/2018	$293.36		No	N/A
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	7/1/2018	$453.64		No	N/A
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	7/1/2018	$492.38		No	N/A
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	7/1/2018	$758.93		No	N/A
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	7/1/2018	$851.36		No	N/A
27760	Closed treatment of medial malleolus fracture; without manipulation	7/1/2018	$283.01		No	N/A
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	7/1/2018	$399.78		No	N/A
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	7/1/2018	$516.65		No	N/A
27767	Closed treatment of posterior malleolus fracture; without manipulation	7/1/2018	$237.70		No	N/A
27768	Closed treatment of posterior malleolus fracture; with manipulation	7/1/2018	$373.03		No	N/A
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	7/1/2018	$622.27		No	N/A
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	7/1/2018	$259.55		No	N/A
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	7/1/2018	$362.17		No	N/A
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	7/1/2018	$605.84		No	N/A
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	7/1/2018	$267.46		No	N/A
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	7/1/2018	$357.08		No	N/A

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27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	7/1/2018	$553.55		No	N/A
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	7/1/2018	$282.90		No	N/A
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	7/1/2018	$395.54		No	N/A
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	7/1/2018	$656.40		No	N/A
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	7/1/2018	$273.04		No	N/A
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	7/1/2018	$411.41		No	N/A
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	7/1/2018	$730.36		No	N/A
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	7/1/2018	$827.86		No	N/A
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	7/1/2018	$266.36		No	N/A
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	7/1/2018	$464.40		No	N/A
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	7/1/2018	$719.75		No	N/A
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	7/1/2018	$935.57		No	N/A
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	7/1/2018	$1,118.76		No	N/A
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	7/1/2018	$591.71		No	N/A
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	7/1/2018	$323.35		No	N/A
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	7/1/2018	$339.26		No	N/A
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	7/1/2018	$643.36		No	N/A
27840	Closed treatment of ankle dislocation; without anesthesia	7/1/2018	$316.29		No	N/A
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	7/1/2018	$419.75		No	N/A
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	7/1/2018	$614.55		No	N/A
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	7/1/2018	$683.80		No	N/A
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	7/1/2018	$149.36		No	N/A
27870	Arthrodesis, ankle, open	7/1/2018	$881.41		No	N/A
27871	Arthrodesis, tibiofibular joint, proximal or distal	7/1/2018	$583.86		No	N/A
27880	Amputation, leg, through tibia and fibula;	7/1/2018	$779.08		No	N/A
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	7/1/2018	$736.91		No	N/A

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27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	7/1/2018	$509.71		No	N/A
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	7/1/2018	$486.18		No	N/A
27886	Amputation, leg, through tibia and fibula; re-amputation	7/1/2018	$558.69		No	N/A
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	7/1/2018	$577.37		No	N/A
27889	Ankle disarticulation	7/1/2018	$552.54		No	N/A
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	7/1/2018	$476.81		No	N/A
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	7/1/2018	$517.92		No	N/A
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	7/1/2018	$715.24		No	N/A
27899	Unlisted procedure, leg or ankle	1/1/1979	$0.00		No	N/A
28001	Incision and drainage, bursa, foot	7/1/2018	$238.51		No	N/A
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	7/1/2018	$381.75		No	N/A
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	7/1/2018	$606.48		No	N/A
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	7/1/2018	$502.35		No	N/A
28008	Fasciotomy, foot and/or toe	7/1/2018	$374.79		No	N/A
28010	Tenotomy, percutaneous, toe; single tendon	7/1/2018	$201.03		No	N/A
28011	Tenotomy, percutaneous, toe; multiple tendons	7/1/2018	$277.24		No	N/A
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	7/1/2018	$465.25		No	N/A
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	7/1/2018	$418.22		No	N/A
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	7/1/2018	$396.73		No	N/A
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	7/1/2018	$455.70		No	N/A
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	7/1/2018	$436.01		No	N/A
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	7/1/2018	$396.38		No	N/A
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	7/1/2018	$346.86		No	N/A
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	7/1/2018	$430.90		No	N/A
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	7/1/2018	$636.46		No	N/A
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	7/1/2018	$908.86		No	N/A
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	7/1/2018	$368.27		No	N/A
28052	Arthrotomy with biopsy; metatarsophalangeal joint	7/1/2018	$387.95		No	N/A
28054	Arthrotomy with biopsy; interphalangeal joint	7/1/2018	$325.26		No	N/A
28055	Neurectomy, intrinsic musculature of foot	7/1/2018	$332.83		No	N/A
28060	Fasciectomy, plantar fascia; partial (separate procedure)	7/1/2018	$448.81		No	N/A
28062	Fasciectomy, plantar fascia; radical (separate procedure)	7/1/2018	$508.93		No	N/A
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	7/1/2018	$465.33		No	N/A
28072	Synovectomy; metatarsophalangeal joint, each	7/1/2018	$434.39		No	N/A
28080	Excision, interdigital (Morton) neuroma, single, each	7/1/2018	$452.95		No	N/A
28086	Synovectomy, tendon sheath, foot; flexor	7/1/2018	$468.19		No	N/A

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28088	Synovectomy, tendon sheath, foot; extensor	7/1/2018	$386.03		No	N/A
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	7/1/2018	$406.50		No	N/A
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	7/1/2018	$366.17		No	N/A
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	7/1/2018	$526.64		No	N/A
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	7/1/2018	$515.36		No	N/A
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	7/1/2018	$344.14		No	N/A
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	7/1/2018	$456.51		No	N/A
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	7/1/2018	$376.78		No	N/A
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	7/1/2018	$448.71		No	N/A
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	7/1/2018	$381.29		No	N/A
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	7/1/2018	$401.12		No	N/A
28111	Ostectomy, complete excision; first metatarsal head	7/1/2018	$424.81		No	N/A
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	7/1/2018	$421.74		No	N/A
28113	Ostectomy, complete excision; fifth metatarsal head	7/1/2018	$510.89		No	N/A
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	7/1/2018	$924.77		No	N/A
28116	Ostectomy, excision of tarsal coalition	7/1/2018	$669.10		No	N/A
28118	Ostectomy, calcaneus;	7/1/2018	$514.23		No	N/A
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	7/1/2018	$454.38		No	N/A
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	7/1/2018	$583.34		No	N/A
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	7/1/2018	$519.17		No	N/A
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	7/1/2018	$414.54		No	N/A
28126	Resection, partial or complete, phalangeal base, each toe	7/1/2018	$342.42		No	N/A
28130	Talectomy (astragalectomy)	7/1/2018	$619.91		No	N/A
28140	Metatarsectomy	7/1/2018	$515.80		No	N/A
28150	Phalangectomy, toe, each toe	7/1/2018	$367.22		No	N/A
28153	Resection, condyle(s), distal end of phalanx, each toe	7/1/2018	$357.13		No	N/A
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	7/1/2018	$361.05		No	N/A
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	7/1/2018	$952.39		No	N/A
28173	Radical resection of tumor; metatarsal	7/1/2018	$666.71		No	N/A
28175	Radical resection of tumor; phalanx of toe	7/1/2018	$420.21		No	N/A
28190	Removal of foreign body, foot; subcutaneous	7/1/2018	$222.42		No	N/A
28192	Removal of foreign body, foot; deep	7/1/2018	$405.32		No	N/A
28193	Removal of foreign body, foot; complicated	7/1/2018	$461.01		No	N/A
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	7/1/2018	$426.06		No	N/A
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	7/1/2018	$521.50		No	N/A

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28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	7/1/2018	$414.05		No	N/A
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	7/1/2018	$510.98		No	N/A
28220	Tenolysis, flexor, foot; single tendon	7/1/2018	$390.83		No	N/A
28222	Tenolysis, flexor, foot; multiple tendons	7/1/2018	$443.70		No	N/A
28225	Tenolysis, extensor, foot; single tendon	7/1/2018	$357.27		No	N/A
28226	Tenolysis, extensor, foot; multiple tendons	7/1/2018	$520.10		No	N/A
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	7/1/2018	$376.81		No	N/A
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	7/1/2018	$334.50		No	N/A
28234	Tenotomy, open, extensor, foot or toe, each tendon	7/1/2018	$351.30		No	N/A
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	7/1/2018	$581.66		No	N/A
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	7/1/2018	$397.97		No	N/A
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	7/1/2018	$501.74		No	N/A
28260	Capsulotomy, midfoot; medial release only (separate procedure)	7/1/2018	$594.74		No	N/A
28261	Capsulotomy, midfoot; with tendon lengthening	7/1/2018	$881.41		No	N/A
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	7/1/2018	$1,257.26		No	N/A
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	7/1/2018	$860.04		No	N/A
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	7/1/2018	$426.92		No	N/A
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	7/1/2018	$341.32		No	N/A
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	7/1/2018	$447.43		No	N/A
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	7/1/2018	$463.96		No	N/A
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	7/1/2018	$392.18		No	N/A
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	7/1/2018	$522.71		No	N/A
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	7/1/2018	$641.51		No	N/A
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	7/1/2018	$631.98		No	N/A
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	7/1/2018	$650.41		No	N/A
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	7/1/2018	$812.39		No	N/A
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	7/1/2018	$787.42		No	N/A
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	7/1/2018	$899.94		No	N/A
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	7/1/2018	$735.89		No	N/A
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	7/1/2018	$869.14		No	N/A
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	7/1/2018	$559.57		No	N/A
28302	Osteotomy; talus	7/1/2018	$608.81		No	N/A

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28304	Osteotomy, tarsal bones, other than calcaneus or talus;	7/1/2018	$713.01		No	N/A
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	7/1/2018	$580.05		No	N/A
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	7/1/2018	$529.77		No	N/A
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	7/1/2018	$566.99		No	N/A
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	7/1/2018	$489.93		No	N/A
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	7/1/2018	$771.93		No	N/A
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	7/1/2018	$473.19		No	N/A
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	7/1/2018	$437.09		No	N/A
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	7/1/2018	$450.23		No	N/A
28315	Sesamoidectomy, first toe (separate procedure)	7/1/2018	$418.49		No	N/A
28320	Repair, nonunion or malunion; tarsal bones	7/1/2018	$526.46		No	N/A
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	7/1/2018	$678.02		No	N/A
28340	Reconstruction, toe, macrodactyly; soft tissue resection	7/1/2018	$505.14		No	N/A
28341	Reconstruction, toe, macrodactyly; requiring bone resection	7/1/2018	$586.60		No	N/A
28344	Reconstruction, toe(s); polydactyly	7/1/2018	$391.69		No	N/A
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	7/1/2018	$455.16		No	N/A
28400	Closed treatment of calcaneal fracture; without manipulation	7/1/2018	$212.16		No	N/A
28405	Closed treatment of calcaneal fracture; with manipulation	7/1/2018	$334.74		No	N/A
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	7/1/2018	$443.58		No	N/A
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	7/1/2018	$959.28		No	N/A
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	7/1/2018	$1,077.76		No	N/A
28430	Closed treatment of talus fracture; without manipulation	7/1/2018	$200.85		No	N/A
28435	Closed treatment of talus fracture; with manipulation	7/1/2018	$306.37		No	N/A
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	7/1/2018	$381.38		No	N/A
28445	Open treatment of talus fracture, includes internal fixation, when performed	7/1/2018	$905.10		No	N/A
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	7/1/2018	$1,044.24		No	N/A
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	7/1/2018	$183.65		No	N/A
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	7/1/2018	$247.43		No	N/A
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	7/1/2018	$270.62		No	N/A
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	7/1/2018	$543.53		No	N/A
28470	Closed treatment of metatarsal fracture; without manipulation, each	7/1/2018	$186.89		No	N/A
28475	Closed treatment of metatarsal fracture; with manipulation, each	7/1/2018	$219.06		No	N/A
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	7/1/2018	$298.52		No	N/A
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	7/1/2018	$468.03		No	N/A

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28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	7/1/2018	$124.86		No	N/A
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	7/1/2018	$152.69		No	N/A
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	7/1/2018	$390.04		No	N/A
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	7/1/2018	$575.83		No	N/A
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	7/1/2018	$106.41		No	N/A
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	7/1/2018	$139.12		No	N/A
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	7/1/2018	$490.21		No	N/A
28530	Closed treatment of sesamoid fracture	7/1/2018	$100.04		No	N/A
28531	Open treatment of sesamoid fracture, with or without internal fixation	7/1/2018	$295.50		No	N/A
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	7/1/2018	$166.37		No	N/A
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	7/1/2018	$252.01		No	N/A
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	7/1/2018	$490.88		No	N/A
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	7/1/2018	$746.06		No	N/A
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	7/1/2018	$191.42		No	N/A
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	7/1/2018	$310.43		No	N/A
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	7/1/2018	$336.30		No	N/A
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	7/1/2018	$749.88		No	N/A
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	7/1/2018	$186.08		No	N/A
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	7/1/2018	$278.48		No	N/A
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	7/1/2018	$342.71		No	N/A
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	7/1/2018	$689.00		No	N/A
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	7/1/2018	$135.00		No	N/A
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	7/1/2018	$152.78		No	N/A
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	7/1/2018	$276.72		No	N/A
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	7/1/2018	$565.24		No	N/A
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	7/1/2018	$99.52		No	N/A
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	7/1/2018	$134.52		No	N/A
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	7/1/2018	$156.97		No	N/A
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	7/1/2018	$496.13		No	N/A
28705	Arthrodesis; pantalar	7/1/2018	$1,077.76		No	N/A
28715	Arthrodesis; triple	7/1/2018	$804.83		No	N/A
28725	Arthrodesis; subtalar	7/1/2018	$668.51		No	N/A
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	7/1/2018	$632.90		No	N/A
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	7/1/2018	$676.16		No	N/A

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28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	7/1/2018	$603.46		No	N/A
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	7/1/2018	$728.50		No	N/A
28750	Arthrodesis, great toe; metatarsophalangeal joint	7/1/2018	$695.03		No	N/A
28755	Arthrodesis, great toe; interphalangeal joint	7/1/2018	$440.41		No	N/A
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	7/1/2018	$688.80		No	N/A
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	7/1/2018	$465.53		No	N/A
28805	Amputation, foot; transmetatarsal	7/1/2018	$632.09		No	N/A
28810	Amputation, metatarsal, with toe, single	7/1/2018	$369.53		No	N/A
28820	Amputation, toe; metatarsophalangeal joint	7/1/2018	$484.78		No	N/A
28825	Amputation, toe; interphalangeal joint	7/1/2018	$463.61		No	N/A
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	7/1/2018	$283.17		No	N/A
28899	Unlisted procedure, foot or toes	1/1/1979	$0.00		No	N/A
29000	Application of halo type body cast (see 20661-20663 for insertion)	7/1/2018	$289.22		No	N/A
29010	Application of Risser jacket, localizer, body; only	7/1/2018	$231.40		No	N/A
29015	Application of Risser jacket, localizer, body; including head	7/1/2018	$248.87		No	N/A
29035	Application of body cast, shoulder to hips;	7/1/2018	$216.46		No	N/A
29040	Application of body cast, shoulder to hips; including head, Minerva type	7/1/2018	$248.18		No	N/A
29044	Application of body cast, shoulder to hips; including 1 thigh	7/1/2018	$243.15		No	N/A
29046	Application of body cast, shoulder to hips; including both thighs	7/1/2018	$266.69		No	N/A
29049	Application, cast; figure-of-eight	7/1/2018	$83.84		No	N/A
29055	Application, cast; shoulder spica	7/1/2018	$188.43		No	N/A
29058	Application, cast; plaster Velpeau	7/1/2018	$105.21		No	N/A
29065	Application, cast; shoulder to hand (long arm)	7/1/2018	$81.53		No	N/A
29075	Application, cast; elbow to finger (short arm)	7/1/2018	$73.58		No	N/A
29085	Application, cast; hand and lower forearm (gauntlet)	7/1/2018	$81.07		No	N/A
29086	Application, cast; finger (eg, contracture)	7/1/2018	$67.88		No	N/A
29105	Application of long arm splint (shoulder to hand)	7/1/2018	$74.76		No	N/A
29125	Application of short arm splint (forearm to hand); static	7/1/2018	$55.06		No	N/A
29126	Application of short arm splint (forearm to hand); dynamic	7/1/2018	$65.74		No	N/A
29130	Application of finger splint; static	7/1/2018	$35.48		No	N/A
29131	Application of finger splint; dynamic	7/1/2018	$44.57		No	N/A
29200	Strapping; thorax	7/1/2018	$26.99		No	N/A
29240	Strapping; shoulder (eg, Velpeau)	7/1/2018	$26.12		No	N/A
29260	Strapping; elbow or wrist	7/1/2018	$25.70		No	N/A
29280	Strapping; hand or finger	7/1/2018	$25.99		No	N/A
29305	Application of hip spica cast; 1 leg	7/1/2018	$209.34		No	N/A
29325	Application of hip spica cast; 1 and one-half spica or both legs	7/1/2018	$231.89		No	N/A
29345	Application of long leg cast (thigh to toes);	7/1/2018	$115.26		No	N/A
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	7/1/2018	$119.05		No	N/A
29358	Application of long leg cast brace	7/1/2018	$135.89		No	N/A
29365	Application of cylinder cast (thigh to ankle)	7/1/2018	$104.13		No	N/A
29405	Application of short leg cast (below knee to toes);	7/1/2018	$69.12		No	N/A
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	7/1/2018	$66.74		No	N/A

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29435	Application of patellar tendon bearing (PTB) cast	7/1/2018	$100.16		No	N/A
29440	Adding walker to previously applied cast	7/1/2018	$37.84		No	N/A
29445	Application of rigid total contact leg cast	7/1/2018	$112.43		No	N/A
29450	Application of clubfoot cast with molding or manipulation, long or short leg	7/1/2018	$126.23		No	N/A
29505	Application of long leg splint (thigh to ankle or toes)	7/1/2018	$72.36		No	N/A
29515	Application of short leg splint (calf to foot)	7/1/2018	$61.38		No	N/A
29520	Strapping; hip	7/1/2018	$28.46		No	N/A
29530	Strapping; knee	7/1/2018	$25.83		No	N/A
29540	Strapping; ankle and/or foot	7/1/2018	$22.78		No	N/A
29550	Strapping; toes	7/1/2018	$16.33		No	N/A
29580	Strapping; Unna boot	7/1/2018	$52.00		No	N/A
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	7/1/2018	$72.38		No	N/A
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	7/1/2018	$66.74		No	N/A
29700	Removal or bivalving; gauntlet, boot or body cast	7/1/2018	$55.15		No	N/A
29705	Removal or bivalving; full arm or full leg cast	7/1/2018	$56.30		No	N/A
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	7/1/2018	$104.89		No	N/A
29720	Repair of spica, body cast or jacket	7/1/2018	$71.99		No	N/A
29730	Windowing of cast	7/1/2018	$53.89		No	N/A
29740	Wedging of cast (except clubfoot casts)	7/1/2018	$84.23		No	N/A
29750	Wedging of clubfoot cast	7/1/2018	$91.31		No	N/A
29799	Unlisted procedure, casting or strapping	1/1/1979	$0.00		No	N/A
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	7/1/2018	$448.82		No	N/A
29804	Arthroscopy, temporomandibular joint, surgical	7/1/2018	$549.11		No	N/A
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	7/1/2018	$401.01		No	N/A
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	7/1/2018	$903.89		No	N/A
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	7/1/2018	$882.66		No	N/A
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	7/1/2018	$497.00		No	N/A
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	7/1/2018	$456.41		No	N/A
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	7/1/2018	$500.26		No	N/A
29822	Arthroscopy, shoulder, surgical; debridement, limited	7/1/2018	$485.49		No	N/A
29823	Arthroscopy, shoulder, surgical; debridement, extensive	7/1/2018	$529.17		No	N/A
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	7/1/2018	$570.63		No	N/A
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	7/1/2018	$493.15		No	N/A
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	7/1/2018	$150.95		No	N/A
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	7/1/2018	$905.20		No	N/A
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	7/1/2018	$779.42		No	N/A
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	7/1/2018	$387.81		No	N/A
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	7/1/2018	$415.88		No	N/A
29835	Arthroscopy, elbow, surgical; synovectomy, partial	7/1/2018	$432.10		No	N/A
29836	Arthroscopy, elbow, surgical; synovectomy, complete	7/1/2018	$495.06		No	N/A

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29837	Arthroscopy, elbow, surgical; debridement, limited	7/1/2018	$447.80		No	N/A
29838	Arthroscopy, elbow, surgical; debridement, extensive	7/1/2018	$501.76		No	N/A
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	7/1/2018	$383.88		No	N/A
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	7/1/2018	$411.75		No	N/A
29844	Arthroscopy, wrist, surgical; synovectomy, partial	7/1/2018	$425.19		No	N/A
29845	Arthroscopy, wrist, surgical; synovectomy, complete	7/1/2018	$493.33		No	N/A
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	7/1/2018	$445.20		No	N/A
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	7/1/2018	$462.47		No	N/A
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	7/1/2018	$435.90		No	N/A
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	7/1/2018	$531.07		No	N/A
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	7/1/2018	$794.84		No	N/A
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	7/1/2018	$667.06		No	N/A
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	7/1/2018	$849.91		No	N/A
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	7/1/2018	$568.15		No	N/A
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	7/1/2018	$617.70		No	N/A
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	7/1/2018	$690.39		No	N/A
29863	Arthroscopy, hip, surgical; with synovectomy	7/1/2018	$689.00		No	N/A
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	7/1/2018	$894.72		No	N/A
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	7/1/2018	$1,091.44		No	N/A
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	7/1/2018	$1,430.60		No	N/A
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	7/1/2018	$488.13		No	N/A
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	7/1/2018	$437.88		No	N/A
29873	Arthroscopy, knee, surgical; with lateral release	7/1/2018	$445.93		No	N/A
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	7/1/2018	$456.79		No	N/A
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	7/1/2018	$421.63		No	N/A
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	7/1/2018	$559.35		No	N/A
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	7/1/2018	$529.13		No	N/A
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	7/1/2018	$564.33		No	N/A
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	7/1/2018	$479.00		No	N/A

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29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	7/1/2018	$460.91		No	N/A
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	7/1/2018	$595.39		No	N/A
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	7/1/2018	$718.42		No	N/A
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	7/1/2018	$524.66		No	N/A
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	7/1/2018	$641.77		No	N/A
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	7/1/2018	$542.54		No	N/A
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	7/1/2018	$638.94		No	N/A
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	7/1/2018	$840.05		No	N/A
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	7/1/2018	$1,043.76		No	N/A
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	7/1/2018	$576.78		No	N/A
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	7/1/2018	$580.75		No	N/A
29893	Endoscopic plantar fasciotomy	7/1/2018	$530.06		No	N/A
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	7/1/2018	$423.26		No	N/A
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	7/1/2018	$405.87		No	N/A
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	7/1/2018	$431.55		No	N/A
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	7/1/2018	$485.10		No	N/A
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	7/1/2018	$884.36		No	N/A
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	7/1/2018	$420.83		No	N/A
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	7/1/2018	$453.63		No	N/A
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	7/1/2018	$482.10		No	N/A
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	7/1/2018	$543.54		No	N/A
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	7/1/2018	$483.94		No	N/A
29906	Arthroscopy, subtalar joint, surgical; with debridement	7/1/2018	$591.53		No	N/A
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	7/1/2018	$747.01		No	N/A
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	7/1/2018	$843.01		No	N/A
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	7/1/2018	$864.68		No	N/A
29916	Arthroscopy, hip, surgical; with labral repair	7/1/2018	$869.70		No	N/A
29999	Unlisted procedure, arthroscopy	3/6/2018	$0.00		Yes	Telligen
30000	Drainage abscess or hematoma, nasal, internal approach	7/1/2018	$190.41		No	N/A
30020	Drainage abscess or hematoma, nasal septum	7/1/2018	$192.29		No	N/A
30100	Biopsy, intranasal	7/1/2018	$116.19		No	N/A
30110	Excision, nasal polyp(s), simple	7/1/2018	$190.38		No	N/A
30115	Excision, nasal polyp(s), extensive	7/1/2018	$359.33		No	N/A
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	7/1/2018	$720.58		No	N/A

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30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	7/1/2018	$647.31		No	N/A
30120	Excision or surgical planing of skin of nose for rhinophyma	7/1/2018	$438.53		No	N/A
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	7/1/2018	$237.56		No	N/A
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	7/1/2018	$506.57		No	N/A
30130	Excision inferior turbinate, partial or complete, any method	7/1/2018	$316.94		No	N/A
30140	Submucous resection inferior turbinate, partial or complete, any method	7/1/2018	$232.21		No	N/A
30150	Rhinectomy; partial	7/1/2018	$643.42		No	N/A
30160	Rhinectomy; total	7/1/2018	$646.24		No	N/A
30200	Injection into turbinate(s), therapeutic	7/1/2018	$93.14		No	N/A
30210	Displacement therapy (Proetz type)	7/1/2018	$124.61		No	N/A
30220	Insertion, nasal septal prosthesis (button)	7/1/2018	$249.09		No	N/A
30300	Removal foreign body, intranasal; office type procedure	7/1/2018	$148.40		No	N/A
30310	Removal foreign body, intranasal; requiring general anesthesia	7/1/2018	$168.71		No	N/A
30320	Removal foreign body, intranasal; by lateral rhinotomy	7/1/2018	$375.50		No	N/A
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	7/1/2018	$886.31		Yes	Telligen
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	7/1/2018	$1,046.24		Yes	Telligen
30420	Rhinoplasty, primary; including major septal repair	7/1/2018	$1,144.96		Yes	Telligen
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	7/1/2018	$775.84		Yes	Telligen
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	7/1/2018	$977.81		Yes	Telligen
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	7/1/2018	$1,302.17		Yes	Telligen
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	7/1/2018	$692.00		Yes	Telligen
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	7/1/2018	$1,328.09		Yes	Telligen
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	7/1/2018	$819.46		Yes	Telligen
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	7/1/2018	$519.00		Yes	Telligen
30540	Repair choanal atresia; intranasal	7/1/2018	$572.86		No	N/A
30545	Repair choanal atresia; transpalatine	7/1/2018	$785.40		No	N/A
30560	Lysis intranasal synechia	7/1/2018	$220.36		No	N/A
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	7/1/2018	$547.05		No	N/A
30600	Repair fistula; oronasal	7/1/2018	$492.13		No	N/A
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	7/1/2018	$517.95		No	N/A
30630	Repair nasal septal perforations	7/1/2018	$519.09		No	N/A
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	7/1/2018	$189.05		No	N/A
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	7/1/2018	$239.66		No	N/A
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	7/1/2018	$114.57		No	N/A
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	7/1/2018	$176.00		No	N/A

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30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	7/1/2018	$271.71		No	N/A
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	7/1/2018	$282.57		No	N/A
30915	Ligation arteries; ethmoidal	7/1/2018	$481.03		No	N/A
30920	Ligation arteries; internal maxillary artery, transantral	7/1/2018	$698.42		No	N/A
30930	Fracture nasal inferior turbinate(s), therapeutic	7/1/2018	$103.01		No	N/A
30999	Unlisted procedure, nose	1/1/1979	$0.00		No	N/A
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	7/1/2018	$152.17		No	N/A
31002	Lavage by cannulation; sphenoid sinus	7/1/2018	$158.17		No	N/A
31020	Sinusotomy, maxillary (antrotomy); intranasal	7/1/2018	$402.52		No	N/A
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	7/1/2018	$573.66		No	N/A
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	7/1/2018	$480.25		No	N/A
31040	Pterygomaxillary fossa surgery, any approach	7/1/2018	$640.20		No	N/A
31050	Sinusotomy, sphenoid, with or without biopsy;	7/1/2018	$403.32		No	N/A
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	7/1/2018	$536.63		No	N/A
31070	Sinusotomy frontal; external, simple (trephine operation)	7/1/2018	$364.30		No	N/A
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	7/1/2018	$651.56		No	N/A
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	7/1/2018	$858.95		No	N/A
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	7/1/2018	$1,026.02		No	N/A
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	7/1/2018	$962.75		No	N/A
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	7/1/2018	$1,095.78		No	N/A
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	7/1/2018	$934.84		No	N/A
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	7/1/2018	$904.02		No	N/A
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	7/1/2018	$856.80		No	N/A
31200	Ethmoidectomy; intranasal, anterior	7/1/2018	$486.74		No	N/A
31201	Ethmoidectomy; intranasal, total	7/1/2018	$622.97		No	N/A
31205	Ethmoidectomy; extranasal, total	7/1/2018	$771.87		No	N/A
31225	Maxillectomy; without orbital exenteration	7/1/2018	$1,580.76		No	N/A
31230	Maxillectomy; with orbital exenteration (en bloc)	7/1/2018	$1,744.59		No	N/A
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	7/1/2018	$175.65		No	N/A
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	7/1/2018	$217.05		No	N/A
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	7/1/2018	$248.86		No	N/A
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	7/1/2018	$220.72		No	N/A
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	7/1/2018	$220.46		No	N/A
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	7/1/2018	$530.14		No	N/A
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	7/1/2018	$136.29		No	N/A
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	7/1/2018	$384.94		No	N/A

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31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	7/1/2018	$432.40		No	N/A
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	7/1/2018	$343.10		No	N/A
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	7/1/2018	$279.39		No	N/A
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	7/1/2018	$155.28		No	N/A
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	7/1/2018	$385.07		No	N/A
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	7/1/2018	$408.09		No	N/A
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	7/1/2018	$229.09		No	N/A
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	7/1/2018	$326.39		No	N/A
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	7/1/2018	$173.71		No	N/A
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	7/1/2018	$201.95		No	N/A
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	7/1/2018	$978.21		No	N/A
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	7/1/2018	$1,040.90		No	N/A
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	7/1/2018	$844.18		No	N/A
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	7/1/2018	$916.35		No	N/A
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	7/1/2018	$1,050.08		No	N/A
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	7/1/2018	$1,671.62		No	N/A
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	7/1/2018	$1,693.33		No	N/A
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	7/1/2018	$1,659.60		No	N/A
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	7/1/2018	$3,216.22		No	N/A
31299	Unlisted procedure, accessory sinuses	1/1/1979	$0.00		No	N/A
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	7/1/2018	$1,095.83		No	N/A
31360	Laryngectomy; total, without radical neck dissection	7/1/2018	$1,785.09		No	N/A
31365	Laryngectomy; total, with radical neck dissection	7/1/2018	$2,203.40		No	N/A
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	7/1/2018	$1,887.79		No	N/A
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	7/1/2018	$2,098.62		No	N/A
31370	Partial laryngectomy (hemilaryngectomy); horizontal	7/1/2018	$1,773.95		No	N/A
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	7/1/2018	$1,681.70		No	N/A
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	7/1/2018	$1,658.03		No	N/A
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	7/1/2018	$1,821.11		No	N/A
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	7/1/2018	$2,452.01		No	N/A
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	7/1/2018	$2,593.69		No	N/A
31400	Arytenoidectomy or arytenoidopexy, external approach	7/1/2018	$831.64		No	N/A
31420	Epiglottidectomy	7/1/2018	$700.14		No	N/A

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31500	Intubation, endotracheal, emergency procedure	7/1/2018	$123.75		No	N/A
31502	Tracheotomy tube change prior to establishment of fistula tract	7/1/2018	$30.28		No	N/A
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	7/1/2018	$69.02		No	N/A
31510	Laryngoscopy, indirect; with biopsy	7/1/2018	$176.27		No	N/A
31511	Laryngoscopy, indirect; with removal of foreign body	7/1/2018	$177.25		No	N/A
31512	Laryngoscopy, indirect; with removal of lesion	7/1/2018	$172.12		No	N/A
31513	Laryngoscopy, indirect; with vocal cord injection	7/1/2018	$112.18		No	N/A
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	7/1/2018	$171.60		No	N/A
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	7/1/2018	$133.63		No	N/A
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	7/1/2018	$211.46		No	N/A
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	7/1/2018	$134.24		No	N/A
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	7/1/2018	$167.22		No	N/A
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	7/1/2018	$123.35		No	N/A
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	7/1/2018	$138.14		No	N/A
31530	Laryngoscopy, direct, operative, with foreign body removal;	7/1/2018	$170.99		No	N/A
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	7/1/2018	$182.03		No	N/A
31535	Laryngoscopy, direct, operative, with biopsy;	7/1/2018	$162.50		No	N/A
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	7/1/2018	$180.47		No	N/A
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	7/1/2018	$206.98		No	N/A
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	7/1/2018	$225.91		No	N/A
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	7/1/2018	$310.64		No	N/A
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	7/1/2018	$472.16		No	N/A
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	7/1/2018	$1,228.78		No	N/A
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	7/1/2018	$1,228.10		No	N/A
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	7/1/2018	$1,353.27		No	N/A
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	7/1/2018	$1,407.77		No	N/A
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	7/1/2018	$268.43		No	N/A
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	7/1/2018	$293.51		No	N/A
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	7/1/2018	$283.01		No	N/A
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	7/1/2018	$213.61		No	N/A
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	7/1/2018	$413.26		No	N/A
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	7/1/2018	$221.72		No	N/A

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31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	7/1/2018	$845.08		No	N/A
31575	Laryngoscopy, flexible; diagnostic	7/1/2018	$94.86		No	N/A
31576	Laryngoscopy, flexible; with biopsy(ies)	7/1/2018	$221.61		No	N/A
31577	Laryngoscopy, flexible; with removal of foreign body(s)	7/1/2018	$230.40		No	N/A
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	7/1/2018	$252.12		No	N/A
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	7/1/2018	$151.43		No	N/A
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	7/1/2018	$1,052.58		No	N/A
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	7/1/2018	$1,167.91		No	N/A
31587	Laryngoplasty, cricoid split, without graft placement	7/1/2018	$976.00		No	N/A
31590	Laryngeal reinnervation by neuromuscular pedicle	7/1/2018	$736.13		No	N/A
31591	Laryngoplasty, medialization, unilateral	7/1/2018	$882.63		No	N/A
31592	Cricotracheal resection	7/1/2018	$1,440.63		No	N/A
31599	Unlisted procedure, larynx	1/1/1979	$0.00		No	N/A
31600	Tracheostomy, planned (separate procedure);	7/1/2018	$275.72		No	N/A
31601	Tracheostomy, planned (separate procedure); younger than 2 years	7/1/2018	$388.29		No	N/A
31603	Tracheostomy, emergency procedure; transtracheal	7/1/2018	$277.07		No	N/A
31605	Tracheostomy, emergency procedure; cricothyroid membrane	7/1/2018	$287.00		No	N/A
31610	Tracheostomy, fenestration procedure with skin flaps	7/1/2018	$802.70		No	N/A
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	7/1/2018	$450.81		No	N/A
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	7/1/2018	$70.09		No	N/A
31613	Tracheostoma revision; simple, without flap rotation	7/1/2018	$380.34		No	N/A
31614	Tracheostoma revision; complex, with flap rotation	7/1/2018	$631.58		No	N/A
31615	Tracheobronchoscopy through established tracheostomy incision	7/1/2018	$141.80		No	N/A
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	7/1/2018	$205.10		No	N/A
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	7/1/2018	$232.06		No	N/A
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	7/1/2018	$216.74		No	N/A
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	7/1/2018	$282.64		No	N/A
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	7/1/2018	$711.62		No	N/A
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	7/1/2018	$1,170.05		No	N/A
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	7/1/2018	$301.31		No	N/A
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	7/1/2018	$369.95		No	N/A
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	7/1/2018	$174.20		No	N/A
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	7/1/2018	$199.23		No	N/A

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31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	7/1/2018	$55.45		No	N/A
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	7/1/2018	$69.72		No	N/A
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	7/1/2018	$1,489.89		No	N/A
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	7/1/2018	$240.36		No	N/A
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	7/1/2018	$193.79		No	N/A
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	7/1/2018	$66.04		No	N/A
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	7/1/2018	$219.12		No	N/A
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	7/1/2018	$220.71		No	N/A
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	7/1/2018	$225.96		No	N/A
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	7/1/2018	$156.63		No	N/A
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	7/1/2018	$221.54		No	N/A
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	7/1/2018	$125.07		No	N/A
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	7/1/2018	$186.26		No	N/A
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	7/1/2018	$173.12		No	N/A
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	7/1/2018	$60.17		No	N/A
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	7/1/2018	$66.04		No	N/A
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	7/1/2018	$699.68		No	N/A

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31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	7/1/2018	$740.09		No	N/A
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	7/1/2018	$107.55		No	N/A
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	7/1/2018	$173.45		No	N/A
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	7/1/2018	$183.63		No	N/A
31717	Catheterization with bronchial brush biopsy	7/1/2018	$228.15		No	N/A
31720	Catheter aspiration (separate procedure); nasotracheal	7/1/2018	$44.15		No	N/A
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	7/1/2018	$69.91		No	N/A
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	7/1/2018	$1,032.52		No	N/A
31750	Tracheoplasty; cervical	7/1/2018	$1,178.87		No	N/A
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	7/1/2018	$1,490.72		No	N/A
31760	Tracheoplasty; intrathoracic	7/1/2018	$1,162.51		No	N/A
31766	Carinal reconstruction	7/1/2018	$1,509.10		No	N/A
31770	Bronchoplasty; graft repair	7/1/2018	$1,130.30		No	N/A
31775	Bronchoplasty; excision stenosis and anastomosis	7/1/2018	$1,186.88		No	N/A
31780	Excision tracheal stenosis and anastomosis; cervical	7/1/2018	$1,019.83		No	N/A
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	7/1/2018	$1,175.26		No	N/A
31785	Excision of tracheal tumor or carcinoma; cervical	7/1/2018	$913.71		No	N/A
31786	Excision of tracheal tumor or carcinoma; thoracic	7/1/2018	$1,223.81		No	N/A
31800	Suture of tracheal wound or injury; cervical	7/1/2018	$616.14		No	N/A
31805	Suture of tracheal wound or injury; intrathoracic	7/1/2018	$690.50		No	N/A
31820	Surgical closure tracheostomy or fistula; without plastic repair	7/1/2018	$363.59		No	N/A
31825	Surgical closure tracheostomy or fistula; with plastic repair	7/1/2018	$503.75		No	N/A
31830	Revision of tracheostomy scar	7/1/2018	$370.76		No	N/A
31899	Unlisted procedure, trachea, bronchi	1/1/1979	$0.00		No	N/A
32035	Thoracostomy; with rib resection for empyema	7/1/2018	$615.20		No	N/A
32036	Thoracostomy; with open flap drainage for empyema	7/1/2018	$656.18		No	N/A
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	7/1/2018	$682.70		No	N/A
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	7/1/2018	$682.25		No	N/A
32098	Thoracotomy, with biopsy(ies) of pleura	7/1/2018	$647.75		No	N/A
32100	Thoracotomy; with exploration	7/1/2018	$686.92		No	N/A
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	7/1/2018	$1,244.39		No	N/A
32120	Thoracotomy; for postoperative complications	7/1/2018	$739.37		No	N/A
32124	Thoracotomy; with open intrapleural pneumonolysis	7/1/2018	$785.92		No	N/A
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	7/1/2018	$841.23		No	N/A
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	7/1/2018	$1,294.47		No	N/A

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32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	7/1/2018	$851.36		No	N/A
32151	Thoracotomy; with removal of intrapulmonary foreign body	7/1/2018	$853.64		No	N/A
32160	Thoracotomy; with cardiac massage	7/1/2018	$672.32		No	N/A
32200	Pneumonostomy, with open drainage of abscess or cyst	7/1/2018	$965.49		No	N/A
32215	Pleural scarification for repeat pneumothorax	7/1/2018	$681.53		No	N/A
32220	Decortication, pulmonary (separate procedure); total	7/1/2018	$1,343.57		No	N/A
32225	Decortication, pulmonary (separate procedure); partial	7/1/2018	$843.74		No	N/A
32310	Pleurectomy, parietal (separate procedure)	7/1/2018	$774.78		No	N/A
32320	Decortication and parietal pleurectomy	7/1/2018	$1,353.88		No	N/A
32400	Biopsy, pleura, percutaneous needle	7/1/2018	$128.94		No	N/A
32405	Biopsy, lung or mediastinum, percutaneous needle	7/1/2018	$328.71		No	N/A
32440	Removal of lung, pneumonectomy;	7/1/2018	$1,328.01		No	N/A
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	7/1/2018	$2,603.80		No	N/A
32445	Removal of lung, pneumonectomy; extrapleural	7/1/2018	$3,000.47		No	N/A
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	7/1/2018	$1,254.40		No	N/A
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	7/1/2018	$1,342.38		No	N/A
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	7/1/2018	$1,217.69		No	N/A
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	7/1/2018	$1,999.12		No	N/A
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	7/1/2018	$2,036.85		No	N/A
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	7/1/2018	$208.25		No	N/A
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	7/1/2018	$1,526.32		No	N/A
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	7/1/2018	$1,739.41		No	N/A
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	7/1/2018	$789.87		No	N/A
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	7/1/2018	$133.19		No	N/A
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	7/1/2018	$133.19		No	N/A
32540	Extrapleural enucleation of empyema (empyemectomy)	7/1/2018	$1,466.51		No	N/A
32550	Insertion of indwelling tunneled pleural catheter with cuff	7/1/2018	$596.00		No	N/A
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	7/1/2018	$136.02		No	N/A
32552	Removal of indwelling tunneled pleural catheter with cuff	7/1/2018	$156.92		No	N/A
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	7/1/2018	$441.93		No	N/A
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	7/1/2018	$172.30		No	N/A
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	7/1/2018	$246.20		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	7/1/2018	$469.20		No	N/A
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	7/1/2018	$431.54		No	N/A
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	7/1/2018	$206.14		No	N/A
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	7/1/2018	$80.25		No	N/A
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	7/1/2018	$71.89		No	N/A
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	7/1/2018	$262.60		No	N/A
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	7/1/2018	$409.33		No	N/A
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	7/1/2018	$393.36		No	N/A
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	7/1/2018	$262.31		No	N/A
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	7/1/2018	$321.64		No	N/A
32609	Thoracoscopy; with biopsy(ies) of pleura	7/1/2018	$220.59		No	N/A
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	7/1/2018	$565.08		No	N/A
32651	Thoracoscopy, surgical; with partial pulmonary decortication	7/1/2018	$928.95		No	N/A
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	7/1/2018	$1,409.90		No	N/A
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	7/1/2018	$899.15		No	N/A
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	7/1/2018	$987.08		No	N/A
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	7/1/2018	$810.89		No	N/A
32656	Thoracoscopy, surgical; with parietal pleurectomy	7/1/2018	$678.86		No	N/A
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	7/1/2018	$604.75		No	N/A
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	7/1/2018	$619.30		No	N/A
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	7/1/2018	$677.03		No	N/A
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	7/1/2018	$755.70		No	N/A
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	7/1/2018	$1,188.43		No	N/A
32664	Thoracoscopy, surgical; with thoracic sympathectomy	7/1/2018	$719.18		No	N/A
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	7/1/2018	$1,046.86		No	N/A
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	7/1/2018	$738.08		No	N/A
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	7/1/2018	$133.49		No	N/A
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	7/1/2018	$133.49		No	N/A
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	7/1/2018	$1,140.89		No	N/A
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	7/1/2018	$1,363.73		No	N/A
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	7/1/2018	$1,510.89		No	N/A

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32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	7/1/2018	$1,296.33		No	N/A
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	7/1/2018	$1,034.38		No	N/A
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	7/1/2018	$183.28		No	N/A
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	7/1/2018	$184.36		No	N/A
32800	Repair lung hernia through chest wall	7/1/2018	$799.50		No	N/A
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	7/1/2018	$764.12		No	N/A
32815	Open closure of major bronchial fistula	7/1/2018	$2,370.65		No	N/A
32820	Major reconstruction, chest wall (posttraumatic)	7/1/2018	$1,128.47		No	N/A
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	1/1/1994	$0.00		Yes	Telligen
32851	Lung transplant, single; without cardiopulmonary bypass	7/1/2018	$2,794.41		Yes	Telligen
32852	Lung transplant, single; with cardiopulmonary bypass	7/1/2018	$3,039.70		Yes	Telligen
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	7/1/2018	$3,894.90		Yes	Telligen
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	7/1/2017	$4,141.12		Yes	Telligen
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	7/1/2011	$151.72		Yes	Telligen
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	7/1/2011	$151.72		Yes	Telligen
32900	Resection of ribs, extrapleural, all stages	7/1/2017	$1,194.28		No	N/A
32905	Thoracoplasty, Schede type or extrapleural (all stages);	7/1/2018	$1,135.11		No	N/A
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	7/1/2018	$1,401.86		No	N/A
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	7/1/2018	$1,048.22		No	N/A
32960	Pneumothorax, therapeutic, intrapleural injection of air	7/1/2018	$109.86		No	N/A
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	7/1/2018	$5,132.51		No	N/A
32997	Total lung lavage (unilateral)	7/1/2018	$304.54		No	N/A
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	7/1/2018	$3,025.67		No	N/A
32999	Unlisted procedure, lungs and pleura	1/1/1979	$0.00		No	N/A
33010	Pericardiocentesis; initial	7/1/2018	$91.94		No	N/A
33011	Pericardiocentesis; subsequent	7/1/2018	$92.14		No	N/A
33015	Tube pericardiostomy	7/1/2018	$437.42		No	N/A
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	7/1/2018	$748.06		No	N/A
33025	Creation of pericardial window or partial resection for drainage	7/1/2018	$678.12		No	N/A
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	7/1/2018	$1,702.37		No	N/A
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	7/1/2018	$2,104.95		No	N/A
33050	Resection of pericardial cyst or tumor	7/1/2018	$857.70		No	N/A

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33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	7/1/2018	$1,784.84		No	N/A
33130	Resection of external cardiac tumor	7/1/2018	$1,169.03		No	N/A
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	7/1/2018	$1,336.30		No	N/A
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	7/1/2018	$112.21		No	N/A
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	7/1/2018	$659.25		No	N/A
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	7/1/2018	$687.47		No	N/A
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	7/1/2018	$385.62		No	N/A
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7/1/2018	$410.29		No	N/A
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	7/1/2018	$444.71		No	N/A
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	7/1/2018	$141.04		No	N/A
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	7/1/2018	$145.46		No	N/A
33212	Insertion of pacemaker pulse generator only; with existing single lead	7/1/2018	$273.29		No	N/A
33213	Insertion of pacemaker pulse generator only; with existing dual leads	7/1/2018	$285.83		No	N/A
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	7/1/2018	$408.29		No	N/A
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	7/1/2018	$264.95		No	N/A
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	7/1/2018	$315.59		No	N/A
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	7/1/2018	$310.19		No	N/A
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	7/1/2018	$330.62		No	N/A
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	7/1/2018	$333.16		No	N/A
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	7/1/2018	$306.85		No	N/A
33222	Relocation of skin pocket for pacemaker	7/1/2018	$287.48		No	N/A
33223	Relocation of skin pocket for implantable defibrillator	7/1/2018	$348.28		No	N/A
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	7/1/2018	$440.87		No	N/A
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	7/1/2018	$401.94		No	N/A
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	7/1/2018	$423.54		No	N/A

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33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	7/1/2018	$288.07		No	N/A
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	7/1/2018	$301.49		No	N/A
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	7/1/2018	$319.12		No	N/A
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	7/1/2018	$325.81		No	N/A
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	7/1/2018	$342.14		No	N/A
33233	Removal of permanent pacemaker pulse generator only	7/1/2018	$195.80		No	N/A
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	7/1/2018	$413.56		No	N/A
33235	Removal of transvenous pacemaker electrode(s); dual lead system	7/1/2018	$543.86		No	N/A
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	7/1/2018	$664.53		No	N/A
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	7/1/2018	$713.57		No	N/A
33238	Removal of permanent transvenous electrode(s) by thoracotomy	7/1/2018	$800.03		No	N/A
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	7/1/2018	$311.68		No	N/A
33241	Removal of implantable defibrillator pulse generator only	7/1/2018	$183.33		No	N/A
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	7/1/2018	$1,165.77		No	N/A
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	7/1/2018	$733.76		No	N/A
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	7/1/2018	$782.41		No	N/A
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	7/1/2018	$1,245.92		No	N/A
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	7/1/2018	$1,379.17		No	N/A
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	7/1/2018	$1,157.27		No	N/A
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	7/1/2018	$1,393.20		No	N/A
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	7/1/2018	$1,653.17		No	N/A
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	7/1/2018	$495.42		No	N/A
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	7/1/2018	$558.59		No	N/A
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	7/1/2018	$718.79		No	N/A
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	7/1/2018	$1,379.46		No	N/A

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33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	7/1/2018	$317.43		No	N/A
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	7/1/2018	$331.01		No	N/A
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	7/1/2018	$344.98		No	N/A
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	7/1/2018	$1,157.51		No	N/A
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	7/1/2018	$1,571.32		No	N/A
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	7/1/2018	$485.11		No	N/A
33271	Insertion of subcutaneous implantable defibrillator electrode	7/1/2018	$389.39		No	N/A
33272	Removal of subcutaneous implantable defibrillator electrode	7/1/2018	$298.30		No	N/A
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	7/1/2018	$343.06		No	N/A
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	5/1/2019	$4,273.81		No	N/A
33286	Removal, subcutaneous cardiac rhythm monitor	1/1/2019	$111.52		No	N/A
33300	Repair of cardiac wound; without bypass	7/1/2018	$2,086.60		No	N/A
33305	Repair of cardiac wound; with cardiopulmonary bypass	7/1/2018	$3,495.13		No	N/A
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	7/1/2018	$999.82		No	N/A
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	7/1/2018	$1,627.89		No	N/A
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	7/1/2018	$899.41		No	N/A
33321	Suture repair of aorta or great vessels; with shunt bypass	7/1/2018	$1,016.00		No	N/A
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	7/1/2018	$1,182.33		No	N/A
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	7/1/2018	$1,219.02		No	N/A
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	7/1/2018	$1,607.76		No	N/A
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	7/1/2018	$1,159.96		No	N/A
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	7/1/2018	$1,266.13		No	N/A
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	7/1/2018	$1,312.34		No	N/A
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	7/1/2018	$1,382.24		No	N/A
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	7/1/2018	$1,521.28		No	N/A
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	7/1/2018	$1,645.16		No	N/A
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	7/1/2018	$536.36		No	N/A

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33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	7/1/2018	$637.41		No	N/A
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	7/1/2018	$841.64		No	N/A
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	7/1/2018	$1,628.44		No	N/A
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	7/1/2018	$1,931.15		No	N/A
33404	Construction of apical-aortic conduit	7/1/2018	$1,497.27		No	N/A
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	7/1/2018	$1,932.41		No	N/A
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	7/1/2018	$2,446.73		No	N/A
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	7/1/2018	$2,167.62		No	N/A
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	7/1/2018	$2,857.12		No	N/A
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	7/1/2018	$2,701.76		No	N/A
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	7/1/2018	$2,763.36		No	N/A
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	7/1/2018	$1,832.86		No	N/A
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	7/1/2018	$1,734.24		No	N/A
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	7/1/2018	$1,726.36		No	N/A
33417	Aortoplasty (gusset) for supravalvular stenosis	7/1/2018	$1,419.78		No	N/A
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	7/1/2018	$1,541.84		No	N/A
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	7/1/2018	$364.54		No	N/A
33420	Valvotomy, mitral valve; closed heart	7/1/2018	$1,241.14		No	N/A
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	7/1/2018	$1,424.80		No	N/A
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	7/1/2018	$2,329.52		No	N/A
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	7/1/2018	$2,029.85		No	N/A
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	7/1/2018	$2,083.70		No	N/A
33430	Replacement, mitral valve, with cardiopulmonary bypass	7/1/2018	$2,382.55		No	N/A
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	1/1/2019	$2,895.39		No	N/A
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	7/1/2018	$2,060.61		No	N/A
33463	Valvuloplasty, tricuspid valve; without ring insertion	7/1/2018	$2,632.32		No	N/A

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33464	Valvuloplasty, tricuspid valve; with ring insertion	7/1/2018	$2,081.93		No	N/A
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	7/1/2018	$2,347.69		No	N/A
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	7/1/2018	$2,089.94		No	N/A
33470	Valvotomy, pulmonary valve, closed heart; transventricular	7/1/2018	$1,053.49		No	N/A
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	7/1/2018	$1,127.39		No	N/A
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	7/1/2018	$1,855.92		No	N/A
33475	Replacement, pulmonary valve	7/1/2018	$1,990.00		No	N/A
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	7/1/2018	$1,296.23		No	N/A
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	7/1/2018	$1,164.34		No	N/A
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	7/1/2018	$1,339.37		No	N/A
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	7/1/2018	$1,425.20		No	N/A
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	7/1/2018	$1,336.04		No	N/A
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	7/1/2018	$954.08		No	N/A
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	7/1/2018	$1,086.32		No	N/A
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	7/1/2018	$1,129.06		No	N/A
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	7/1/2018	$1,248.36		No	N/A
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	7/1/2018	$1,759.66		No	N/A
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	7/1/2018	$1,752.13		No	N/A
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	7/1/2018	$1,469.72		No	N/A
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	7/1/2018	$13.83		No	N/A
33510	Coronary artery bypass, vein only; single coronary venous graft	7/1/2018	$1,646.12		No	N/A
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	7/1/2018	$1,808.77		No	N/A
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	7/1/2018	$2,056.47		No	N/A
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	7/1/2018	$2,115.59		No	N/A
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	7/1/2018	$2,237.84		No	N/A
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	7/1/2018	$2,317.15		No	N/A
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	7/1/2018	$159.91		No	N/A
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	7/1/2018	$351.33		No	N/A
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	7/1/2018	$464.61		No	N/A
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	7/1/2018	$556.94		No	N/A
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	7/1/2018	$625.57		No	N/A

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33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	7/1/2018	$711.66		No	N/A
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	7/1/2018	$448.74		No	N/A
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	7/1/2018	$1,591.89		No	N/A
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	7/1/2018	$1,872.34		No	N/A
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	7/1/2018	$2,087.21		No	N/A
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	7/1/2018	$2,244.23		No	N/A
33542	Myocardial resection (eg, ventricular aneurysmectomy)	7/1/2018	$2,234.93		No	N/A
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	7/1/2018	$2,630.02		No	N/A
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	7/1/2018	$2,530.31		No	N/A
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	7/1/2018	$196.52		No	N/A
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	7/1/2018	$1,463.86		No	N/A
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	7/1/2018	$1,420.56		No	N/A
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	7/1/2018	$1,514.47		No	N/A
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	7/1/2018	$1,533.56		No	N/A
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	7/1/2018	$1,512.09		No	N/A
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	7/1/2018	$1,664.62		No	N/A
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	7/1/2018	$1,708.70		No	N/A
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	7/1/2018	$1,701.41		No	N/A
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	7/1/2018	$1,843.21		No	N/A
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	7/1/2018	$2,322.31		No	N/A
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	7/1/2018	$1,407.20		No	N/A
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	7/1/2018	$793.17		No	N/A
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	7/1/2018	$2,926.37		No	N/A
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	7/1/2018	$1,397.90		No	N/A
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	7/1/2018	$1,475.79		No	N/A
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	7/1/2018	$1,549.91		No	N/A

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33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	7/1/2018	$1,498.01		No	N/A
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	7/1/2018	$1,632.34		No	N/A
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	7/1/2018	$1,683.04		No	N/A
33675	Closure of multiple ventricular septal defects;	7/1/2018	$1,682.19		No	N/A
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	7/1/2018	$1,726.75		No	N/A
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	7/1/2018	$1,793.30		No	N/A
33681	Closure of single ventricular septal defect, with or without patch;	7/1/2018	$1,566.66		No	N/A
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	7/1/2018	$1,611.00		No	N/A
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	7/1/2018	$1,607.72		No	N/A
33690	Banding of pulmonary artery	7/1/2018	$1,021.59		No	N/A
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	7/1/2018	$1,669.34		No	N/A
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	7/1/2018	$1,664.62		No	N/A
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	7/1/2018	$1,753.59		No	N/A
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	7/1/2018	$1,317.09		No	N/A
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	7/1/2018	$1,750.40		No	N/A
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	7/1/2018	$1,318.19		No	N/A
33722	Closure of aortico-left ventricular tunnel	7/1/2018	$1,385.59		No	N/A
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	7/1/2018	$1,312.52		No	N/A
33726	Repair of pulmonary venous stenosis	7/1/2018	$1,734.55		No	N/A
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	7/1/2018	$1,708.76		No	N/A
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane	7/1/2018	$1,403.38		No	N/A
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	7/1/2018	$1,103.37		No	N/A
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	7/1/2018	$1,197.14		No	N/A
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	7/1/2018	$1,105.09		No	N/A
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	7/1/2018	$1,074.96		No	N/A
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	7/1/2018	$1,121.37		No	N/A
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	7/1/2018	$1,092.14		No	N/A
33764	Shunt; central, with prosthetic graft	7/1/2018	$1,121.37		No	N/A
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	7/1/2018	$1,134.78		No	N/A
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	7/1/2018	$1,212.28		No	N/A
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	7/1/2018	$355.39		No	N/A
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	7/1/2018	$1,805.74		No	N/A

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33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	7/1/2018	$1,858.63		No	N/A
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	7/1/2018	$1,532.71		No	N/A
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	7/1/2018	$1,579.39		No	N/A
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	7/1/2018	$1,669.68		No	N/A
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	7/1/2018	$1,612.16		No	N/A
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	7/1/2018	$2,002.53		No	N/A
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	7/1/2018	$1,983.79		No	N/A
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	7/1/2018	$2,020.60		No	N/A
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	7/1/2018	$1,972.76		No	N/A
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	7/1/2018	$2,753.07		No	N/A
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	7/1/2018	$2,974.40		No	N/A
33786	Total repair, truncus arteriosus (Rastelli type operation)	7/1/2018	$1,940.89		No	N/A
33788	Reimplantation of an anomalous pulmonary artery	7/1/2018	$1,306.22		No	N/A
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	7/1/2018	$841.14		No	N/A
33802	Division of aberrant vessel (vascular ring);	7/1/2018	$923.18		No	N/A
33803	Division of aberrant vessel (vascular ring); with reanastomosis	7/1/2018	$980.35		No	N/A
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	7/1/2018	$1,055.59		No	N/A
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	7/1/2018	$1,297.69		No	N/A
33820	Repair of patent ductus arteriosus; by ligation	7/1/2018	$825.26		No	N/A
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	7/1/2018	$870.63		No	N/A
33824	Repair of patent ductus arteriosus; by division, 18 years and older	7/1/2018	$1,004.31		No	N/A
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	7/1/2018	$1,054.94		No	N/A
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	7/1/2018	$1,136.19		No	N/A
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	7/1/2018	$1,083.43		No	N/A
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	7/1/2018	$1,191.32		No	N/A
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	7/1/2018	$1,561.73		No	N/A
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	7/1/2018	$2,737.24		No	N/A

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33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	7/1/2018	$2,685.32		No	N/A
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	7/1/2018	$2,750.55		No	N/A
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	1/1/2019	$884.70		No	N/A
33870	Transverse arch graft, with cardiopulmonary bypass	7/1/2018	$2,149.02		No	N/A
33875	Descending thoracic aorta graft, with or without bypass	7/1/2018	$2,340.96		No	N/A
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	7/1/2018	$3,089.34		No	N/A
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	7/1/2018	$1,537.52		No	N/A
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	7/1/2018	$1,320.45		No	N/A
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	7/1/2018	$960.27		No	N/A
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	7/1/2018	$355.44		No	N/A
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	7/1/2018	$829.42		No	N/A
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	7/1/2018	$678.35		No	N/A
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	7/1/2018	$825.08		No	N/A
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	7/1/2018	$2,247.11		No	N/A
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	7/1/2018	$1,179.05		No	N/A
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	7/1/2018	$3,600.74		No	N/A
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	7/1/2018	$1,241.22		No	N/A
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	7/1/2018	$1,542.53		No	N/A
33922	Transection of pulmonary artery with cardiopulmonary bypass	7/1/2018	$1,183.04		No	N/A
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	7/1/2018	$244.32		No	N/A

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33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	7/1/2018	$1,465.27		No	N/A
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	7/1/2017	$2,180.11		No	N/A
33928	Removal and replacement of total replacement heart system (artificial heart)	1/1/2018	$0.00		No	N/A
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	1/1/2018	$0.00		No	N/A
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	7/1/2017	$4,223.66		Yes	Telligen
33940	Donor cardiectomy (including cold preservation)	7/1/2008	$1,651.15		No	N/A
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	1/1/2005	$0.00		Yes	Telligen
33945	Heart transplant, with or without recipient cardiectomy	7/1/2018	$4,129.66		Yes	Telligen
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	7/1/2018	$265.74		No	N/A
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	7/1/2018	$295.07		No	N/A
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	7/1/2018	$208.23		No	N/A
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	7/1/2018	$201.30		No	N/A
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	7/1/2018	$363.80		No	N/A
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	7/1/2018	$366.26		No	N/A
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	7/1/2018	$406.48		No	N/A
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	7/1/2018	$408.83		No	N/A
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	7/1/2018	$712.12		No	N/A
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	7/1/2018	$713.05		No	N/A
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	7/1/2018	$158.30		No	N/A

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33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	7/1/2018	$158.60		No	N/A
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	7/1/2018	$200.94		No	N/A
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	7/1/2018	$201.53		No	N/A
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	7/1/2018	$401.54		No	N/A
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	7/1/2018	$423.82		No	N/A
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	7/1/2018	$158.30		No	N/A
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	7/1/2018	$203.14		No	N/A
33967	Insertion of intra-aortic balloon assist device, percutaneous	7/1/2018	$222.24		No	N/A
33968	Removal of intra-aortic balloon assist device, percutaneous	7/1/2018	$29.03		No	N/A
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	7/1/2018	$234.37		No	N/A
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	7/1/2018	$303.62		No	N/A
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	7/1/2018	$604.06		No	N/A
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	7/1/2018	$441.68		No	N/A
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	7/1/2018	$757.78		No	N/A
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	7/1/2018	$1,116.97		No	N/A
33976	Insertion of ventricular assist device; extracorporeal, biventricular	7/1/2018	$1,362.34		No	N/A
33977	Removal of ventricular assist device; extracorporeal, single ventricle	7/1/2018	$959.61		No	N/A
33978	Removal of ventricular assist device; extracorporeal, biventricular	7/1/2018	$1,142.84		No	N/A
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	7/1/2018	$1,666.65		No	N/A
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	7/1/2018	$1,523.24		No	N/A
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	7/1/2018	$713.80		Yes	Telligen
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	7/1/2018	$1,677.06		Yes	Telligen
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	7/1/2018	$1,975.48		Yes	Telligen

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33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	7/1/2018	$243.90		No	N/A
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	7/1/2018	$441.16		No	N/A
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	7/1/2018	$446.40		No	N/A
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	7/1/2018	$178.93		No	N/A
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	7/1/2018	$667.22		No	N/A
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	7/1/2018	$423.82		No	N/A
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	7/1/2018	$364.43		No	N/A
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	7/1/2018	$536.62		No	N/A
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion	7/1/2018	$171.25		No	N/A
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	7/1/2018	$149.88		No	N/A
33999	Unlisted procedure, cardiac surgery	1/1/1979	$0.00		No	N/A
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	7/1/2018	$781.46		No	N/A
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	7/1/2018	$844.99		No	N/A
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	7/1/2018	$512.62		No	N/A
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	7/1/2018	$512.71		No	N/A
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	7/1/2018	$1,195.20		No	N/A
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	7/1/2018	$881.19		No	N/A
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	7/1/2018	$815.97		No	N/A
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	7/1/2018	$1,258.90		No	N/A
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	7/1/2018	$628.86		No	N/A
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	7/1/2018	$1,225.83		No	N/A
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	7/1/2018	$920.47		No	N/A
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	7/1/2018	$527.54		No	N/A
34501	Valvuloplasty, femoral vein	7/1/2018	$761.22		No	N/A
34502	Reconstruction of vena cava, any method	7/1/2018	$1,323.44		No	N/A

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34510	Venous valve transposition, any vein donor	7/1/2018	$870.77		No	N/A
34520	Cross-over vein graft to venous system	7/1/2018	$843.75		No	N/A
34530	Saphenopopliteal vein anastomosis	7/1/2018	$800.20		No	N/A
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	7/1/2018	$1,057.14		No	N/A
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	7/1/2018	$1,582.11		No	N/A
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	7/1/2018	$1,185.31		No	N/A
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	7/1/2018	$1,976.64		No	N/A
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	7/1/2018	$1,311.39		No	N/A

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34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	7/1/2018	$1,974.55		No	N/A
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	7/1/2018	$985.96		No	N/A
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	7/1/2018	$1,588.86		No	N/A
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	7/1/2018	$277.20		No	N/A
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	7/1/2018	$687.04		No	N/A
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	7/1/2018	$255.83		No	N/A
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	7/1/2018	$588.72		No	N/A
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	7/1/2018	$110.79		No	N/A

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34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	7/1/2018	$233.06		No	N/A
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	7/1/2018	$261.20		No	N/A
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	7/1/2018	$323.40		No	N/A
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	7/1/2018	$177.92		No	N/A
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	7/1/2018	$177.17		No	N/A
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	7/1/2018	$202.50		No	N/A
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	7/1/2018	$302.15		No	N/A
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	7/1/2018	$1,505.14		No	N/A
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	7/1/2018	$1,651.16		No	N/A
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	7/1/2018	$1,618.72		No	N/A
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	7/1/2018	$346.92		No	N/A
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	7/1/2018	$111.59		No	N/A
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	1/1/2014	$0.00		No	N/A
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	1/1/2014	$0.00		No	N/A
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	1/1/2014	$0.00		No	N/A

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34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	1/1/2014	$0.00		No	N/A
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	1/1/2014	$0.00		No	N/A
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	1/1/2014	$0.00		No	N/A
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	1/1/2014	$0.00		No	N/A
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	1/1/2014	$0.00		No	N/A
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	7/1/2018	$959.86		No	N/A
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	7/1/2018	$968.63		No	N/A
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	7/1/2018	$847.36		No	N/A
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	7/1/2018	$859.56		No	N/A
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	7/1/2018	$1,075.37		No	N/A

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35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	7/1/2018	$1,074.56		No	N/A
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	7/1/2018	$1,231.17		No	N/A
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	7/1/2018	$844.34		No	N/A
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	7/1/2018	$1,489.90		No	N/A
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	7/1/2018	$1,876.11		No	N/A
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	7/1/2018	$1,530.99		No	N/A
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	7/1/2018	$2,223.41		No	N/A
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	7/1/2018	$1,610.81		No	N/A
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	7/1/2018	$1,918.33		No	N/A
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	7/1/2018	$1,133.98		No	N/A
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	7/1/2018	$1,395.68		No	N/A
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	7/1/2018	$1,413.09		No	N/A
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	7/1/2018	$1,614.72		No	N/A
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	7/1/2018	$1,192.06		No	N/A
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	7/1/2018	$1,395.68		No	N/A
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	7/1/2018	$946.44		No	N/A

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35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	7/1/2018	$1,136.93		No	N/A
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	7/1/2018	$1,063.71		No	N/A
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	7/1/2018	$1,193.06		No	N/A
35180	Repair, congenital arteriovenous fistula; head and neck	7/1/2018	$744.64		No	N/A
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	7/1/2018	$1,521.67		No	N/A
35184	Repair, congenital arteriovenous fistula; extremities	7/1/2018	$822.74		No	N/A
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	7/1/2018	$1,065.24		No	N/A
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	7/1/2018	$1,288.38		No	N/A
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	7/1/2018	$652.06		No	N/A
35201	Repair blood vessel, direct; neck	7/1/2018	$803.07		No	N/A
35206	Repair blood vessel, direct; upper extremity	7/1/2018	$668.97		No	N/A
35207	Repair blood vessel, direct; hand, finger	7/1/2018	$648.28		No	N/A
35211	Repair blood vessel, direct; intrathoracic, with bypass	7/1/2018	$1,179.04		No	N/A
35216	Repair blood vessel, direct; intrathoracic, without bypass	7/1/2018	$1,753.57		No	N/A
35221	Repair blood vessel, direct; intra-abdominal	7/1/2018	$1,248.27		No	N/A
35226	Repair blood vessel, direct; lower extremity	7/1/2018	$713.72		No	N/A
35231	Repair blood vessel with vein graft; neck	7/1/2018	$1,069.79		No	N/A
35236	Repair blood vessel with vein graft; upper extremity	7/1/2018	$853.69		No	N/A
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	7/1/2018	$1,235.55		No	N/A
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	7/1/2018	$1,338.83		No	N/A
35251	Repair blood vessel with vein graft; intra-abdominal	7/1/2018	$1,485.33		No	N/A
35256	Repair blood vessel with vein graft; lower extremity	7/1/2018	$876.45		No	N/A
35261	Repair blood vessel with graft other than vein; neck	7/1/2018	$901.26		No	N/A
35266	Repair blood vessel with graft other than vein; upper extremity	7/1/2018	$739.56		No	N/A
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	7/1/2018	$1,176.96		No	N/A
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	7/1/2018	$1,244.93		No	N/A
35281	Repair blood vessel with graft other than vein; intra-abdominal	7/1/2018	$1,379.66		No	N/A
35286	Repair blood vessel with graft other than vein; lower extremity	7/1/2018	$797.03		No	N/A
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	7/1/2018	$968.93		No	N/A
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	7/1/2018	$961.89		No	N/A
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	7/1/2018	$1,063.29		No	N/A
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	7/1/2018	$1,099.72		No	N/A
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	7/1/2018	$1,056.61		No	N/A
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	7/1/2018	$381.63		No	N/A
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	7/1/2018	$1,333.15		No	N/A
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	7/1/2018	$762.58		No	N/A
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	7/1/2018	$1,244.22		No	N/A

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35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	7/1/2018	$1,177.30		No	N/A
35351	Thromboendarterectomy, including patch graft, if performed; iliac	7/1/2018	$1,098.46		No	N/A
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	7/1/2018	$884.68		No	N/A
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	7/1/2018	$1,299.26		No	N/A
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	7/1/2018	$1,506.55		No	N/A
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	7/1/2018	$700.89		No	N/A
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	7/1/2018	$841.37		No	N/A
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	7/1/2018	$136.63		No	N/A
35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	7/1/2018	$127.94		No	N/A
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	7/1/2018	$274.25		No	N/A
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	7/1/2018	$1,247.88		No	N/A
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	7/1/2018	$1,088.74		No	N/A
35508	Bypass graft, with vein; carotid-vertebral	7/1/2018	$1,134.59		No	N/A
35509	Bypass graft, with vein; carotid-contralateral carotid	7/1/2018	$1,208.06		No	N/A
35511	Bypass graft, with vein; subclavian-subclavian	7/1/2018	$957.14		No	N/A
35512	Bypass graft, with vein; subclavian-brachial	7/1/2018	$1,030.47		No	N/A
35515	Bypass graft, with vein; subclavian-vertebral	7/1/2018	$1,134.59		No	N/A
35516	Bypass graft, with vein; subclavian-axillary	7/1/2018	$1,042.42		No	N/A
35518	Bypass graft, with vein; axillary-axillary	7/1/2018	$975.72		No	N/A
35521	Bypass graft, with vein; axillary-femoral	7/1/2018	$1,047.55		No	N/A
35522	Bypass graft, with vein; axillary-brachial	7/1/2018	$1,036.15		No	N/A
35523	Bypass graft, with vein; brachial-ulnar or -radial	7/1/2018	$1,091.10		No	N/A
35525	Bypass graft, with vein; brachial-brachial	7/1/2018	$977.25		No	N/A
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	7/1/2018	$1,482.43		No	N/A
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	7/1/2018	$1,742.93		No	N/A
35533	Bypass graft, with vein; axillary-femoral-femoral	7/1/2018	$1,285.97		No	N/A
35535	Bypass graft, with vein; hepatorenal	7/1/2018	$1,625.99		No	N/A
35536	Bypass graft, with vein; splenorenal	7/1/2018	$1,443.59		No	N/A
35537	Bypass graft, with vein; aortoiliac	7/1/2018	$1,781.26		No	N/A
35538	Bypass graft, with vein; aortobi-iliac	7/1/2018	$1,993.96		No	N/A
35539	Bypass graft, with vein; aortofemoral	7/1/2018	$1,873.24		No	N/A
35540	Bypass graft, with vein; aortobifemoral	7/1/2018	$2,088.08		No	N/A
35556	Bypass graft, with vein; femoral-popliteal	7/1/2018	$1,200.27		No	N/A
35558	Bypass graft, with vein; femoral-femoral	7/1/2018	$1,055.10		No	N/A
35560	Bypass graft, with vein; aortorenal	7/1/2018	$1,455.94		No	N/A
35563	Bypass graft, with vein; ilioiliac	7/1/2018	$1,129.59		No	N/A
35565	Bypass graft, with vein; iliofemoral	7/1/2018	$1,133.53		No	N/A
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	7/1/2018	$1,432.32		No	N/A
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	7/1/2018	$1,301.00		No	N/A
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	7/1/2018	$1,136.56		No	N/A

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35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	7/1/2018	$297.08		No	N/A
35583	In-situ vein bypass; femoral-popliteal	7/1/2018	$1,239.48		No	N/A
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	7/1/2018	$1,435.71		No	N/A
35587	In-situ vein bypass; popliteal-tibial, peroneal	7/1/2018	$1,173.05		No	N/A
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	7/1/2018	$218.17		No	N/A
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	7/1/2018	$1,197.76		No	N/A
35606	Bypass graft, with other than vein; carotid-subclavian	7/1/2018	$1,005.64		No	N/A
35612	Bypass graft, with other than vein; subclavian-subclavian	7/1/2018	$891.23		No	N/A
35616	Bypass graft, with other than vein; subclavian-axillary	7/1/2018	$941.58		No	N/A
35621	Bypass graft, with other than vein; axillary-femoral	7/1/2018	$941.60		No	N/A
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	7/1/2018	$1,121.57		No	N/A
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	7/1/2018	$1,353.15		No	N/A
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	7/1/2018	$1,586.20		No	N/A
35632	Bypass graft, with other than vein; ilio-celiac	7/1/2018	$1,543.63		No	N/A
35633	Bypass graft, with other than vein; ilio-mesenteric	7/1/2018	$1,712.21		No	N/A
35634	Bypass graft, with other than vein; iliorenal	7/1/2018	$1,510.46		No	N/A
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	7/1/2018	$1,361.75		No	N/A
35637	Bypass graft, with other than vein; aortoiliac	7/1/2018	$1,474.73		No	N/A
35638	Bypass graft, with other than vein; aortobi-iliac	7/1/2018	$1,506.91		No	N/A
35642	Bypass graft, with other than vein; carotid-vertebral	7/1/2018	$841.70		No	N/A
35645	Bypass graft, with other than vein; subclavian-vertebral	7/1/2018	$807.57		No	N/A
35646	Bypass graft, with other than vein; aortobifemoral	7/1/2018	$1,471.55		No	N/A
35647	Bypass graft, with other than vein; aortofemoral	7/1/2018	$1,331.43		No	N/A
35650	Bypass graft, with other than vein; axillary-axillary	7/1/2018	$929.42		No	N/A
35654	Bypass graft, with other than vein; axillary-femoral-femoral	7/1/2018	$1,173.52		No	N/A
35656	Bypass graft, with other than vein; femoral-popliteal	7/1/2018	$928.27		No	N/A
35661	Bypass graft, with other than vein; femoral-femoral	7/1/2018	$929.73		No	N/A
35663	Bypass graft, with other than vein; ilioiliac	7/1/2018	$1,039.24		No	N/A
35665	Bypass graft, with other than vein; iliofemoral	7/1/2018	$1,006.30		No	N/A
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	7/1/2018	$1,084.23		No	N/A
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	7/1/2018	$956.39		No	N/A
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	7/1/2018	$68.91		No	N/A
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	7/1/2018	$303.08		No	N/A
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	7/1/2018	$350.05		No	N/A
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	7/1/2018	$170.12		No	N/A
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	7/1/2018	$137.93		No	N/A
35691	Transposition and/or reimplantation; vertebral to carotid artery	7/1/2018	$806.92		No	N/A
35693	Transposition and/or reimplantation; vertebral to subclavian artery	7/1/2018	$711.52		No	N/A

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35694	Transposition and/or reimplantation; subclavian to carotid artery	7/1/2018	$842.19		No	N/A
35695	Transposition and/or reimplantation; carotid to subclavian artery	7/1/2018	$874.70		No	N/A
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	7/1/2018	$127.05		No	N/A
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)	7/1/2018	$130.99		No	N/A
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	7/1/2018	$486.32		No	N/A
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	7/1/2018	$392.38		No	N/A
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	7/1/2018	$442.49		No	N/A
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	7/1/2018	$335.23		No	N/A
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	7/1/2018	$615.48		No	N/A
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	7/1/2018	$1,717.30		No	N/A
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	7/1/2018	$1,021.01		No	N/A
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	7/1/2018	$718.07		No	N/A
35870	Repair of graft-enteric fistula	7/1/2018	$1,062.32		No	N/A
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	7/1/2018	$510.45		No	N/A
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	7/1/2018	$813.97		No	N/A
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	7/1/2018	$794.52		No	N/A
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	7/1/2018	$873.86		No	N/A
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	7/1/2018	$1,033.20		No	N/A
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	7/1/2018	$1,059.96		No	N/A
35901	Excision of infected graft; neck	7/1/2018	$401.09		No	N/A
35903	Excision of infected graft; extremity	7/1/2018	$481.57		No	N/A
35905	Excision of infected graft; thorax	7/1/2018	$1,434.79		No	N/A
35907	Excision of infected graft; abdomen	7/1/2018	$1,639.79		No	N/A
36000	Introduction of needle or intracatheter, vein	7/1/2011	$21.31		No	N/A
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	7/1/2018	$136.70		No	N/A
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	7/1/2018	$270.57		No	N/A
36010	Introduction of catheter, superior or inferior vena cava	7/1/2018	$401.87		No	N/A
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	7/1/2018	$691.39		No	N/A
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	7/1/2018	$709.34		No	N/A
36013	Introduction of catheter, right heart or main pulmonary artery	7/1/2018	$640.31		No	N/A
36014	Selective catheter placement, left or right pulmonary artery	7/1/2018	$663.13		No	N/A

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36015	Selective catheter placement, segmental or subsegmental pulmonary artery	7/1/2018	$722.39		No	N/A
36100	Introduction of needle or intracatheter, carotid or vertebral artery	7/1/2018	$403.54		No	N/A
36140	Introduction of needle or intracatheter, upper or lower extremity artery	7/1/2018	$355.37		No	N/A
36160	Introduction of needle or intracatheter, aortic, translumbar	7/1/2018	$412.61		No	N/A
36200	Introduction of catheter, aorta	7/1/2018	$466.01		No	N/A
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	7/1/2018	$842.53		No	N/A
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	7/1/2018	$912.19		No	N/A
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	7/1/2018	$1,546.65		No	N/A
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	7/1/2018	$210.47		No	N/A
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	7/1/2018	$853.07		No	N/A
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	7/1/2018	$1,003.67		No	N/A
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	7/1/2018	$1,256.90		No	N/A
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	7/1/2018	$1,594.24		No	N/A
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	7/1/2018	$1,209.04		No	N/A
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	7/1/2018	$1,546.24		No	N/A
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$213.82		No	N/A
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	7/1/2018	$1,097.56		No	N/A
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	7/1/2018	$1,090.31		No	N/A

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36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	7/1/2018	$685.32		No	N/A
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	7/1/2018	$1,248.50		No	N/A
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	7/1/2018	$128.36		No	N/A
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	7/1/2018	$1,151.68		No	N/A
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	7/1/2018	$1,242.53		No	N/A
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	7/1/2018	$1,843.57		No	N/A
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	7/1/2018	$1,793.77		No	N/A
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	7/1/2018	$548.77		No	N/A
36261	Revision of implanted intra-arterial infusion pump	7/1/2018	$339.40		No	N/A
36262	Removal of implanted intra-arterial infusion pump	7/1/2018	$257.72		No	N/A
36299	Unlisted procedure, vascular injection	1/1/1979	$0.00		No	N/A
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	7/1/2018	$22.87		No	N/A
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein	7/1/2018	$20.02		No	N/A
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	7/1/2018	$14.18		No	N/A
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	7/1/2018	$14.35		No	N/A
36415	Collection of venous blood by venipuncture	9/1/2018	$2.77		No	N/A
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	7/1/2008	$3.00		No	N/A
36420	Venipuncture, cutdown; younger than age 1 year	7/1/2018	$40.64		No	N/A
36425	Venipuncture, cutdown; age 1 or over	7/1/2018	$35.05		No	N/A

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36430	Transfusion, blood or blood components	7/1/2017	$28.53		No	N/A
36440	Push transfusion, blood, 2 years or younger	7/1/2017	$47.21		No	N/A
36450	Exchange transfusion, blood; newborn	7/1/2018	$152.58		No	N/A
36455	Exchange transfusion, blood; other than newborn	7/1/2018	$108.06		No	N/A
36460	Transfusion, intrauterine, fetal	7/1/2018	$300.20		No	N/A
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	7/1/2018	$1,320.00		Yes	Telligen
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	7/1/2018	$1,379.58		Yes	Telligen
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	7/1/2017	$300.92		No	N/A
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	7/1/2018	$88.29		Yes	Telligen
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	7/1/2018	$158.99		Yes	Telligen
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	7/1/2018	$1,253.66		Yes	Telligen
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	7/1/2018	$231.13		Yes	Telligen
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	7/1/2018	$1,261.00		Yes	Telligen
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	7/1/2018	$245.66		Yes	Telligen
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	7/1/2018	$1,007.76		Yes	Telligen
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	7/1/2018	$260.02		Yes	Telligen
36481	Percutaneous portal vein catheterization by any method	7/1/2018	$1,642.79		No	N/A
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	7/1/2018	$1,757.49		Yes	Telligen
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	7/1/2018	$120.49		Yes	Telligen
36500	Venous catheterization for selective organ blood sampling	7/1/2018	$158.74		No	N/A
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	7/1/2018	$70.38		No	N/A
36511	Therapeutic apheresis; for white blood cells	7/1/2018	$95.76		No	N/A

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36512	Therapeutic apheresis; for red blood cells	7/1/2018	$96.06		No	N/A
36513	Therapeutic apheresis; for platelets	7/1/2018	$96.75		No	N/A
36514	Therapeutic apheresis; for plasma pheresis	7/1/2018	$649.76		No	N/A
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	7/1/2018	$1,812.92		No	N/A
36522	Photopheresis, extracorporeal	7/1/2018	$2,066.28		No	N/A
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	7/1/2018	$158.25		No	N/A
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	7/1/2018	$177.50		No	N/A
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	7/1/2018	$778.86		No	N/A
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	7/1/2018	$600.25		No	N/A
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	7/1/2018	$1,085.54		No	N/A
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	7/1/2018	$907.25		No	N/A
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	7/1/2018	$1,026.86		No	N/A
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	7/1/2018	$738.05		No	N/A
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	7/1/2018	$4,282.97		No	N/A
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	7/1/2018	$184.60		No	N/A
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	7/1/2018	$208.95		No	N/A
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	7/1/2018	$1,160.89		No	N/A
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	7/1/2018	$1,020.58		No	N/A
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	1/1/2019	$351.92		No	N/A
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	1/1/2019	$330.80		No	N/A
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	7/1/2018	$138.05		No	N/A
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	7/1/2018	$264.39		No	N/A
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	7/1/2018	$377.53		No	N/A

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36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	7/1/2018	$180.24		No	N/A
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	7/1/2018	$591.28		No	N/A
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	7/1/2018	$838.80		No	N/A
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	7/1/2018	$1,054.13		No	N/A
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	7/1/2018	$172.80		No	N/A
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	7/1/2018	$884.54		No	N/A
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	7/1/2018	$140.09		No	N/A
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	7/1/2018	$187.88		No	N/A
36591	Collection of blood specimen from a completely implantable venous access device	7/1/2018	$19.75		No	N/A
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	7/1/2018	$22.09		No	N/A
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	7/1/2018	$26.05		No	N/A
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	7/1/2018	$496.69		No	N/A
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	7/1/2018	$110.12		No	N/A
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	7/1/2018	$108.41		No	N/A
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	7/1/2018	$94.40		No	N/A
36600	Arterial puncture, withdrawal of blood for diagnosis	7/1/2018	$27.82		No	N/A
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	7/1/2018	$39.28		No	N/A
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	7/1/2018	$91.37		No	N/A
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	7/1/2018	$101.34		No	N/A
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	7/1/2018	$61.17		No	N/A
36680	Placement of needle for intraosseous infusion	7/1/2018	$50.92		No	N/A
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	7/1/2018	$107.00		No	N/A
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	7/1/2018	$183.92		No	N/A
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	7/1/2018	$115.88		No	N/A
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	7/1/2018	$594.08		No	N/A
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	7/1/2018	$625.98		No	N/A
36820	Arteriovenous anastomosis, open; by forearm vein transposition	7/1/2018	$628.12		No	N/A
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	7/1/2018	$568.32		No	N/A

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36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	7/1/2018	$1,183.13		No	N/A
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	7/1/2018	$682.26		No	N/A
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	7/1/2018	$570.53		No	N/A
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	7/1/2018	$527.83		No	N/A
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	7/1/2018	$647.51		No	N/A
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	7/1/2018	$695.00		No	N/A
36835	Insertion of Thomas shunt (separate procedure)	7/1/2018	$404.78		No	N/A
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	7/1/2018	$981.54		No	N/A
36860	External cannula declotting (separate procedure); without balloon catheter	7/1/2018	$184.30		No	N/A
36861	External cannula declotting (separate procedure); with balloon catheter	7/1/2018	$117.77		No	N/A
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	7/1/2018	$500.83		No	N/A
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	7/1/2018	$1,039.66		No	N/A
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	7/1/2018	$4,656.15		No	N/A
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	7/1/2018	$1,511.64		No	N/A

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36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	7/1/2018	$1,915.04		No	N/A
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	7/1/2018	$5,655.55		No	N/A
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	7/1/2018	$629.21		No	N/A
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	7/1/2018	$2,248.14		No	N/A
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	7/1/2018	$1,634.51		No	N/A
37140	Venous anastomosis, open; portocaval	7/1/2018	$1,969.55		No	N/A
37145	Venous anastomosis, open; renoportal	7/1/2018	$1,827.00		No	N/A
37160	Venous anastomosis, open; caval-mesenteric	7/1/2018	$1,876.33		No	N/A
37180	Venous anastomosis, open; splenorenal, proximal	7/1/2018	$1,805.30		No	N/A
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	7/1/2018	$1,969.55		No	N/A
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	7/1/2018	$733.77		No	N/A
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)	7/1/2018	$4,833.47		No	N/A
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	7/1/2018	$1,839.89		No	N/A
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	7/1/2018	$585.31		No	N/A

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37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	7/1/2018	$1,108.31		No	N/A
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	7/1/2018	$1,652.99		No	N/A
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	7/1/2018	$1,393.38		No	N/A
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7/1/2018	$2,131.53		No	N/A
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7/1/2018	$1,123.00		No	N/A
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7/1/2018	$1,278.50		No	N/A
37195	Thrombolysis, cerebral, by intravenous infusion	7/1/2008	$279.89		No	N/A
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	7/1/2018	$1,209.73		No	N/A
37200	Transcatheter biopsy	7/1/2018	$193.92		No	N/A
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	7/1/2018	$335.54		No	N/A
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	7/1/2018	$295.08		No	N/A
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	7/1/2018	$204.92		No	N/A
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	7/1/2018	$107.27		No	N/A
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	7/1/2018	$856.44		No	N/A

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37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	7/1/2008	$1,082.96		No	N/A
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	7/1/2018	$929.55		No	N/A
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	7/1/2018	$697.10		No	N/A
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	7/1/2018	$2,537.78		No	N/A
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	7/1/2018	$3,764.32		No	N/A
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	7/1/2018	$713.93		No	N/A
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	7/1/2018	$2,108.62		No	N/A
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	7/1/2018	$3,081.96		No	N/A
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	7/1/2018	$9,040.96		No	N/A
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	7/1/2018	$7,392.04		No	N/A
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	7/1/2018	$12,233.90		No	N/A
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	7/1/2018	$4,409.37		No	N/A
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	7/1/2018	$8,917.68		No	N/A
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	7/1/2018	$6,816.82		No	N/A
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	7/1/2018	$11,052.59		No	N/A
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	7/1/2018	$984.87		No	N/A

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37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	7/1/2018	$1,192.43		No	N/A
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	7/1/2018	$3,224.55		No	N/A
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	7/1/2018	$3,408.23		No	N/A
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	7/1/2018	$3,190.55		No	N/A
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	7/1/2018	$2,006.59		No	N/A
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	7/1/2018	$3,458.18		No	N/A
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	7/1/2018	$1,672.32		No	N/A
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	7/1/2018	$3,930.43		No	N/A
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	7/1/2018	$6,081.14		No	N/A
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	7/1/2018	$8,061.41		No	N/A
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	7/1/2018	$5,629.94		No	N/A

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37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	7/1/2018	$1,780.00		No	N/A
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	7/1/2018	$720.50		No	N/A
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	7/1/2018	$1,236.95		No	N/A
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	7/1/2018	$530.00		No	N/A
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	7/1/2018	$1,135.70		No	N/A
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	7/1/2018	$171.91		No	N/A
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	7/1/2018	$542.80		Yes	Telligen
37501	Unlisted vascular endoscopy procedure	1/1/2003	$0.00		No	N/A
37565	Ligation, internal jugular vein	7/1/2018	$629.36		No	N/A
37600	Ligation; external carotid artery	7/1/2018	$620.00		No	N/A
37605	Ligation; internal or common carotid artery	7/1/2018	$630.47		No	N/A
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	7/1/2018	$592.27		No	N/A
37607	Ligation or banding of angioaccess arteriovenous fistula	7/1/2018	$320.19		No	N/A
37609	Ligation or biopsy, temporal artery	7/1/2018	$260.03		No	N/A
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	7/1/2018	$443.43		No	N/A
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	7/1/2018	$945.52		No	N/A
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	7/1/2018	$1,143.98		No	N/A
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	7/1/2018	$326.61		No	N/A
37619	Ligation of inferior vena cava	7/1/2018	$1,465.37		No	N/A
37650	Ligation of femoral vein	7/1/2018	$391.55		No	N/A
37660	Ligation of common iliac vein	7/1/2018	$1,117.51		No	N/A
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	7/1/2018	$210.38		Yes	Telligen
37718	Ligation, division, and stripping, short saphenous vein	7/1/2018	$368.23		Yes	Telligen
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	7/1/2018	$404.41		Yes	Telligen
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	7/1/2018	$495.29		Yes	Telligen

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37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	7/1/2018	$526.85		Yes	Telligen
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	7/1/2018	$464.75		Yes	MCU
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	7/1/2018	$548.64		No	N/A
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	7/1/2018	$653.23		No	N/A
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	7/1/2018	$199.54		Yes	Telligen
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	7/1/2018	$296.52		Yes	Telligen
37790	Penile venous occlusive procedure	7/1/2018	$428.09		No	N/A
37799	Unlisted procedure, vascular surgery	1/1/1979	$0.00		Yes	Telligen
38100	Splenectomy; total (separate procedure)	7/1/2018	$981.44		No	N/A
38101	Splenectomy; partial (separate procedure)	7/1/2018	$989.60		No	N/A
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	7/1/2018	$225.00		No	N/A
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	7/1/2018	$1,087.73		No	N/A
38120	Laparoscopy, surgical, splenectomy	7/1/2018	$893.80		No	N/A
38129	Unlisted laparoscopy procedure, spleen	1/1/2000	$0.00		No	N/A
38200	Injection procedure for splenoportography	7/1/2018	$117.70		No	N/A
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	1/1/2003	$0.00		No	N/A
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	7/1/2018	$73.93		No	N/A
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	7/1/2018	$73.64		No	N/A
38220	Diagnostic bone marrow; aspiration(s)	7/1/2018	$142.98		No	N/A
38221	Diagnostic bone marrow; biopsy(ies)	7/1/2018	$130.35		No	N/A
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	7/1/2018	$144.76		No	N/A
38230	Bone marrow harvesting for transplantation; allogeneic	7/1/2018	$177.07		No	N/A
38232	Bone marrow harvesting for transplantation; autologous	7/1/2018	$173.12		No	N/A
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	7/1/2018	$199.96		Yes	Telligen
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	7/1/2018	$149.62		Yes	Telligen
38242	Allogeneic lymphocyte infusions	7/1/2018	$105.59		Yes	Telligen
38243	Hematopoietic progenitor cell (HPC); HPC boost	7/1/2018	$95.63		No	N/A
38300	Drainage of lymph node abscess or lymphadenitis; simple	7/1/2018	$264.48		No	N/A
38305	Drainage of lymph node abscess or lymphadenitis; extensive	7/1/2018	$408.55		No	N/A
38308	Lymphangiotomy or other operations on lymphatic channels	7/1/2018	$378.53		No	N/A
38380	Suture and/or ligation of thoracic duct; cervical approach	7/1/2018	$482.97		No	N/A
38381	Suture and/or ligation of thoracic duct; thoracic approach	7/1/2018	$681.24		No	N/A
38382	Suture and/or ligation of thoracic duct; abdominal approach	7/1/2018	$570.19		No	N/A
38500	Biopsy or excision of lymph node(s); open, superficial	7/1/2018	$278.96		No	N/A
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	7/1/2018	$106.86		No	N/A
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	7/1/2018	$437.20		No	N/A
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	7/1/2018	$393.93		No	N/A
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	7/1/2018	$369.90		No	N/A

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38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	7/1/2018	$475.47		No	N/A
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	1/1/2019	$374.12		No	N/A
38542	Dissection, deep jugular node(s)	7/1/2018	$441.00		No	N/A
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	7/1/2018	$429.98		No	N/A
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	7/1/2018	$853.01		No	N/A
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	7/1/2018	$603.71		No	N/A
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	7/1/2018	$599.53		No	N/A
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	7/1/2018	$437.32		No	N/A
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	7/1/2018	$582.15		No	N/A
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	7/1/2018	$796.16		No	N/A
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	7/1/2018	$1,001.30		No	N/A
38589	Unlisted laparoscopy procedure, lymphatic system	1/1/2000	$0.00		No	N/A
38700	Suprahyoid lymphadenectomy	7/1/2018	$686.40		No	N/A
38720	Cervical lymphadenectomy (complete)	7/1/2018	$1,145.21		No	N/A
38724	Cervical lymphadenectomy (modified radical neck dissection)	7/1/2018	$1,239.49		No	N/A
38740	Axillary lymphadenectomy; superficial	7/1/2018	$588.66		No	N/A
38745	Axillary lymphadenectomy; complete	7/1/2018	$743.69		No	N/A
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	7/1/2018	$183.28		No	N/A
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	7/1/2018	$227.84		No	N/A
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	7/1/2018	$717.42		No	N/A
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	7/1/2018	$1,105.61		No	N/A
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	7/1/2018	$702.09		No	N/A
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	7/1/2018	$888.71		No	N/A
38790	Injection procedure; lymphangiography	7/1/2018	$71.58		No	N/A
38792	Injection procedure; radioactive tracer for identification of sentinel node	7/1/2018	$34.21		No	N/A
38794	Cannulation, thoracic duct	7/1/2018	$261.66		No	N/A
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	7/1/2017	$117.09		No	N/A
38999	Unlisted procedure, hemic or lymphatic system	1/1/1979	$0.00		No	N/A
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	7/1/2018	$422.10		No	N/A

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39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	7/1/2018	$668.08		No	N/A
39200	Resection of mediastinal cyst	7/1/2018	$742.56		No	N/A
39220	Resection of mediastinal tumor	7/1/2018	$967.84		No	N/A
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	7/1/2018	$264.00		No	N/A
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	7/1/2018	$344.93		No	N/A
39499	Unlisted procedure, mediastinum	1/1/1979	$0.00		No	N/A
39501	Repair, laceration of diaphragm, any approach	7/1/2018	$722.47		No	N/A
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	7/1/2018	$4,939.60		No	N/A
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	7/1/2018	$737.72		No	N/A
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	7/1/2018	$797.39		No	N/A
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	7/1/2018	$757.16		No	N/A
39560	Resection, diaphragm; with simple repair (eg, primary suture)	7/1/2018	$679.48		No	N/A
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	7/1/2018	$1,054.80		No	N/A
39599	Unlisted procedure, diaphragm	1/1/1979	$0.00		No	N/A
40490	Biopsy of lip	7/1/2018	$109.27		No	N/A
40500	Vermilionectomy (lip shave), with mucosal advancement	7/1/2018	$428.06		No	N/A
40510	Excision of lip; transverse wedge excision with primary closure	7/1/2018	$409.00		No	N/A
40520	Excision of lip; V-excision with primary direct linear closure	7/1/2017	$414.33		No	N/A
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	7/1/2018	$471.89		No	N/A
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	7/1/2018	$525.38		No	N/A
40530	Resection of lip, more than one-fourth, without reconstruction	7/1/2018	$453.15		No	N/A
40650	Repair lip, full thickness; vermilion only	7/1/2018	$373.45		No	N/A
40652	Repair lip, full thickness; up to half vertical height	7/1/2018	$417.71		No	N/A
40654	Repair lip, full thickness; over one-half vertical height, or complex	7/1/2018	$485.56		No	N/A
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	7/1/2018	$866.98		No	N/A
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	7/1/2018	$1,027.60		No	N/A
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	7/1/2018	$862.20		No	N/A
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	7/1/2018	$886.00		No	N/A
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	7/1/2018	$934.92		No	N/A
40799	Unlisted procedure, lips	1/1/1979	$0.00		No	N/A
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	7/1/2018	$180.23		No	N/A
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	7/1/2018	$266.10		No	N/A
40804	Removal of embedded foreign body, vestibule of mouth; simple	7/1/2018	$155.74		No	N/A
40805	Removal of embedded foreign body, vestibule of mouth; complicated	7/1/2018	$271.37		No	N/A
40806	Incision of labial frenum (frenotomy)	7/1/2018	$87.19		No	N/A
40808	Biopsy, vestibule of mouth	7/1/2018	$157.54		No	N/A
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	7/1/2018	$174.97		No	N/A
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	7/1/2018	$245.29		No	N/A
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	7/1/2018	$328.66		No	N/A
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	7/1/2018	$342.35		No	N/A

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40818	Excision of mucosa of vestibule of mouth as donor graft	7/1/2018	$309.08		No	N/A
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	7/1/2018	$270.19		No	N/A
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	7/1/2018	$223.70		No	N/A
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	7/1/2018	$229.28		No	N/A
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	7/1/2018	$289.63		No	N/A
40840	Vestibuloplasty; anterior	7/1/2018	$691.20		No	N/A
40842	Vestibuloplasty; posterior, unilateral	7/1/2018	$674.51		No	N/A
40843	Vestibuloplasty; posterior, bilateral	7/1/2018	$913.64		No	N/A
40844	Vestibuloplasty; entire arch	7/1/2018	$1,139.08		No	N/A
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	7/1/2018	$1,243.53		No	N/A
40899	Unlisted procedure, vestibule of mouth	1/1/1979	$0.00		No	N/A
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	7/1/2018	$137.82		No	N/A
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	7/1/2018	$188.29		No	N/A
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	7/1/2018	$306.88		No	N/A
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	7/1/2018	$300.84		No	N/A
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	7/1/2018	$324.21		No	N/A
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	7/1/2018	$345.41		No	N/A
41010	Incision of lingual frenum (frenotomy)	7/1/2018	$170.13		No	N/A
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	7/1/2018	$363.99		No	N/A
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	7/1/2018	$376.61		No	N/A
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	7/1/2018	$382.17		No	N/A
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	7/1/2018	$434.14		No	N/A
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	7/1/2018	$419.31		No	N/A
41100	Biopsy of tongue; anterior two-thirds	7/1/2018	$143.01		No	N/A
41105	Biopsy of tongue; posterior one-third	7/1/2018	$145.55		No	N/A
41108	Biopsy of floor of mouth	7/1/2018	$125.84		No	N/A
41110	Excision of lesion of tongue without closure	7/1/2018	$179.73		No	N/A
41112	Excision of lesion of tongue with closure; anterior two-thirds	7/1/2018	$284.73		No	N/A
41113	Excision of lesion of tongue with closure; posterior one-third	7/1/2018	$311.90		No	N/A
41114	Excision of lesion of tongue with closure; with local tongue flap	7/1/2018	$543.74		No	N/A
41115	Excision of lingual frenum (frenectomy)	7/1/2018	$207.85		No	N/A
41116	Excision, lesion of floor of mouth	7/1/2018	$281.12		No	N/A
41120	Glossectomy; less than one-half tongue	7/1/2018	$920.90		No	N/A
41130	Glossectomy; hemiglossectomy	7/1/2018	$1,136.71		No	N/A

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41135	Glossectomy; partial, with unilateral radical neck dissection	7/1/2018	$1,872.63		No	N/A
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	7/1/2018	$1,881.26		No	N/A
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	7/1/2018	$2,384.81		No	N/A
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	7/1/2018	$1,893.68		No	N/A
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	7/1/2018	$2,055.31		No	N/A
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	7/1/2018	$2,603.81		No	N/A
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	7/1/2018	$228.84		No	N/A
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	7/1/2018	$252.56		No	N/A
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	7/1/2018	$268.55		No	N/A
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	7/1/2018	$387.08		No	N/A
41512	Tongue base suspension, permanent suture technique	7/1/2018	$562.91		No	N/A
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	7/1/2018	$294.71		No	N/A
41599	Unlisted procedure, tongue, floor of mouth	1/1/1979	$0.00		No	N/A
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	7/1/2018	$239.77		No	N/A
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	7/1/2018	$238.07		No	N/A
41806	Removal of embedded foreign body from dentoalveolar structures; bone	7/1/2018	$330.70		No	N/A
41820	Gingivectomy, excision gingiva, each quadrant	1/1/1979	$0.00		No	N/A
41821	Operculectomy, excision pericoronal tissues	1/1/1979	$0.00		No	N/A
41822	Excision of fibrous tuberosities, dentoalveolar structures	7/1/2018	$257.27		No	N/A
41823	Excision of osseous tuberosities, dentoalveolar structures	7/1/2018	$379.55		No	N/A
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	7/1/2018	$180.42		No	N/A
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	7/1/2018	$269.25		No	N/A
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	7/1/2018	$375.02		No	N/A
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	7/1/2018	$268.46		No	N/A
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	7/1/2018	$343.17		No	N/A
41850	Destruction of lesion (except excision), dentoalveolar structures	1/1/1979	$0.00		No	N/A
41870	Periodontal mucosal grafting	7/1/2008	$345.48		No	N/A
41872	Gingivoplasty, each quadrant (specify)	7/1/2018	$296.16		No	N/A
41874	Alveoloplasty, each quadrant (specify)	7/1/2018	$326.94		No	N/A
41899	Unlisted procedure, dentoalveolar structures	1/1/1979	$0.00		No	N/A
42000	Drainage of abscess of palate, uvula	7/1/2018	$129.38		No	N/A
42100	Biopsy of palate, uvula	7/1/2018	$127.04		No	N/A
42104	Excision, lesion of palate, uvula; without closure	7/1/2018	$182.11		No	N/A
42106	Excision, lesion of palate, uvula; with simple primary closure	7/1/2018	$232.82		No	N/A
42107	Excision, lesion of palate, uvula; with local flap closure	7/1/2018	$393.02		No	N/A
42120	Resection of palate or extensive resection of lesion	7/1/2018	$867.53		No	N/A
42140	Uvulectomy, excision of uvula	7/1/2018	$212.65		No	N/A
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	7/1/2018	$599.31		No	N/A
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	7/1/2018	$195.76		No	N/A

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42180	Repair, laceration of palate; up to 2 cm	7/1/2018	$205.49		No	N/A
42182	Repair, laceration of palate; over 2 cm or complex	7/1/2018	$270.69		No	N/A
42200	Palatoplasty for cleft palate, soft and/or hard palate only	7/1/2018	$818.55		No	N/A
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	7/1/2018	$853.80		No	N/A
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	7/1/2018	$950.64		No	N/A
42215	Palatoplasty for cleft palate; major revision	7/1/2018	$621.59		No	N/A
42220	Palatoplasty for cleft palate; secondary lengthening procedure	7/1/2018	$512.74		No	N/A
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	7/1/2018	$850.09		No	N/A
42226	Lengthening of palate, and pharyngeal flap	7/1/2018	$754.71		No	N/A
42227	Lengthening of palate, with island flap	7/1/2018	$708.62		No	N/A
42235	Repair of anterior palate, including vomer flap	7/1/2018	$619.48		No	N/A
42260	Repair of nasolabial fistula	7/1/2018	$687.04		No	N/A
42280	Maxillary impression for palatal prosthesis	7/1/2018	$148.47		No	N/A
42281	Insertion of pin-retained palatal prosthesis	7/1/2018	$192.37		No	N/A
42299	Unlisted procedure, palate, uvula	1/1/1979	$0.00		No	N/A
42300	Drainage of abscess; parotid, simple	7/1/2018	$176.51		No	N/A
42305	Drainage of abscess; parotid, complicated	7/1/2018	$368.20		No	N/A
42310	Drainage of abscess; submaxillary or sublingual, intraoral	7/1/2018	$150.45		No	N/A
42320	Drainage of abscess; submaxillary, external	7/1/2018	$209.94		No	N/A
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	7/1/2018	$196.18		No	N/A
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	7/1/2018	$316.04		No	N/A
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	7/1/2018	$394.79		No	N/A
42400	Biopsy of salivary gland; needle	7/1/2018	$88.55		No	N/A
42405	Biopsy of salivary gland; incisional	7/1/2018	$252.82		No	N/A
42408	Excision of sublingual salivary cyst (ranula)	7/1/2018	$422.56		No	N/A
42409	Marsupialization of sublingual salivary cyst (ranula)	7/1/2018	$280.82		No	N/A
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	7/1/2018	$530.21		No	N/A
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	7/1/2018	$901.80		No	N/A
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	7/1/2018	$1,013.33		No	N/A
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	7/1/2018	$714.85		No	N/A
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	7/1/2018	$1,154.01		No	N/A
42440	Excision of submandibular (submaxillary) gland	7/1/2018	$351.22		No	N/A
42450	Excision of sublingual gland	7/1/2018	$384.33		No	N/A
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	7/1/2018	$367.04		No	N/A
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	7/1/2018	$470.90		No	N/A
42507	Parotid duct diversion, bilateral (Wilke type procedure);	7/1/2018	$434.40		No	N/A
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	7/1/2018	$718.38		No	N/A
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	7/1/2018	$533.13		No	N/A
42550	Injection procedure for sialography	7/1/2018	$115.85		No	N/A
42600	Closure salivary fistula	7/1/2018	$404.16		No	N/A

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42650	Dilation salivary duct	7/1/2018	$70.32		No	N/A
42660	Dilation and catheterization of salivary duct, with or without injection	7/1/2018	$108.01		No	N/A
42665	Ligation salivary duct, intraoral	7/1/2018	$264.07		No	N/A
42699	Unlisted procedure, salivary glands or ducts	1/1/1979	$0.00		No	N/A
42700	Incision and drainage abscess; peritonsillar	7/1/2018	$159.79		No	N/A
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	7/1/2018	$387.16		No	N/A
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	7/1/2018	$701.08		No	N/A
42800	Biopsy; oropharynx	7/1/2018	$133.14		No	N/A
42804	Biopsy; nasopharynx, visible lesion, simple	7/1/2018	$163.02		No	N/A
42806	Biopsy; nasopharynx, survey for unknown primary lesion	7/1/2018	$183.92		No	N/A
42808	Excision or destruction of lesion of pharynx, any method	7/1/2018	$191.21		No	N/A
42809	Removal of foreign body from pharynx	7/1/2018	$170.96		No	N/A
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	7/1/2018	$326.89		No	N/A
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	7/1/2018	$473.90		No	N/A
42820	Tonsillectomy and adenoidectomy; younger than age 12	7/1/2018	$246.92		No	N/A
42821	Tonsillectomy and adenoidectomy; age 12 or over	7/1/2018	$256.17		No	N/A
42825	Tonsillectomy, primary or secondary; younger than age 12	7/1/2018	$222.55		No	N/A
42826	Tonsillectomy, primary or secondary; age 12 or over	7/1/2018	$213.89		No	N/A
42830	Adenoidectomy, primary; younger than age 12	7/1/2018	$175.87		No	N/A
42831	Adenoidectomy, primary; age 12 or over	7/1/2018	$189.74		No	N/A
42835	Adenoidectomy, secondary; younger than age 12	7/1/2018	$163.12		No	N/A
42836	Adenoidectomy, secondary; age 12 or over	7/1/2018	$204.60		No	N/A
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	7/1/2018	$866.69		No	N/A
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	7/1/2018	$1,194.63		No	N/A
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	7/1/2018	$1,925.35		No	N/A
42860	Excision of tonsil tags	7/1/2018	$159.32		No	N/A
42870	Excision or destruction lingual tonsil, any method (separate procedure)	7/1/2018	$507.11		No	N/A
42890	Limited pharyngectomy	7/1/2018	$1,233.42		No	N/A
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	7/1/2018	$1,620.27		No	N/A
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	7/1/2018	$2,044.86		No	N/A
42900	Suture pharynx for wound or injury	7/1/2018	$288.92		No	N/A
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	7/1/2018	$697.28		No	N/A
42953	Pharyngoesophageal repair	7/1/2018	$835.27		No	N/A
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	7/1/2018	$658.65		No	N/A
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	7/1/2018	$144.71		No	N/A
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	7/1/2018	$358.36		No	N/A
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	7/1/2018	$442.49		No	N/A

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42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	7/1/2018	$352.55		No	N/A
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	7/1/2018	$389.29		No	N/A
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	7/1/2018	$435.96		No	N/A
42999	Unlisted procedure, pharynx, adenoids, or tonsils	1/1/1979	$0.00		No	N/A
43020	Esophagotomy, cervical approach, with removal of foreign body	7/1/2018	$471.92		No	N/A
43030	Cricopharyngeal myotomy	7/1/2018	$442.22		No	N/A
43045	Esophagotomy, thoracic approach, with removal of foreign body	7/1/2018	$1,104.41		No	N/A
43100	Excision of lesion, esophagus, with primary repair; cervical approach	7/1/2018	$534.02		No	N/A
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	7/1/2018	$853.97		No	N/A
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	7/1/2018	$2,536.29		No	N/A
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	7/1/2018	$3,787.20		No	N/A
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	7/1/2018	$2,971.92		No	N/A
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	7/1/2018	$3,699.60		No	N/A
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	7/1/2018	$4,232.49		No	N/A
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	7/1/2018	$2,762.91		No	N/A
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	7/1/2018	$3,088.84		No	N/A
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	7/1/2018	$2,431.53		No	N/A
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	7/1/2018	$2,175.68		No	N/A
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	7/1/2018	$3,834.70		No	N/A
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	7/1/2018	$3,237.90		No	N/A
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	7/1/2018	$668.49		No	N/A
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	7/1/2018	$1,267.00		No	N/A

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43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	7/1/2018	$469.56		No	N/A
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	7/1/2018	$133.41		No	N/A
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	7/1/2018	$145.67		No	N/A
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	7/1/2018	$146.00		No	N/A
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	7/1/2018	$166.73		No	N/A
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	7/1/2018	$159.71		No	N/A
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	7/1/2018	$169.89		No	N/A
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$161.06		No	N/A
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	7/1/2018	$178.00		No	N/A
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$180.87		No	N/A
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	7/1/2018	$185.41		No	N/A
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	7/1/2018	$257.89		No	N/A
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	7/1/2018	$119.75		No	N/A
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	7/1/2018	$125.11		No	N/A
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	7/1/2018	$225.71		No	N/A
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	7/1/2018	$382.02		No	N/A
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	7/1/2018	$207.53		No	N/A
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$165.70		No	N/A
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	7/1/2018	$962.04		No	N/A
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	7/1/2018	$169.31		No	N/A
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	7/1/2018	$302.66		No	N/A
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	7/1/2018	$301.73		No	N/A
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	7/1/2018	$319.66		No	N/A
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	7/1/2018	$894.32		No	N/A
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	7/1/2018	$266.42		No	N/A
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	7/1/2018	$528.96		No	N/A
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$544.79		No	N/A
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	7/1/2018	$283.52		No	N/A
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	7/1/2018	$344.05		No	N/A

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43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	7/1/2018	$201.56		No	N/A
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$216.60		No	N/A
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	7/1/2018	$277.79		No	N/A
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	7/1/2018	$173.96		No	N/A
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	7/1/2018	$206.41		No	N/A
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	7/1/2018	$289.49		No	N/A
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	7/1/2018	$348.17		No	N/A
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	7/1/2018	$125.77		No	N/A
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	7/1/2018	$233.47		No	N/A
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	7/1/2018	$210.18		No	N/A
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	7/1/2018	$217.73		No	N/A
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	7/1/2018	$465.00		No	N/A
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	7/1/2018	$176.19		No	N/A
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	7/1/2018	$295.97		No	N/A
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	7/1/2018	$296.23		No	N/A
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	7/1/2018	$852.44		No	N/A
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	7/1/2018	$335.19		No	N/A
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	7/1/2018	$372.73		No	N/A
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	7/1/2018	$257.01		No	N/A
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	7/1/2018	$233.47		No	N/A
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	7/1/2018	$239.97		No	N/A

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43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	7/1/2018	$560.17		No	N/A
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	7/1/2018	$205.45		No	N/A
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	7/1/2018	$200.85		No	N/A
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$286.56		No	N/A
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	7/1/2018	$301.04		No	N/A
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	7/1/2018	$317.26		No	N/A
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	7/1/2018	$317.30		No	N/A
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	7/1/2018	$323.56		No	N/A
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	7/1/2018	$384.70		No	N/A
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$192.83		No	N/A
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$562.73		No	N/A
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	7/1/2018	$106.03		No	N/A
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	7/1/2018	$411.15		No	N/A
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	7/1/2018	$334.59		No	N/A
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	7/1/2018	$428.16		No	N/A
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	7/1/2018	$336.47		No	N/A
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	7/1/2018	$384.71		No	N/A
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	7/1/2018	$1,096.46		No	N/A
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	7/1/2018	$919.16		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	7/1/2018	$1,313.42		No	N/A
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	7/1/2018	$1,476.95		No	N/A
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	7/1/2018	$134.96		No	N/A
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	7/1/2018	$2,700.11		No	N/A
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	7/1/2018	$3,077.01		No	N/A
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	7/1/2018	$3,221.19		No	N/A
43289	Unlisted laparoscopy procedure, esophagus	1/1/2000	$0.00		No	N/A
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	7/1/2018	$524.12		No	N/A
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	7/1/2018	$932.29		No	N/A
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	7/1/2018	$1,261.19		No	N/A
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	7/1/2018	$1,358.70		No	N/A
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	7/1/2018	$2,323.08		No	N/A
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	7/1/2018	$2,501.17		No	N/A
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	7/1/2018	$1,186.09		No	N/A
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	7/1/2018	$1,153.46		No	N/A
43327	Esophagogastric fundoplasty partial or complete; laparotomy	7/1/2018	$698.00		No	N/A
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	7/1/2018	$959.43		No	N/A
43330	Esophagomyotomy (Heller type); abdominal approach	7/1/2018	$1,134.14		No	N/A
43331	Esophagomyotomy (Heller type); thoracic approach	7/1/2018	$1,139.72		No	N/A
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	7/1/2018	$986.36		No	N/A
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	7/1/2018	$1,075.00		No	N/A
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	7/1/2018	$1,063.94		No	N/A

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43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	7/1/2018	$1,139.75		No	N/A
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	7/1/2018	$1,278.86		No	N/A
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	7/1/2018	$1,317.26		No	N/A
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	7/1/2018	$99.06		No	N/A
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	7/1/2018	$1,171.35		No	N/A
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	7/1/2018	$1,190.96		No	N/A
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	7/1/2018	$1,117.30		No	N/A
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	7/1/2018	$905.93		No	N/A
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	7/1/2018	$1,917.40		No	N/A
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	7/1/2018	$2,288.94		No	N/A
43400	Ligation, direct, esophageal varices	7/1/2018	$1,293.25		No	N/A
43401	Transection of esophagus with repair, for esophageal varices	7/1/2018	$1,335.09		No	N/A
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	7/1/2018	$1,236.63		No	N/A
43410	Suture of esophageal wound or injury; cervical approach	7/1/2018	$878.07		No	N/A
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	7/1/2018	$2,199.05		No	N/A
43420	Closure of esophagostomy or fistula; cervical approach	7/1/2018	$869.13		No	N/A
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	7/1/2018	$1,227.25		No	N/A
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	7/1/2018	$132.84		No	N/A
43453	Dilation of esophagus, over guide wire	7/1/2018	$761.75		No	N/A
43460	Esophagogastric tamponade, with balloon (Sengstaken type)	7/1/2018	$188.96		No	N/A
43496	Free jejunum transfer with microvascular anastomosis	1/1/1997	$0.00		No	N/A
43499	Unlisted procedure, esophagus	1/1/1979	$0.00		No	N/A
43500	Gastrotomy; with exploration or foreign body removal	7/1/2018	$667.40		No	N/A
43501	Gastrotomy; with suture repair of bleeding ulcer	7/1/2018	$1,143.25		No	N/A
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	7/1/2018	$1,295.91		No	N/A
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	7/1/2018	$802.54		No	N/A
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	7/1/2018	$582.57		No	N/A
43605	Biopsy of stomach, by laparotomy	7/1/2018	$712.08		No	N/A
43610	Excision, local; ulcer or benign tumor of stomach	7/1/2018	$832.30		No	N/A
43611	Excision, local; malignant tumor of stomach	7/1/2018	$1,040.86		No	N/A
43620	Gastrectomy, total; with esophagoenterostomy	7/1/2018	$1,677.83		No	N/A
43621	Gastrectomy, total; with Roux-en-Y reconstruction	7/1/2018	$1,929.89		No	N/A
43622	Gastrectomy, total; with formation of intestinal pouch, any type	7/1/2018	$1,966.14		No	N/A
43631	Gastrectomy, partial, distal; with gastroduodenostomy	7/1/2018	$1,232.06		No	N/A
43632	Gastrectomy, partial, distal; with gastrojejunostomy	7/1/2018	$1,728.58		No	N/A

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43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	7/1/2018	$1,634.31		No	N/A
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	7/1/2018	$1,808.00		No	N/A
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	7/1/2018	$96.08		No	N/A
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	7/1/2018	$1,002.72		No	N/A
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	7/1/2018	$1,021.27		No	N/A
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	7/1/2018	$1,473.03		Yes	Telligen
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	7/1/2018	$1,570.39		Yes	Telligen
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	1/1/2007	$0.00		No	N/A
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	7/1/2018	$555.26		No	N/A
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	7/1/2018	$648.77		No	N/A
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	7/1/2018	$486.32		No	N/A
43659	Unlisted laparoscopy procedure, stomach	3/6/2018	$0.00		Yes	Telligen
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	7/1/2018	$36.05		No	N/A
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	7/1/2018	$19.08		No	N/A
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	7/1/2018	$112.47		No	N/A
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration	7/1/2018	$116.03		No	N/A
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	7/1/2018	$173.90		No	N/A
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	7/1/2018	$246.59		No	N/A
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	7/1/2018	$101.84		No	N/A
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	1/1/2019	$185.60		No	N/A
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	1/1/2019	$276.08		No	N/A
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	7/1/2018	$952.29		Yes	Telligen
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	7/1/2018	$1,082.39		Yes	Telligen
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	7/1/2018	$809.27		Yes	Telligen
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	7/1/2018	$1,085.01		Yes	Telligen

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43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	7/1/2018	$815.81		Yes	Telligen
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	7/1/2018	$949.90		Yes	Telligen
43800	Pyloroplasty	7/1/2018	$789.73		No	N/A
43810	Gastroduodenostomy	7/1/2018	$864.71		No	N/A
43820	Gastrojejunostomy; without vagotomy	7/1/2018	$1,141.36		No	N/A
43825	Gastrojejunostomy; with vagotomy, any type	7/1/2018	$1,112.08		No	N/A
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	7/1/2018	$594.62		No	N/A
43831	Gastrostomy, open; neonatal, for feeding	7/1/2018	$503.96		No	N/A
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	7/1/2018	$881.84		No	N/A
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	7/1/2018	$1,155.83		No	N/A
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	7/1/2008	$1,146.60		Yes	Telligen
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	7/1/2018	$1,087.71		Yes	Telligen
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	7/1/2018	$1,670.45		Yes	Telligen
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	7/1/2018	$1,377.56		Yes	Telligen
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	7/1/2018	$1,531.85		Yes	Telligen
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	7/1/2018	$1,637.72		Yes	Telligen
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	7/1/2018	$1,384.19		Yes	Telligen
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	7/1/2018	$1,435.87		No	N/A
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	7/1/2018	$1,392.71		No	N/A
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	7/1/2018	$1,452.99		No	N/A
43870	Closure of gastrostomy, surgical	7/1/2018	$604.54		No	N/A
43880	Closure of gastrocolic fistula	7/1/2018	$1,359.87		No	N/A
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	1/1/2008	$0.00		No	N/A
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	1/1/2007	$0.00		No	N/A
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	7/1/2018	$307.14		No	N/A
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	7/1/2018	$277.04		No	N/A
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	7/1/2018	$391.01		No	N/A
43999	Unlisted procedure, stomach	1/1/1979	$0.00		No	N/A
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	7/1/2018	$932.20		No	N/A
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	7/1/2018	$737.50		No	N/A
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	7/1/2018	$121.19		No	N/A

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44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	7/1/2018	$827.75		No	N/A
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	7/1/2018	$830.21		No	N/A
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	7/1/2018	$838.49		No	N/A
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	7/1/2018	$794.94		No	N/A
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	7/1/2018	$1,269.62		No	N/A
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	7/1/2018	$95.07		No	N/A
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	7/1/2018	$725.26		No	N/A
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	7/1/2018	$839.46		No	N/A
44120	Enterectomy, resection of small intestine; single resection and anastomosis	7/1/2018	$1,042.55		No	N/A
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	7/1/2018	$206.91		No	N/A
44125	Enterectomy, resection of small intestine; with enterostomy	7/1/2018	$1,006.89		No	N/A
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	7/1/2018	$2,096.31		No	N/A
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	7/1/2018	$2,424.13		No	N/A
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	7/1/2018	$207.78		No	N/A
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	7/1/2018	$1,119.06		No	N/A
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	1/1/2001	$0.00		No	N/A
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	3/6/2018	$0.00		Yes	Telligen
44135	Intestinal allotransplantation; from cadaver donor	7/1/2008	$5,526.77		Yes	Telligen
44136	Intestinal allotransplantation; from living donor	7/1/2008	$5,971.64		Yes	Telligen
44137	Removal of transplanted intestinal allograft, complete	7/1/2008	$1,190.30		Yes	Telligen
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	7/1/2018	$103.92		No	N/A
44140	Colectomy, partial; with anastomosis	7/1/2018	$1,143.37		No	N/A
44141	Colectomy, partial; with skin level cecostomy or colostomy	7/1/2018	$1,556.66		No	N/A
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	7/1/2018	$1,419.35		No	N/A
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	7/1/2018	$1,509.03		No	N/A
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	7/1/2018	$1,418.37		No	N/A
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	7/1/2018	$1,813.88		No	N/A
44147	Colectomy, partial; abdominal and transanal approach	7/1/2018	$1,657.93		No	N/A
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	7/1/2018	$1,596.86		No	N/A
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	7/1/2018	$1,835.61		No	N/A
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	7/1/2018	$1,785.38		No	N/A
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	7/1/2018	$1,966.31		No	N/A
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	7/1/2018	$1,863.70		No	N/A

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44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	7/1/2018	$1,910.81		No	N/A
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	7/1/2018	$1,059.19		No	N/A
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	7/1/2018	$783.14		No	N/A
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	7/1/2018	$552.26		No	N/A
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	7/1/2018	$947.30		No	N/A
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	7/1/2018	$1,047.73		No	N/A
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	7/1/2018	$1,180.79		No	N/A
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	7/1/2018	$208.07		No	N/A
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	7/1/2018	$1,316.75		No	N/A
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	7/1/2018	$1,145.75		No	N/A
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	7/1/2018	$1,498.04		No	N/A
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	7/1/2018	$1,563.50		No	N/A
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	7/1/2018	$1,706.18		No	N/A
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	7/1/2018	$1,533.47		No	N/A
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	7/1/2018	$1,863.27		No	N/A
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	7/1/2018	$1,765.49		No	N/A
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	7/1/2018	$162.00		No	N/A
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	7/1/2018	$1,423.16		No	N/A
44238	Unlisted laparoscopy procedure, intestine (except rectum)	1/1/2003	$0.00		No	N/A
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	7/1/2018	$716.18		No	N/A
44310	Ileostomy or jejunostomy, non-tube	7/1/2018	$893.30		No	N/A
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	7/1/2018	$507.69		No	N/A
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	7/1/2018	$862.31		No	N/A
44316	Continent ileostomy (Kock procedure) (separate procedure)	7/1/2018	$1,201.59		No	N/A
44320	Colostomy or skin level cecostomy;	7/1/2018	$1,025.31		No	N/A
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	7/1/2018	$848.95		No	N/A
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	7/1/2018	$531.44		No	N/A
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	7/1/2018	$899.19		No	N/A
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	7/1/2018	$1,012.03		No	N/A
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$127.31		No	N/A

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44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	7/1/2018	$140.56		No	N/A
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	7/1/2018	$170.07		No	N/A
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	7/1/2018	$181.52		No	N/A
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	7/1/2018	$161.15		No	N/A
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	7/1/2018	$213.16		No	N/A
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	7/1/2018	$218.05		No	N/A
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	7/1/2018	$235.38		No	N/A
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	7/1/2018	$212.10		No	N/A
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	7/1/2018	$169.70		No	N/A
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	7/1/2018	$252.07		No	N/A
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	7/1/2018	$265.71		No	N/A
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	7/1/2018	$341.83		No	N/A
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	7/1/2018	$363.06		No	N/A
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$141.65		No	N/A
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	7/1/2018	$771.29		No	N/A
44382	Ileoscopy, through stoma; with biopsy, single or multiple	7/1/2018	$222.05		No	N/A
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$136.10		No	N/A
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$161.81		No	N/A
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	7/1/2018	$240.58		No	N/A
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$244.18		No	N/A
44389	Colonoscopy through stoma; with biopsy, single or multiple	7/1/2018	$320.53		No	N/A

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44390	Colonoscopy through stoma; with removal of foreign body(s)	7/1/2018	$319.85		No	N/A
44391	Colonoscopy through stoma; with control of bleeding, any method	7/1/2018	$584.87		No	N/A
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	7/1/2018	$297.96		No	N/A
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	7/1/2018	$342.72		No	N/A
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$2,666.21		No	N/A
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$232.37		No	N/A
44403	Colonoscopy through stoma; with endoscopic mucosal resection	7/1/2018	$269.76		No	N/A
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	7/1/2018	$306.96		No	N/A
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	7/1/2018	$452.79		No	N/A
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	7/1/2018	$203.88		No	N/A
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	7/1/2018	$244.67		No	N/A
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	7/1/2018	$205.76		No	N/A
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	7/1/2018	$17.23		No	N/A
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	7/1/2018	$1,203.14		No	N/A
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	7/1/2018	$1,383.11		No	N/A
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	7/1/2018	$902.67		No	N/A
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	7/1/2018	$1,112.80		No	N/A
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	7/1/2018	$917.21		No	N/A
44620	Closure of enterostomy, large or small intestine;	7/1/2018	$742.23		No	N/A
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	7/1/2018	$872.35		No	N/A
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	7/1/2018	$1,368.91		No	N/A
44640	Closure of intestinal cutaneous fistula	7/1/2018	$1,196.89		No	N/A
44650	Closure of enteroenteric or enterocolic fistula	7/1/2018	$1,236.96		No	N/A
44660	Closure of enterovesical fistula; without intestinal or bladder resection	7/1/2018	$1,155.39		No	N/A
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	7/1/2018	$1,331.66		No	N/A
44680	Intestinal plication (separate procedure)	7/1/2018	$904.97		No	N/A
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	7/1/2018	$873.20		No	N/A
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	7/1/2018	$145.32		No	N/A
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	1/1/2013	$0.00		No	N/A

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44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	7/1/2008	$918.45		Yes	Telligen
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	7/1/2018	$234.09		Yes	Telligen
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	7/1/2018	$327.60		Yes	Telligen
44799	Unlisted procedure, small intestine	5/1/2016	$0.00		Yes	MCU
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	7/1/2018	$650.01		No	N/A
44820	Excision of lesion of mesentery (separate procedure)	7/1/2018	$717.48		No	N/A
44850	Suture of mesentery (separate procedure)	7/1/2018	$637.51		No	N/A
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	1/1/1979	$0.00		No	N/A
44900	Incision and drainage of appendiceal abscess, open	7/1/2018	$657.84		No	N/A
44950	Appendectomy;	7/1/2018	$545.69		No	N/A
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	7/1/2018	$72.00		No	N/A
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	7/1/2018	$742.75		No	N/A
44970	Laparoscopy, surgical, appendectomy	7/1/2018	$510.59		No	N/A
44979	Unlisted laparoscopy procedure, appendix	1/1/2000	$0.00		No	N/A
45000	Transrectal drainage of pelvic abscess	7/1/2018	$365.81		No	N/A
45005	Incision and drainage of submucosal abscess, rectum	7/1/2018	$232.73		No	N/A
45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess	7/1/2018	$490.19		No	N/A
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	7/1/2018	$256.19		No	N/A
45108	Anorectal myomectomy	7/1/2018	$313.00		No	N/A
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	7/1/2018	$1,586.08		No	N/A
45111	Proctectomy; partial resection of rectum, transabdominal approach	7/1/2018	$930.68		No	N/A
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	7/1/2018	$1,616.53		No	N/A
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	7/1/2018	$1,654.43		No	N/A
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	7/1/2018	$1,544.98		No	N/A
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	7/1/2018	$1,362.14		No	N/A
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	7/1/2018	$1,660.89		No	N/A
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	7/1/2018	$1,351.71		No	N/A
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	7/1/2018	$1,477.22		No	N/A
45123	Proctectomy, partial, without anastomosis, perineal approach	7/1/2018	$968.36		No	N/A
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	7/1/2018	$2,390.80		No	N/A
45130	Excision of rectal procidentia, with anastomosis; perineal approach	7/1/2018	$940.84		No	N/A
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	7/1/2018	$1,136.41		No	N/A

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45136	Excision of ileoanal reservoir with ileostomy	7/1/2018	$1,579.34		No	N/A
45150	Division of stricture of rectum	7/1/2018	$351.32		No	N/A
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	7/1/2018	$867.95		No	N/A
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	7/1/2018	$514.65		No	N/A
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	7/1/2018	$698.62		No	N/A
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	7/1/2018	$599.09		No	N/A
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	7/1/2018	$105.53		No	N/A
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	7/1/2018	$752.48		No	N/A
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	7/1/2018	$121.11		No	N/A
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	7/1/2018	$140.48		No	N/A
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	7/1/2018	$134.94		No	N/A
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	7/1/2018	$140.27		No	N/A
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	7/1/2018	$155.11		No	N/A
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	7/1/2018	$155.96		No	N/A
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	7/1/2018	$150.50		No	N/A
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	7/1/2018	$87.70		No	N/A
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	7/1/2018	$99.75		No	N/A
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$141.72		No	N/A
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	7/1/2018	$216.82		No	N/A
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	7/1/2018	$212.43		No	N/A
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	7/1/2018	$247.37		No	N/A
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	7/1/2018	$463.06		No	N/A
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	7/1/2018	$196.92		No	N/A
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	7/1/2018	$101.66		No	N/A
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	7/1/2018	$227.29		No	N/A
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	7/1/2018	$362.20		No	N/A
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	7/1/2018	$109.24		No	N/A
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	7/1/2018	$150.62		No	N/A
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$2,560.38		No	N/A

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45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$136.48		No	N/A
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	7/1/2018	$176.20		No	N/A
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	7/1/2018	$442.42		No	N/A
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$268.02		No	N/A
45379	Colonoscopy, flexible; with removal of foreign body(s)	7/1/2018	$346.14		No	N/A
45380	Colonoscopy, flexible; with biopsy, single or multiple	7/1/2018	$342.78		No	N/A
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	7/1/2018	$328.17		No	N/A
45382	Colonoscopy, flexible; with control of bleeding, any method	7/1/2018	$608.36		No	N/A
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	7/1/2018	$380.04		No	N/A
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	7/1/2018	$361.30		No	N/A
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	7/1/2018	$493.16		No	N/A
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$2,688.42		No	N/A
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	7/1/2018	$256.95		No	N/A
45390	Colonoscopy, flexible; with endoscopic mucosal resection	7/1/2018	$295.56		No	N/A
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	7/1/2018	$228.80		No	N/A
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	7/1/2018	$269.93		No	N/A
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	7/1/2018	$223.66		No	N/A
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	7/1/2018	$1,703.66		No	N/A
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	7/1/2018	$1,861.74		No	N/A
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	7/1/2018	$574.75		No	N/A
45399	Unlisted procedure, colon	1/1/2015	$0.00		No	N/A
45400	Laparoscopy, surgical; proctopexy (for prolapse)	7/1/2018	$986.01		No	N/A
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	7/1/2018	$1,312.05		No	N/A
45499	Unlisted laparoscopy procedure, rectum	1/1/2006	$0.00		No	N/A
45500	Proctoplasty; for stenosis	7/1/2018	$469.18		No	N/A
45505	Proctoplasty; for prolapse of mucous membrane	7/1/2018	$507.41		No	N/A
45520	Perirectal injection of sclerosing solution for prolapse	7/1/2018	$131.37		No	N/A
45540	Proctopexy (eg, for prolapse); abdominal approach	7/1/2018	$912.29		No	N/A
45541	Proctopexy (eg, for prolapse); perineal approach	7/1/2018	$806.24		No	N/A
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	7/1/2018	$1,258.08		No	N/A
45560	Repair of rectocele (separate procedure)	7/1/2018	$596.46		No	N/A
45562	Exploration, repair, and presacral drainage for rectal injury;	7/1/2018	$956.31		No	N/A

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45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	7/1/2018	$1,400.45		No	N/A
45800	Closure of rectovesical fistula;	7/1/2018	$1,057.57		No	N/A
45805	Closure of rectovesical fistula; with colostomy	7/1/2018	$1,242.11		No	N/A
45820	Closure of rectourethral fistula;	7/1/2018	$1,073.13		No	N/A
45825	Closure of rectourethral fistula; with colostomy	7/1/2018	$1,296.64		No	N/A
45900	Reduction of procidentia (separate procedure) under anesthesia	7/1/2018	$178.67		No	N/A
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	7/1/2018	$144.94		No	N/A
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	7/1/2018	$166.22		No	N/A
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	7/1/2018	$284.36		No	N/A
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	7/1/2018	$92.27		No	N/A
45999	Unlisted procedure, rectum	1/1/1979	$0.00		No	N/A
46020	Placement of seton	7/1/2018	$234.50		No	N/A
46030	Removal of anal seton, other marker	7/1/2018	$118.70		No	N/A
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	7/1/2018	$454.42		No	N/A
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	7/1/2018	$369.07		No	N/A
46050	Incision and drainage, perianal abscess, superficial	7/1/2018	$171.41		No	N/A
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	7/1/2018	$407.06		No	N/A
46070	Incision, anal septum (infant)	7/1/2018	$217.24		No	N/A
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	7/1/2018	$210.97		No	N/A
46083	Incision of thrombosed hemorrhoid, external	7/1/2018	$151.20		No	N/A
46200	Fissurectomy, including sphincterotomy, when performed	7/1/2018	$378.88		No	N/A
46220	Excision of single external papilla or tag, anus	7/1/2018	$174.92		No	N/A
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	7/1/2018	$228.56		No	N/A
46230	Excision of multiple external papillae or tags, anus	7/1/2018	$231.96		No	N/A
46250	Hemorrhoidectomy, external, 2 or more columns/groups	7/1/2018	$392.90		No	N/A
46255	Hemorrhoidectomy, internal and external, single column/group;	7/1/2018	$429.46		No	N/A
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	7/1/2018	$362.34		No	N/A
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	7/1/2018	$393.97		No	N/A
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	7/1/2018	$406.14		No	N/A
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	7/1/2018	$448.74		No	N/A
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	7/1/2018	$473.51		No	N/A
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	7/1/2018	$430.54		No	N/A
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	7/1/2018	$458.56		No	N/A
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	7/1/2018	$402.46		No	N/A
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	7/1/2018	$456.93		No	N/A
46288	Closure of anal fistula with rectal advancement flap	7/1/2018	$470.28		No	N/A
46320	Excision of thrombosed hemorrhoid, external	7/1/2018	$156.73		No	N/A
46500	Injection of sclerosing solution, hemorrhoids	7/1/2018	$159.58		No	N/A
46505	Chemodenervation of internal anal sphincter	7/1/2018	$243.24		No	N/A

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46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	7/1/2018	$75.13		No	N/A
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	7/1/2018	$116.45		No	N/A
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	7/1/2018	$522.91		No	N/A
46606	Anoscopy; with biopsy, single or multiple	7/1/2018	$192.12		No	N/A
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	7/1/2018	$163.85		No	N/A
46608	Anoscopy; with removal of foreign body	7/1/2018	$200.39		No	N/A
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	7/1/2018	$193.37		No	N/A
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	7/1/2018	$150.69		No	N/A
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	7/1/2018	$231.67		No	N/A
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	7/1/2018	$110.03		No	N/A
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	7/1/2018	$122.46		No	N/A
46700	Anoplasty, plastic operation for stricture; adult	7/1/2018	$563.18		No	N/A
46705	Anoplasty, plastic operation for stricture; infant	7/1/2018	$466.81		No	N/A
46706	Repair of anal fistula with fibrin glue	7/1/2018	$149.05		No	N/A
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	7/1/2018	$408.51		No	N/A
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	7/1/2018	$938.13		No	N/A
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	7/1/2018	$1,893.53		No	N/A
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	7/1/2018	$457.97		No	N/A
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	7/1/2018	$1,023.35		No	N/A
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	7/1/2018	$1,663.97		No	N/A
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	7/1/2018	$1,920.28		No	N/A
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	7/1/2018	$1,818.91		No	N/A
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	7/1/2018	$2,106.97		No	N/A
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	7/1/2018	$2,987.71		No	N/A
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	7/1/2018	$3,292.83		No	N/A
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	7/1/2018	$3,570.93		No	N/A
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	7/1/2018	$650.21		No	N/A
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	7/1/2018	$551.52		No	N/A
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	7/1/2018	$516.71		No	N/A

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46754	Removal of Thiersch wire or suture, anal canal	7/1/2018	$262.64		No	N/A
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	7/1/2018	$949.61		No	N/A
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	7/1/2018	$795.16		No	N/A
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	7/1/2018	$205.77		No	N/A
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	7/1/2018	$218.54		No	N/A
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	7/1/2018	$196.25		No	N/A
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	7/1/2018	$380.94		No	N/A
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	7/1/2018	$226.25		No	N/A
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	7/1/2018	$441.73		No	N/A
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	7/1/2018	$176.38		No	N/A
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	7/1/2018	$194.75		No	N/A
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	7/1/2018	$185.60		No	N/A
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	7/1/2018	$261.60		No	N/A
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	7/1/2018	$266.44		No	N/A
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	7/1/2018	$325.58		No	N/A
46999	Unlisted procedure, anus	1/1/1979	$0.00		No	N/A
47000	Biopsy of liver, needle; percutaneous	7/1/2018	$257.89		No	N/A
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	7/1/2018	$88.89		No	N/A
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	7/1/2018	$1,024.81		No	N/A
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	7/1/2018	$986.79		No	N/A
47100	Biopsy of liver, wedge	7/1/2018	$716.99		No	N/A
47120	Hepatectomy, resection of liver; partial lobectomy	7/1/2018	$1,979.27		No	N/A
47122	Hepatectomy, resection of liver; trisegmentectomy	7/1/2018	$2,910.77		No	N/A
47125	Hepatectomy, resection of liver; total left lobectomy	7/1/2018	$2,616.69		No	N/A
47130	Hepatectomy, resection of liver; total right lobectomy	7/1/2018	$2,808.17		No	N/A
47133	Donor hepatectomy (including cold preservation), from cadaver donor	10/1/1991	$0.00		No	N/A
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	7/1/2018	$4,555.18		Yes	Telligen
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	7/1/2008	$4,864.88		Yes	Telligen

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47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	7/1/2008	$3,572.52		Yes	Telligen
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	7/1/2008	$3,942.41		Yes	Telligen
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	7/1/2018	$280.86		Yes	Telligen
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	7/1/2018	$326.93		Yes	Telligen
47300	Marsupialization of cyst or abscess of liver	7/1/2018	$961.09		No	N/A
47350	Management of liver hemorrhage; simple suture of liver wound or injury	7/1/2018	$1,165.18		No	N/A
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	7/1/2018	$1,594.33		No	N/A
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	7/1/2018	$2,576.30		No	N/A
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	7/1/2018	$1,231.07		No	N/A
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	7/1/2018	$1,060.26		No	N/A
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	7/1/2018	$1,066.92		No	N/A
47379	Unlisted laparoscopic procedure, liver	7/1/2018	$1,227.20		No	N/A
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	7/1/2018	$1,227.20		No	N/A
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	7/1/2018	$1,257.75		No	N/A
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	7/1/2018	$4,045.84		No	N/A
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	7/1/2018	$5,719.57		No	N/A
47399	Unlisted procedure, liver	1/1/1979	$0.00		Yes	Telligen
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	7/1/2018	$1,830.79		No	N/A
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	7/1/2018	$1,138.54		No	N/A
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	7/1/2018	$1,161.03		No	N/A
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	7/1/2018	$1,076.86		No	N/A
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	7/1/2018	$744.66		No	N/A
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	7/1/2018	$288.15		No	N/A

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47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	7/1/2018	$265.64		No	N/A
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	7/1/2018	$670.09		No	N/A
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	7/1/2018	$1,034.04		No	N/A
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	7/1/2018	$1,237.96		No	N/A
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	7/1/2018	$852.25		No	N/A
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	7/1/2018	$577.89		No	N/A
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	7/1/2018	$308.34		No	N/A
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	7/1/2018	$3,599.54		No	N/A
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	7/1/2018	$3,995.21		No	N/A
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	7/1/2018	$4,082.64		No	N/A
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	7/1/2018	$988.78		No	N/A

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47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	7/1/2018	$389.61		No	N/A
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	7/1/2018	$402.23		No	N/A
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$899.06		No	N/A
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	7/1/2018	$140.90		No	N/A
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	7/1/2018	$273.84		No	N/A
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	7/1/2018	$270.77		No	N/A
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	7/1/2018	$439.26		No	N/A
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	7/1/2018	$291.35		No	N/A
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	7/1/2018	$329.91		No	N/A
47562	Laparoscopy, surgical; cholecystectomy	7/1/2018	$558.72		No	N/A
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	7/1/2018	$606.50		No	N/A
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	7/1/2018	$945.03		No	N/A
47570	Laparoscopy, surgical; cholecystoenterostomy	7/1/2018	$658.10		No	N/A
47579	Unlisted laparoscopy procedure, biliary tract	1/1/2000	$0.00		No	N/A
47600	Cholecystectomy;	7/1/2018	$906.95		No	N/A
47605	Cholecystectomy; with cholangiography	7/1/2018	$954.64		No	N/A
47610	Cholecystectomy with exploration of common duct;	7/1/2018	$1,065.82		No	N/A
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy	7/1/2018	$1,079.82		No	N/A
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	7/1/2018	$1,171.06		No	N/A
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	7/1/2018	$892.82		No	N/A
47701	Portoenterostomy (eg, Kasai procedure)	7/1/2018	$1,473.27		No	N/A
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	7/1/2018	$1,323.32		No	N/A
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	7/1/2018	$1,699.03		No	N/A
47715	Excision of choledochal cyst	7/1/2018	$1,129.57		No	N/A
47720	Cholecystoenterostomy; direct	7/1/2018	$979.48		No	N/A
47721	Cholecystoenterostomy; with gastroenterostomy	7/1/2018	$1,150.04		No	N/A
47740	Cholecystoenterostomy; Roux-en-Y	7/1/2018	$1,114.67		No	N/A
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	7/1/2018	$1,253.97		No	N/A
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	7/1/2018	$1,918.85		No	N/A

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47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	7/1/2018	$2,582.65		No	N/A
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	7/1/2018	$2,104.63		No	N/A
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	7/1/2018	$2,753.49		No	N/A
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	7/1/2018	$1,342.55		No	N/A
47801	Placement of choledochal stent	7/1/2018	$907.39		No	N/A
47802	U-tube hepaticoenterostomy	7/1/2018	$1,296.36		No	N/A
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	7/1/2018	$1,166.48		No	N/A
47999	Unlisted procedure, biliary tract	1/1/1979	$0.00		No	N/A
48000	Placement of drains, peripancreatic, for acute pancreatitis;	7/1/2018	$1,603.69		No	N/A
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	7/1/2018	$1,962.60		No	N/A
48020	Removal of pancreatic calculus	7/1/2018	$999.76		No	N/A
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	7/1/2018	$754.41		No	N/A
48102	Biopsy of pancreas, percutaneous needle	7/1/2018	$452.49		No	N/A
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	7/1/2018	$2,423.41		No	N/A
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	7/1/2018	$938.82		No	N/A
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	7/1/2018	$1,328.90		No	N/A
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	7/1/2018	$1,387.60		No	N/A
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	7/1/2018	$1,596.14		No	N/A
48148	Excision of ampulla of Vater	7/1/2018	$1,060.79		No	N/A
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	7/1/2018	$2,643.04		No	N/A
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	7/1/2018	$2,452.31		No	N/A
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	7/1/2018	$2,631.92		No	N/A
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	7/1/2018	$2,462.76		No	N/A
48155	Pancreatectomy, total	7/1/2018	$1,543.27		No	N/A
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	7/1/2008	$1,821.80		Yes	Telligen
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	7/1/2018	$91.60		No	N/A
48500	Marsupialization of pancreatic cyst	7/1/2018	$977.08		No	N/A
48510	External drainage, pseudocyst of pancreas, open	7/1/2018	$931.73		No	N/A
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	7/1/2018	$929.02		No	N/A
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	7/1/2018	$1,113.77		No	N/A
48545	Pancreatorrhaphy for injury	7/1/2018	$1,143.20		No	N/A

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48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	7/1/2018	$1,524.19		No	N/A
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	7/1/2018	$1,412.88		No	N/A
48999	Unlisted procedure, pancreas	1/1/1979	$0.00		No	N/A
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	7/1/2018	$655.39		No	N/A
49002	Reopening of recent laparotomy	7/1/2018	$890.57		No	N/A
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	7/1/2018	$796.13		No	N/A
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	7/1/2018	$1,354.82		No	N/A
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	7/1/2018	$851.04		No	N/A
49060	Drainage of retroperitoneal abscess, open	7/1/2018	$937.84		No	N/A
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	7/1/2018	$635.24		No	N/A
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	7/1/2018	$164.40		No	N/A
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	7/1/2018	$249.56		No	N/A
49084	Peritoneal lavage, including imaging guidance, when performed	7/1/2018	$92.84		No	N/A
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	7/1/2018	$139.79		No	N/A
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	7/1/2018	$791.53		No	N/A
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	7/1/2018	$1,022.75		No	N/A
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	7/1/2018	$1,309.06		No	N/A
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	7/1/2018	$1,501.25		No	N/A
49215	Excision of presacral or sacrococcygeal tumor	7/1/2018	$1,901.38		No	N/A
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	7/1/2018	$824.20		No	N/A
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	7/1/2018	$498.93		No	N/A
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	7/1/2018	$675.00		No	N/A
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	7/1/2018	$278.64		No	N/A
49321	Laparoscopy, surgical; with biopsy (single or multiple)	7/1/2018	$294.40		No	N/A
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	7/1/2018	$316.58		No	N/A
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	7/1/2018	$545.10		No	N/A
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	7/1/2018	$330.78		No	N/A
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	7/1/2018	$351.85		No	N/A
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	7/1/2018	$160.90		No	N/A

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49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	7/1/2018	$111.11		No	N/A
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	1/1/2000	$0.00		No	N/A
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	7/1/2018	$115.70		No	N/A
49402	Removal of peritoneal foreign body from peritoneal cavity	7/1/2018	$728.65		No	N/A
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	7/1/2018	$679.40		No	N/A
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	7/1/2018	$679.10		No	N/A
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	7/1/2018	$550.56		No	N/A
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	7/1/2018	$408.80		No	N/A
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	7/1/2018	$70.35		No	N/A
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	7/1/2018	$1,138.92		No	N/A
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	7/1/2018	$379.69		No	N/A
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	7/1/2018	$195.83		No	N/A
49422	Removal of tunneled intraperitoneal catheter	7/1/2018	$323.46		No	N/A
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	7/1/2018	$457.14		No	N/A
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	7/1/2018	$122.81		No	N/A
49425	Insertion of peritoneal-venous shunt	7/1/2018	$616.12		No	N/A
49426	Revision of peritoneal-venous shunt	7/1/2018	$524.41		No	N/A
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	7/1/2018	$40.05		No	N/A
49428	Ligation of peritoneal-venous shunt	7/1/2018	$366.56		No	N/A
49429	Removal of peritoneal-venous shunt	7/1/2018	$389.69		No	N/A
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	7/1/2018	$101.57		No	N/A
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	7/1/2018	$157.78		No	N/A
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	7/1/2018	$811.02		No	N/A
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	7/1/2018	$916.70		No	N/A

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49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	7/1/2018	$763.32		No	N/A
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	7/1/2018	$779.88		No	N/A
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	7/1/2018	$556.19		No	N/A
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	7/1/2018	$607.93		No	N/A
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	7/1/2018	$753.65		No	N/A
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	7/1/2018	$614.92		No	N/A
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	7/1/2018	$137.52		No	N/A
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	7/1/2018	$672.74		No	N/A
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	7/1/2018	$811.34		No	N/A
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	7/1/2018	$347.46		No	N/A
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	7/1/2018	$520.54		No	N/A
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	7/1/2018	$348.66		No	N/A
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	7/1/2018	$513.01		No	N/A
49505	Repair initial inguinal hernia, age 5 years or older; reducible	7/1/2018	$441.27		No	N/A
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	7/1/2018	$497.01		No	N/A
49520	Repair recurrent inguinal hernia, any age; reducible	7/1/2018	$535.91		No	N/A
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	7/1/2018	$607.95		No	N/A
49525	Repair inguinal hernia, sliding, any age	7/1/2018	$485.69		No	N/A
49540	Repair lumbar hernia	7/1/2018	$570.30		No	N/A
49550	Repair initial femoral hernia, any age; reducible	7/1/2018	$488.18		No	N/A
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	7/1/2018	$535.70		No	N/A
49555	Repair recurrent femoral hernia; reducible	7/1/2018	$508.23		No	N/A
49557	Repair recurrent femoral hernia; incarcerated or strangulated	7/1/2018	$613.90		No	N/A
49560	Repair initial incisional or ventral hernia; reducible	7/1/2018	$626.58		No	N/A
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	7/1/2018	$789.70		No	N/A
49565	Repair recurrent incisional or ventral hernia; reducible	7/1/2018	$652.43		No	N/A
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	7/1/2018	$796.93		No	N/A

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49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	7/1/2018	$228.00		No	N/A
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	7/1/2018	$353.88		No	N/A
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	7/1/2018	$437.01		No	N/A
49580	Repair umbilical hernia, younger than age 5 years; reducible	7/1/2018	$281.39		No	N/A
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	7/1/2018	$408.59		No	N/A
49585	Repair umbilical hernia, age 5 years or older; reducible	7/1/2018	$377.42		No	N/A
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	7/1/2018	$403.05		No	N/A
49590	Repair spigelian hernia	7/1/2018	$485.35		No	N/A
49600	Repair of small omphalocele, with primary closure	7/1/2018	$619.18		No	N/A
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	7/1/2018	$4,187.67		No	N/A
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	7/1/2018	$961.43		No	N/A
49610	Repair of omphalocele (Gross type operation); first stage	7/1/2018	$582.64		No	N/A
49611	Repair of omphalocele (Gross type operation); second stage	7/1/2018	$513.23		No	N/A
49650	Laparoscopy, surgical; repair initial inguinal hernia	7/1/2018	$363.46		No	N/A
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	7/1/2018	$471.44		No	N/A
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	7/1/2018	$631.59		No	N/A
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	7/1/2018	$787.39		No	N/A
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	7/1/2018	$718.08		No	N/A
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	7/1/2018	$876.41		No	N/A
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	7/1/2018	$779.53		No	N/A
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	7/1/2018	$1,121.18		No	N/A
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	1/1/2000	$0.00		No	N/A
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	7/1/2018	$693.35		No	N/A
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	7/1/2018	$1,210.58		No	N/A
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	7/1/2018	$302.75		No	N/A
49906	Free omental flap with microvascular anastomosis	1/1/1997	$0.00		No	N/A
49999	Unlisted procedure, abdomen, peritoneum and omentum	1/1/1979	$0.00		No	N/A
50010	Renal exploration, not necessitating other specific procedures	7/1/2018	$634.67		No	N/A
50020	Drainage of perirenal or renal abscess, open	7/1/2018	$889.54		No	N/A
50040	Nephrostomy, nephrotomy with drainage	7/1/2018	$812.59		No	N/A
50045	Nephrotomy, with exploration	7/1/2018	$819.64		No	N/A
50060	Nephrolithotomy; removal of calculus	7/1/2018	$1,003.33		No	N/A
50065	Nephrolithotomy; secondary surgical operation for calculus	7/1/2018	$1,064.52		No	N/A
50070	Nephrolithotomy; complicated by congenital kidney abnormality	7/1/2018	$1,043.50		No	N/A
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)	7/1/2018	$1,283.22		No	N/A

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50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	7/1/2018	$764.58		No	N/A
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	7/1/2018	$1,123.61		No	N/A
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	7/1/2018	$915.18		No	N/A
50120	Pyelotomy; with exploration	7/1/2018	$834.86		No	N/A
50125	Pyelotomy; with drainage, pyelostomy	7/1/2018	$864.09		No	N/A
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	7/1/2018	$908.71		No	N/A
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	7/1/2018	$987.49		No	N/A
50200	Renal biopsy; percutaneous, by trocar or needle	7/1/2018	$451.07		No	N/A
50205	Renal biopsy; by surgical exposure of kidney	7/1/2018	$643.04		No	N/A
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	7/1/2018	$914.09		No	N/A
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	7/1/2018	$1,051.61		No	N/A
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	7/1/2018	$1,125.91		No	N/A
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	7/1/2018	$1,143.54		No	N/A
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	7/1/2018	$1,290.87		No	N/A
50240	Nephrectomy, partial	7/1/2018	$1,164.01		No	N/A
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	7/1/2018	$1,070.17		No	N/A
50280	Excision or unroofing of cyst(s) of kidney	7/1/2018	$836.00		No	N/A
50290	Excision of perinephric cyst	7/1/2018	$790.08		No	N/A
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	7/1/2008	$669.95		No	N/A
50320	Donor nephrectomy (including cold preservation); open, from living donor	7/1/2018	$1,274.00		No	N/A
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	7/1/2011	$151.72		Yes	Telligen
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	7/1/2011	$151.72		Yes	Telligen
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	7/1/2018	$185.40		Yes	Telligen
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	7/1/2018	$162.58		Yes	Telligen
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	7/1/2018	$154.14		Yes	Telligen
50340	Recipient nephrectomy (separate procedure)	7/1/2018	$802.75		No	N/A
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	7/1/2018	$2,058.03		Yes	Telligen
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	7/1/2018	$2,434.24		Yes	Telligen
50370	Removal of transplanted renal allograft	7/1/2018	$1,025.60		No	N/A
50380	Renal autotransplantation, reimplantation of kidney	7/1/2018	$1,696.35		Yes	Telligen

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50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	7/1/2018	$934.97		No	N/A
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	7/1/2018	$735.46		No	N/A
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	7/1/2018	$912.62		No	N/A
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	7/1/2018	$589.13		No	N/A
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	7/1/2018	$411.05		No	N/A
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	7/1/2018	$249.76		No	N/A
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	7/1/2018	$85.32		No	N/A
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	7/1/2018	$106.11		No	N/A
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	7/1/2018	$103.44		No	N/A
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	7/1/2018	$1,018.90		No	N/A
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)	7/1/2018	$1,228.77		No	N/A
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	7/1/2018	$387.31		No	N/A
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	7/1/2018	$137.84		No	N/A
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	7/1/2018	$650.18		No	N/A
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	7/1/2018	$887.96		No	N/A
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	7/1/2018	$695.22		No	N/A

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50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	7/1/2018	$395.95		No	N/A
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;	1/1/2019	$133.27		No	N/A
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	1/1/2019	$223.00		No	N/A
50500	Nephrorrhaphy, suture of kidney wound or injury	7/1/2018	$1,091.25		No	N/A
50520	Closure of nephrocutaneous or pyelocutaneous fistula	7/1/2018	$981.73		No	N/A
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	7/1/2018	$1,246.48		No	N/A
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	7/1/2018	$1,336.19		No	N/A
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	7/1/2018	$1,010.27		No	N/A
50541	Laparoscopy, surgical; ablation of renal cysts	7/1/2018	$808.32		No	N/A
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	7/1/2018	$1,025.75		No	N/A
50543	Laparoscopy, surgical; partial nephrectomy	7/1/2018	$1,309.45		No	N/A
50544	Laparoscopy, surgical; pyeloplasty	7/1/2018	$1,097.32		No	N/A
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	7/1/2018	$1,179.56		No	N/A
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	7/1/2018	$1,055.81		No	N/A
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	7/1/2018	$1,376.38		No	N/A
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	7/1/2018	$1,186.23		No	N/A
50549	Unlisted laparoscopy procedure, renal	1/1/2000	$0.00		No	N/A
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	7/1/2018	$315.14		No	N/A
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	7/1/2018	$337.67		No	N/A
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	7/1/2018	$361.13		No	N/A
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	7/1/2018	$367.14		No	N/A
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	7/1/2018	$416.30		No	N/A
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	7/1/2018	$512.76		No	N/A

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50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	7/1/2018	$434.31		No	N/A
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	7/1/2018	$469.92		No	N/A
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	7/1/2018	$499.80		No	N/A
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	7/1/2018	$631.11		No	N/A
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	7/1/2018	$498.53		No	N/A
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	7/1/2018	$536.98		No	N/A
50590	Lithotripsy, extracorporeal shock wave	7/1/2018	$625.54		No	N/A
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	7/1/2018	$2,772.39		No	N/A
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	7/1/2018	$3,777.48		No	N/A
50600	Ureterotomy with exploration or drainage (separate procedure)	7/1/2018	$826.08		No	N/A
50605	Ureterotomy for insertion of indwelling stent, all types	7/1/2018	$848.77		No	N/A
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$588.82		No	N/A
50610	Ureterolithotomy; upper one-third of ureter	7/1/2018	$831.77		No	N/A
50620	Ureterolithotomy; middle one-third of ureter	7/1/2018	$795.56		No	N/A
50630	Ureterolithotomy; lower one-third of ureter	7/1/2018	$785.60		No	N/A
50650	Ureterectomy, with bladder cuff (separate procedure)	7/1/2018	$910.87		No	N/A
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	7/1/2018	$1,006.64		No	N/A
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	7/1/2018	$91.13		No	N/A
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	7/1/2018	$124.52		No	N/A
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	7/1/2018	$69.05		No	N/A
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	7/1/2018	$85.58		No	N/A
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	7/1/2018	$829.20		No	N/A
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	7/1/2018	$911.84		No	N/A

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50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	7/1/2018	$1,120.57		No	N/A
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	7/1/2018	$813.80		No	N/A
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$1,612.84		No	N/A
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$828.52		No	N/A
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	7/1/2018	$1,048.38		No	N/A
50722	Ureterolysis for ovarian vein syndrome	7/1/2018	$884.36		No	N/A
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	7/1/2018	$970.10		No	N/A
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	7/1/2018	$444.42		No	N/A
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	7/1/2018	$613.54		No	N/A
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	7/1/2018	$1,037.99		No	N/A
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	7/1/2018	$1,015.50		No	N/A
50760	Ureteroureterostomy	7/1/2018	$979.97		No	N/A
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	7/1/2018	$1,015.50		No	N/A
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	7/1/2018	$969.14		No	N/A
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	7/1/2018	$946.05		No	N/A
50783	Ureteroneocystostomy; with extensive ureteral tailoring	7/1/2018	$992.56		No	N/A
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	7/1/2018	$1,065.39		No	N/A
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	7/1/2018	$811.19		No	N/A
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	7/1/2018	$1,185.35		No	N/A
50815	Ureterocolon conduit, including intestine anastomosis	7/1/2018	$1,075.56		No	N/A
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	7/1/2018	$1,153.79		No	N/A
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	7/1/2018	$1,452.35		No	N/A
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	7/1/2018	$1,587.32		No	N/A
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	7/1/2018	$1,081.28		No	N/A
50845	Cutaneous appendico-vesicostomy	7/1/2018	$1,098.45		No	N/A
50860	Ureterostomy, transplantation of ureter to skin	7/1/2018	$831.19		No	N/A
50900	Ureterorrhaphy, suture of ureter (separate procedure)	7/1/2018	$742.03		No	N/A
50920	Closure of ureterocutaneous fistula	7/1/2018	$774.90		No	N/A
50930	Closure of ureterovisceral fistula (including visceral repair)	7/1/2018	$969.78		No	N/A
50940	Deligation of ureter	7/1/2018	$780.12		No	N/A
50945	Laparoscopy, surgical; ureterolithotomy	7/1/2018	$856.88		No	N/A
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	7/1/2018	$1,219.37		No	N/A

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50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	7/1/2018	$1,123.08		No	N/A
50949	Unlisted laparoscopy procedure, ureter	1/1/2001	$0.00		No	N/A
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	7/1/2018	$328.68		No	N/A
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	7/1/2018	$349.81		No	N/A
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	7/1/2018	$372.38		No	N/A
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	7/1/2018	$375.89		No	N/A
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	7/1/2018	$338.90		No	N/A
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	7/1/2018	$327.53		No	N/A
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	7/1/2018	$316.47		No	N/A
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	7/1/2018	$417.87		No	N/A
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	7/1/2018	$411.86		No	N/A
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	7/1/2018	$314.88		No	N/A
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	7/1/2018	$411.13		No	N/A
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	7/1/2018	$412.55		No	N/A
51040	Cystostomy, cystotomy with drainage	7/1/2018	$253.13		No	N/A
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	7/1/2018	$424.34		No	N/A
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	7/1/2018	$414.56		No	N/A
51060	Transvesical ureterolithotomy	7/1/2018	$509.96		No	N/A
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	7/1/2018	$507.92		No	N/A
51080	Drainage of perivesical or prevesical space abscess	7/1/2018	$358.26		No	N/A
51100	Aspiration of bladder; by needle	7/1/2018	$53.06		No	N/A
51101	Aspiration of bladder; by trocar or intracatheter	7/1/2018	$105.47		No	N/A
51102	Aspiration of bladder; with insertion of suprapubic catheter	7/1/2018	$195.16		No	N/A
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	7/1/2018	$559.15		No	N/A
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	7/1/2018	$521.51		No	N/A
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	7/1/2018	$754.21		No	N/A
51530	Cystotomy; for excision of bladder tumor	7/1/2018	$685.64		No	N/A
51535	Cystotomy for excision, incision, or repair of ureterocele	7/1/2018	$685.57		No	N/A

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51550	Cystectomy, partial; simple	7/1/2018	$843.23		No	N/A
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	7/1/2018	$1,110.56		No	N/A
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	7/1/2018	$1,135.04		No	N/A
51570	Cystectomy, complete; (separate procedure)	7/1/2018	$1,297.61		No	N/A
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	7/1/2018	$1,603.94		No	N/A
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	7/1/2018	$1,669.62		No	N/A
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	7/1/2018	$1,859.60		No	N/A
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	7/1/2018	$1,702.74		No	N/A
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	7/1/2018	$1,927.91		No	N/A
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	7/1/2018	$2,072.35		No	N/A
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	7/1/2018	$2,018.88		No	N/A
51600	Injection procedure for cystography or voiding urethrocystography	7/1/2018	$155.38		No	N/A
51605	Injection procedure and placement of chain for contrast and/or chain urethrocystography	7/1/2018	$33.88		No	N/A
51610	Injection procedure for retrograde urethrocystography	7/1/2018	$91.49		No	N/A
51700	Bladder irrigation, simple, lavage and/or instillation	7/1/2018	$62.81		No	N/A
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	7/1/2018	$40.28		No	N/A
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	7/1/2018	$54.31		No	N/A
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	7/1/2018	$108.44		No	N/A
51705	Change of cystostomy tube; simple	7/1/2018	$78.17		No	N/A
51710	Change of cystostomy tube; complicated	7/1/2018	$110.52		No	N/A
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	7/1/2018	$251.31		No	N/A
51720	Bladder instillation of anticarcinogenic agent (including retention time)	7/1/2018	$72.05		No	N/A
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	7/1/2018	$67.45	26	No	N/A
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	7/1/2018	$159.96		No	N/A
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	7/1/2018	$92.51	TC	No	N/A
51726	Complex cystometrogram (ie, calibrated electronic equipment);	7/1/2018	$75.56	26	No	N/A
51726	Complex cystometrogram (ie, calibrated electronic equipment);	7/1/2018	$225.23		No	N/A
51726	Complex cystometrogram (ie, calibrated electronic equipment);	7/1/2018	$149.67	TC	No	N/A
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	7/1/2018	$94.14	26	No	N/A

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51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	7/1/2018	$265.15		No	N/A
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	7/1/2018	$171.00	TC	No	N/A
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	7/1/2018	$92.81	26	No	N/A
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	7/1/2018	$270.24		No	N/A
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	7/1/2018	$177.44	TC	No	N/A
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	7/1/2018	$111.69	26	No	N/A
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	7/1/2018	$290.58		No	N/A
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	7/1/2018	$178.89	TC	No	N/A
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	7/1/2018	$7.43	26	No	N/A
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	7/1/2018	$13.15		No	N/A
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	7/1/2018	$5.72	TC	No	N/A
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	7/1/2018	$7.43	26	No	N/A
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	7/1/2018	$13.44		No	N/A
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	7/1/2018	$6.01	TC	No	N/A
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	7/1/2018	$33.18	26	No	N/A
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	7/1/2018	$59.36		No	N/A
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	7/1/2018	$26.17	TC	No	N/A
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	7/1/2018	$75.70	26	No	N/A
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	7/1/2018	$228.88		No	N/A
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	7/1/2018	$153.18	TC	No	N/A
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	7/1/2018	$48.83	26	No	N/A
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	7/1/2018	$180.08		No	N/A
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	7/1/2018	$131.26	TC	No	N/A
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	7/1/2018	$35.56	26	No	N/A
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	7/1/2018	$96.35		No	N/A
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	7/1/2018	$60.79	TC	No	N/A
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	7/1/2018	$13.02		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	7/1/2018	$915.07		No	N/A
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	7/1/2018	$952.69		No	N/A
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	7/1/2018	$573.07		No	N/A
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	7/1/2018	$671.51		No	N/A
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	7/1/2018	$512.26		No	N/A
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	7/1/2018	$647.05		No	N/A
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	7/1/2018	$781.85		No	N/A
51880	Closure of cystostomy (separate procedure)	7/1/2018	$407.59		No	N/A
51900	Closure of vesicovaginal fistula, abdominal approach	7/1/2018	$724.57		No	N/A
51920	Closure of vesicouterine fistula;	7/1/2018	$670.62		No	N/A
51925	Closure of vesicouterine fistula; with hysterectomy	7/1/2018	$878.81		Yes	MCU
51940	Closure, exstrophy of bladder	7/1/2018	$1,445.56		No	N/A
51960	Enterocystoplasty, including intestinal anastomosis	7/1/2018	$1,219.47		No	N/A
51980	Cutaneous vesicostomy	7/1/2018	$626.71		No	N/A
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	7/1/2018	$657.30		No	N/A
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	7/1/2018	$729.75		No	N/A
51999	Unlisted laparoscopy procedure, bladder	1/1/2006	$0.00		Yes	Telligen
52000	Cystourethroscopy (separate procedure)	7/1/2018	$140.94		No	N/A
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	7/1/2018	$323.56		No	N/A
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	7/1/2018	$228.39		No	N/A
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	7/1/2018	$379.20		No	N/A
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	7/1/2018	$315.20		No	N/A
52204	Cystourethroscopy, with biopsy(s)	7/1/2018	$315.50		No	N/A
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	7/1/2018	$565.08		No	N/A
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	7/1/2018	$590.79		No	N/A
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	7/1/2018	$217.18		No	N/A
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	7/1/2018	$254.59		No	N/A
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	7/1/2018	$346.02		No	N/A
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	7/1/2018	$211.34		No	N/A
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	7/1/2018	$185.42		No	N/A
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	7/1/2018	$311.56		No	N/A

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52270	Cystourethroscopy, with internal urethrotomy; female	7/1/2018	$306.13		No	N/A
52275	Cystourethroscopy, with internal urethrotomy; male	7/1/2018	$412.91		No	N/A
52276	Cystourethroscopy with direct vision internal urethrotomy	7/1/2018	$233.33		No	N/A
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	7/1/2018	$285.38		No	N/A
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	7/1/2018	$234.65		No	N/A
52282	Cystourethroscopy, with insertion of permanent urethral stent	7/1/2018	$296.76		No	N/A
52283	Cystourethroscopy, with steroid injection into stricture	7/1/2018	$240.17		No	N/A
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	7/1/2018	$241.63		No	N/A
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	7/1/2018	$267.89		No	N/A
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	7/1/2018	$215.60		No	N/A
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	7/1/2018	$247.55		No	N/A
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	7/1/2018	$256.12		No	N/A
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	7/1/2018	$245.64		No	N/A
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	7/1/2018	$210.46		No	N/A
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	7/1/2018	$357.83		No	N/A
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	7/1/2018	$689.97		No	N/A
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	7/1/2018	$418.22		No	N/A
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	7/1/2018	$217.86		No	N/A
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	7/1/2018	$283.31		No	N/A
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	7/1/2018	$231.81		No	N/A
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	7/1/2018	$425.64		No	N/A
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	7/1/2018	$417.39		No	N/A
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	7/1/2018	$226.04		No	N/A
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	7/1/2018	$250.63		No	N/A
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	7/1/2018	$272.63		No	N/A
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	7/1/2018	$303.95		No	N/A

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52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	7/1/2018	$326.40		No	N/A
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	7/1/2018	$348.23		No	N/A
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	7/1/2018	$394.41		No	N/A
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	7/1/2018	$267.35		No	N/A
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	7/1/2018	$312.97		No	N/A
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	7/1/2018	$346.02		No	N/A
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	7/1/2018	$368.48		No	N/A
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	7/1/2018	$412.94		No	N/A
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	7/1/2018	$367.32		No	N/A
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	7/1/2018	$420.64		No	N/A
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	7/1/2018	$235.89		No	N/A
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	7/1/2018	$1,053.33		No	N/A
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	7/1/2018	$802.92		No	N/A
52450	Transurethral incision of prostate	7/1/2018	$411.88		No	N/A
52500	Transurethral resection of bladder neck (separate procedure)	7/1/2018	$427.83		No	N/A
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	7/1/2018	$641.43		No	N/A
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	7/1/2018	$350.70		No	N/A
52640	Transurethral resection; of postoperative bladder neck contracture	7/1/2018	$275.91		No	N/A
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	7/1/2018	$1,521.18		No	N/A
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	7/1/2018	$1,565.87		No	N/A
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	7/1/2018	$723.31		No	N/A
52700	Transurethral drainage of prostatic abscess	7/1/2018	$386.91		No	N/A
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	7/1/2018	$129.78		No	N/A

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53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	7/1/2018	$257.39		No	N/A
53020	Meatotomy, cutting of meatus (separate procedure); except infant	7/1/2018	$85.51		No	N/A
53025	Meatotomy, cutting of meatus (separate procedure); infant	7/1/2018	$60.10		No	N/A
53040	Drainage of deep periurethral abscess	7/1/2018	$344.28		No	N/A
53060	Drainage of Skene's gland abscess or cyst	7/1/2018	$157.73		No	N/A
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	7/1/2018	$368.33		No	N/A
53085	Drainage of perineal urinary extravasation; complicated	7/1/2018	$569.67		No	N/A
53200	Biopsy of urethra	7/1/2018	$136.99		No	N/A
53210	Urethrectomy, total, including cystostomy; female	7/1/2018	$676.77		No	N/A
53215	Urethrectomy, total, including cystostomy; male	7/1/2018	$815.97		No	N/A
53220	Excision or fulguration of carcinoma of urethra	7/1/2018	$396.29		No	N/A
53230	Excision of urethral diverticulum (separate procedure); female	7/1/2018	$530.79		No	N/A
53235	Excision of urethral diverticulum (separate procedure); male	7/1/2018	$555.88		No	N/A
53240	Marsupialization of urethral diverticulum, male or female	7/1/2018	$372.67		No	N/A
53250	Excision of bulbourethral gland (Cowper's gland)	7/1/2018	$346.81		No	N/A
53260	Excision or fulguration; urethral polyp(s), distal urethra	7/1/2018	$175.00		No	N/A
53265	Excision or fulguration; urethral caruncle	7/1/2018	$189.76		No	N/A
53270	Excision or fulguration; Skene's glands	7/1/2018	$179.86		No	N/A
53275	Excision or fulguration; urethral prolapse	7/1/2018	$230.46		No	N/A
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)	7/1/2018	$702.70		No	N/A
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	7/1/2018	$767.95		No	N/A
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	7/1/2018	$860.27		No	N/A
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	7/1/2018	$995.23		No	N/A
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	7/1/2018	$739.85		No	N/A
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	7/1/2018	$823.85		No	N/A
53430	Urethroplasty, reconstruction of female urethra	7/1/2018	$849.86		No	N/A
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	7/1/2018	$1,015.96		No	N/A
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	7/1/2018	$661.82		No	N/A
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	7/1/2018	$687.40		No	N/A
53444	Insertion of tandem cuff (dual cuff)	7/1/2018	$697.21		No	N/A
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	7/1/2018	$661.22		No	N/A
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	7/1/2018	$563.45		No	N/A
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	7/1/2018	$710.52		No	N/A
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	7/1/2018	$1,126.76		No	N/A
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	7/1/2018	$536.73		No	N/A
53450	Urethromeatoplasty, with mucosal advancement	7/1/2018	$358.33		No	N/A

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53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	7/1/2018	$402.14		No	N/A
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	7/1/2018	$654.28		No	N/A
53502	Urethrorrhaphy, suture of urethral wound or injury, female	7/1/2018	$426.63		No	N/A
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	7/1/2018	$426.34		No	N/A
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	7/1/2018	$554.61		No	N/A
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	7/1/2018	$699.35		No	N/A
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	7/1/2018	$488.35		No	N/A
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	7/1/2018	$72.05		No	N/A
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	7/1/2018	$70.11		No	N/A
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	7/1/2018	$57.11		No	N/A
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	7/1/2018	$100.77		No	N/A
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	7/1/2018	$94.45		No	N/A
53660	Dilation of female urethra including suppository and/or instillation; initial	7/1/2018	$60.57		No	N/A
53661	Dilation of female urethra including suppository and/or instillation; subsequent	7/1/2018	$59.44		No	N/A
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	7/1/2018	$34.01		No	N/A
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	7/1/2018	$1,763.85		No	N/A
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	7/1/2018	$1,630.67		No	N/A
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	7/1/2018	$659.03		No	N/A
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	7/1/2018	$1,330.62		No	N/A
53899	Unlisted procedure, urinary system	1/1/1979	$0.00		No	N/A
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	7/1/2018	$128.44		No	N/A
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	7/1/2018	$160.01		No	N/A
54015	Incision and drainage of penis, deep	7/1/2018	$269.66		No	N/A
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	7/1/2018	$113.88		No	N/A
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	7/1/2018	$102.48		No	N/A
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	7/1/2018	$121.35		No	N/A
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	7/1/2018	$119.10		No	N/A
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	7/1/2018	$155.22		No	N/A
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	7/1/2018	$187.91		No	N/A
54100	Biopsy of penis; (separate procedure)	7/1/2018	$169.62		No	N/A
54105	Biopsy of penis; deep structures	7/1/2018	$229.75		No	N/A
54110	Excision of penile plaque (Peyronie disease);	7/1/2018	$548.47		No	N/A
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	7/1/2018	$704.12		No	N/A
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	7/1/2018	$824.57		No	N/A
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	7/1/2018	$395.18		No	N/A
54120	Amputation of penis; partial	7/1/2018	$555.39		No	N/A

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54125	Amputation of penis; complete	7/1/2018	$714.33		No	N/A
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy	7/1/2018	$1,050.02		No	N/A
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	7/1/2018	$1,331.48		No	N/A
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	7/1/2018	$133.93		No	N/A
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	7/1/2018	$189.91		No	N/A
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	7/1/2018	$172.45		No	N/A
54162	Lysis or excision of penile post-circumcision adhesions	7/1/2018	$223.30		No	N/A
54163	Repair incomplete circumcision	7/1/2018	$191.15		No	N/A
54164	Frenulotomy of penis	7/1/2018	$168.98		No	N/A
54200	Injection procedure for Peyronie disease;	7/1/2018	$93.19		No	N/A
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	7/1/2018	$467.03		No	N/A
54220	Irrigation of corpora cavernosa for priapism	7/1/2018	$177.32		No	N/A
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	7/1/2018	$564.06		No	N/A
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	7/1/2018	$659.52		No	N/A
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	7/1/2018	$628.62		No	N/A
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	7/1/2018	$719.18		No	N/A
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	7/1/2018	$878.05		No	N/A
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	7/1/2018	$624.76		No	N/A
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	7/1/2018	$686.40		No	N/A
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)	7/1/2018	$851.92		No	N/A
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	7/1/2018	$831.71		No	N/A
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	7/1/2018	$826.16		No	N/A
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	7/1/2018	$892.30		No	N/A
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	7/1/2018	$1,046.66		No	N/A
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	7/1/2018	$500.39		No	N/A
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	7/1/2018	$833.46		No	N/A

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54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	7/1/2018	$892.26		No	N/A
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	7/1/2018	$1,246.62		No	N/A
54360	Plastic operation on penis to correct angulation	7/1/2018	$633.38		No	N/A
54380	Plastic operation on penis for epispadias distal to external sphincter;	7/1/2018	$702.44		No	N/A
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	7/1/2018	$815.85		No	N/A
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	7/1/2018	$1,091.75		No	N/A
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	7/1/2018	$619.38		No	N/A
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral	7/1/2018	$562.40		No	N/A
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	7/1/2018	$365.47		No	N/A
54437	Repair of traumatic corporeal tear(s)	7/1/2018	$591.39		No	N/A
54438	Replantation, penis, complete amputation including urethral repair	7/1/2018	$1,176.96		No	N/A
54440	Plastic operation of penis for injury	1/1/1979	$0.00		No	N/A
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	7/1/2018	$61.53		No	N/A
54500	Biopsy of testis, needle (separate procedure)	7/1/2018	$65.68		No	N/A
54505	Biopsy of testis, incisional (separate procedure)	7/1/2018	$184.00		No	N/A
54512	Excision of extraparenchymal lesion of testis	7/1/2018	$473.80		No	N/A
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	7/1/2018	$285.25		No	N/A
54522	Orchiectomy, partial	7/1/2018	$518.59		No	N/A
54530	Orchiectomy, radical, for tumor; inguinal approach	7/1/2018	$442.87		No	N/A
54535	Orchiectomy, radical, for tumor; with abdominal exploration	7/1/2018	$654.09		No	N/A
54550	Exploration for undescended testis (inguinal or scrotal area)	7/1/2018	$431.82		No	N/A
54560	Exploration for undescended testis with abdominal exploration	7/1/2018	$603.48		No	N/A
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	7/1/2018	$398.12		No	N/A
54620	Fixation of contralateral testis (separate procedure)	7/1/2018	$263.30		No	N/A
54640	Orchiopexy, inguinal approach, with or without hernia repair	7/1/2018	$418.18		No	N/A
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	7/1/2018	$625.22		No	N/A
54670	Suture or repair of testicular injury	7/1/2018	$355.57		No	N/A
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	7/1/2018	$692.02		No	N/A
54690	Laparoscopy, surgical; orchiectomy	7/1/2018	$578.32		No	N/A
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	7/1/2018	$667.77		No	N/A
54699	Unlisted laparoscopy procedure, testis	1/1/2000	$0.00		No	N/A
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	7/1/2018	$186.35		No	N/A
54800	Biopsy of epididymis, needle	7/1/2018	$111.08		No	N/A
54830	Excision of local lesion of epididymis	7/1/2018	$326.28		No	N/A
54840	Excision of spermatocele, with or without epididymectomy	7/1/2018	$281.65		No	N/A
54860	Epididymectomy; unilateral	7/1/2018	$367.58		No	N/A
54861	Epididymectomy; bilateral	7/1/2018	$497.14		No	N/A

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54865	Exploration of epididymis, with or without biopsy	7/1/2018	$314.46		No	N/A
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	7/1/2018	$102.05		No	N/A
55040	Excision of hydrocele; unilateral	7/1/2018	$295.49		No	N/A
55041	Excision of hydrocele; bilateral	7/1/2018	$446.67		No	N/A
55060	Repair of tunica vaginalis hydrocele (Bottle type)	7/1/2018	$333.07		No	N/A
55100	Drainage of scrotal wall abscess	7/1/2018	$186.06		No	N/A
55110	Scrotal exploration	7/1/2018	$339.10		No	N/A
55120	Removal of foreign body in scrotum	7/1/2018	$310.04		No	N/A
55150	Resection of scrotum	7/1/2018	$429.88		No	N/A
55175	Scrotoplasty; simple	7/1/2018	$318.03		No	N/A
55180	Scrotoplasty; complicated	7/1/2018	$600.62		No	N/A
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	7/1/2018	$376.65		No	N/A
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	7/1/2018	$331.00		No	N/A
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	7/1/2018	$165.00		No	N/A
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	7/1/2018	$342.75		No	N/A
55520	Excision of lesion of spermatic cord (separate procedure)	7/1/2018	$384.87		No	N/A
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	7/1/2018	$308.01		Yes	MCU
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	7/1/2018	$377.69		Yes	MCU
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	7/1/2018	$467.92		Yes	MCU
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	7/1/2018	$376.14		No	N/A
55559	Unlisted laparoscopy procedure, spermatic cord	1/1/2000	$0.00		No	N/A
55650	Vesiculectomy, any approach	7/1/2018	$630.34		No	N/A
55680	Excision of Mullerian duct cyst	7/1/2018	$303.58		No	N/A
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	7/1/2018	$213.19		No	N/A
55705	Biopsy, prostate; incisional, any approach	7/1/2018	$233.51		No	N/A
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	7/1/2018	$326.81		No	N/A
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	7/1/2018	$397.10		No	N/A
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	7/1/2018	$520.67		No	N/A
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	7/1/2018	$962.03		No	N/A
55810	Prostatectomy, perineal radical;	7/1/2018	$1,154.08		No	N/A
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	7/1/2018	$1,416.95		No	N/A
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	7/1/2018	$1,552.96		No	N/A
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	7/1/2018	$768.02		No	N/A
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	7/1/2018	$831.41		No	N/A
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	7/1/2018	$1,031.05		No	N/A

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55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	7/1/2018	$1,031.09		No	N/A
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	7/1/2018	$1,200.61		No	N/A
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	7/1/2018	$769.73		No	N/A
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	7/1/2018	$965.17		No	N/A
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	7/1/2018	$1,174.43		No	N/A
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	7/1/2018	$1,271.70		No	N/A
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	7/1/2018	$5,974.92		No	N/A
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	7/1/2018	$672.20		No	N/A
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	7/1/2018	$118.36		No	N/A
55899	Unlisted procedure, male genital system	1/1/1979	$0.00		No	N/A
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	7/1/2018	$396.21		No	N/A
55970	Intersex surgery; male to female	1/1/1979	$0.00		No	N/A
55980	Intersex surgery; female to male	1/1/1979	$0.00		No	N/A
56405	Incision and drainage of vulva or perineal abscess	7/1/2018	$92.93		No	N/A
56420	Incision and drainage of Bartholin's gland abscess	7/1/2018	$103.71		No	N/A
56440	Marsupialization of Bartholin's gland cyst	7/1/2018	$155.56		No	N/A
56441	Lysis of labial adhesions	7/1/2018	$123.79		No	N/A
56442	Hymenotomy, simple incision	7/1/2018	$40.90		No	N/A
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	7/1/2018	$112.08		No	N/A
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	7/1/2018	$192.59		No	N/A
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	7/1/2018	$69.81		No	N/A
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	7/1/2018	$32.30		No	N/A
56620	Vulvectomy simple; partial	7/1/2018	$443.55		No	N/A
56625	Vulvectomy simple; complete	7/1/2018	$536.27		No	N/A
56630	Vulvectomy, radical, partial;	7/1/2018	$791.42		No	N/A
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	7/1/2018	$1,009.64		No	N/A
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	7/1/2018	$1,175.63		No	N/A
56633	Vulvectomy, radical, complete;	7/1/2018	$1,031.93		No	N/A
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	7/1/2018	$1,109.37		No	N/A
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	7/1/2018	$1,297.92		No	N/A
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	7/1/2018	$1,298.60		No	N/A
56700	Partial hymenectomy or revision of hymenal ring	7/1/2018	$158.86		No	N/A
56740	Excision of Bartholin's gland or cyst	7/1/2018	$256.06		No	N/A
56800	Plastic repair of introitus	7/1/2018	$205.60		No	N/A

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56805	Clitoroplasty for intersex state	7/1/2018	$975.26		No	N/A
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	7/1/2018	$222.31		No	N/A
56820	Colposcopy of the vulva;	7/1/2018	$95.25		No	N/A
56821	Colposcopy of the vulva; with biopsy(s)	7/1/2018	$125.59		No	N/A
57000	Colpotomy; with exploration	7/1/2018	$160.93		No	N/A
57010	Colpotomy; with drainage of pelvic abscess	7/1/2018	$368.86		No	N/A
57020	Colpocentesis (separate procedure)	7/1/2018	$79.06		No	N/A
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	7/1/2018	$142.98		No	N/A
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	7/1/2018	$264.29		No	N/A
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	7/1/2018	$96.67		No	N/A
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	7/1/2018	$165.59		No	N/A
57100	Biopsy of vaginal mucosa; simple (separate procedure)	7/1/2018	$75.64		No	N/A
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	7/1/2018	$115.63		No	N/A
57106	Vaginectomy, partial removal of vaginal wall;	7/1/2018	$420.92		No	N/A
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	7/1/2018	$1,234.29		No	N/A
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	7/1/2018	$1,485.23		No	N/A
57110	Vaginectomy, complete removal of vaginal wall;	7/1/2018	$763.49		No	N/A
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	7/1/2018	$1,485.23		No	N/A
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	7/1/2018	$1,590.30		No	N/A
57120	Colpocleisis (Le Fort type)	7/1/2018	$434.29		No	N/A
57130	Excision of vaginal septum	7/1/2018	$150.27		No	N/A
57135	Excision of vaginal cyst or tumor	7/1/2018	$163.72		No	N/A
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	7/1/2018	$38.39		No	N/A
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	7/1/2018	$317.11		No	N/A
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	7/1/2018	$172.89		No	N/A
57160	Fitting and insertion of pessary or other intravaginal support device	7/1/2018	$64.40		No	N/A
57170	Diaphragm or cervical cap fitting with instructions	7/1/2018	$51.47		No	N/A
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	7/1/2018	$118.96		No	N/A
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	7/1/2018	$256.99		No	N/A
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	7/1/2018	$313.43		No	N/A
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	7/1/2018	$271.80		No	N/A
57230	Plastic repair of urethrocele	7/1/2018	$335.75		No	N/A
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	7/1/2018	$507.31		No	N/A
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	7/1/2018	$509.11		No	N/A

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57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	7/1/2018	$653.15		No	N/A
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	7/1/2018	$733.66		No	N/A
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	7/1/2018	$221.34		No	N/A
57268	Repair of enterocele, vaginal approach (separate procedure)	7/1/2018	$412.70		No	N/A
57270	Repair of enterocele, abdominal approach (separate procedure)	7/1/2018	$686.56		No	N/A
57280	Colpopexy, abdominal approach	7/1/2018	$818.51		No	N/A
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	7/1/2018	$428.25		No	N/A
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	7/1/2018	$588.17		No	N/A
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	7/1/2018	$700.65		No	N/A
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	7/1/2018	$577.50		No	N/A
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	7/1/2018	$587.06		No	N/A
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	7/1/2018	$617.13		No	N/A
57289	Pereyra procedure, including anterior colporrhaphy	7/1/2018	$648.97		No	N/A
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	7/1/2018	$409.45		No	N/A
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	7/1/2018	$806.27		No	N/A
57300	Closure of rectovaginal fistula; vaginal or transanal approach	7/1/2018	$479.35		No	N/A
57305	Closure of rectovaginal fistula; abdominal approach	7/1/2018	$794.85		No	N/A
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	7/1/2018	$881.88		No	N/A
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	7/1/2018	$569.52		No	N/A
57310	Closure of urethrovaginal fistula;	7/1/2018	$403.99		No	N/A
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	7/1/2018	$459.83		No	N/A
57320	Closure of vesicovaginal fistula; vaginal approach	7/1/2018	$461.02		No	N/A
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	7/1/2018	$649.77		No	N/A
57335	Vaginoplasty for intersex state	7/1/2018	$984.92		No	N/A
57400	Dilation of vagina under anesthesia (other than local)	7/1/2018	$114.39		No	N/A
57410	Pelvic examination under anesthesia (other than local)	7/1/2018	$92.24		No	N/A
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	7/1/2018	$137.38		No	N/A
57420	Colposcopy of the entire vagina, with cervix if present;	7/1/2018	$99.99		No	N/A
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	7/1/2018	$133.74		No	N/A
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	7/1/2018	$782.38		No	N/A
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	7/1/2018	$832.22		No	N/A
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	7/1/2018	$719.09		No	N/A
57452	Colposcopy of the cervix including upper/adjacent vagina;	7/1/2018	$92.54		No	N/A
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	7/1/2018	$129.94		No	N/A
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	7/1/2018	$121.23		No	N/A
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	7/1/2018	$114.31		No	N/A
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	7/1/2018	$237.61		No	N/A

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57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	7/1/2018	$269.06		No	N/A
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	7/1/2018	$107.42		No	N/A
57505	Endocervical curettage (not done as part of a dilation and curettage)	7/1/2018	$86.80		No	N/A
57510	Cautery of cervix; electro or thermal	7/1/2018	$112.13		No	N/A
57511	Cautery of cervix; cryocautery, initial or repeat	7/1/2018	$123.69		No	N/A
57513	Cautery of cervix; laser ablation	7/1/2018	$124.10		No	N/A
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	7/1/2018	$261.31		No	N/A
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	7/1/2018	$224.02		No	N/A
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	7/1/2018	$294.75		No	N/A
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	7/1/2018	$1,443.04		No	N/A
57540	Excision of cervical stump, abdominal approach;	7/1/2018	$663.05		No	N/A
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	7/1/2018	$699.84		No	N/A
57550	Excision of cervical stump, vaginal approach;	7/1/2018	$345.99		No	N/A
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	7/1/2018	$511.22		No	N/A
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	7/1/2018	$483.66		No	N/A
57558	Dilation and curettage of cervical stump	7/1/2018	$105.52		No	N/A
57700	Cerclage of uterine cervix, nonobstetrical	7/1/2018	$263.21		No	N/A
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	7/1/2018	$260.73		No	N/A
57800	Dilation of cervical canal, instrumental (separate procedure)	7/1/2018	$50.86		No	N/A
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	7/1/2018	$92.47		No	N/A
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	7/1/2018	$41.22		No	N/A
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	7/1/2018	$219.72		No	N/A
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	7/1/2018	$782.69		No	N/A
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	7/1/2018	$468.06		No	N/A
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	7/1/2018	$982.35		No	N/A
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	7/1/2018	$867.15		Yes	Telligen
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	7/1/2018	$1,068.19		Yes	Telligen
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	7/1/2018	$822.53		Yes	Telligen
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	7/1/2018	$1,171.76		Yes	Telligen

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58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	7/1/2018	$1,573.77		Yes	Telligen
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	7/1/2018	$2,484.55		No	N/A
58260	Vaginal hysterectomy, for uterus 250 g or less;	7/1/2018	$704.93		Yes	Telligen
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	7/1/2018	$785.69		Yes	Telligen
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	7/1/2018	$844.29		Yes	Telligen
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	7/1/2018	$897.60		Yes	Telligen
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	7/1/2018	$752.72		Yes	Telligen
58275	Vaginal hysterectomy, with total or partial vaginectomy;	7/1/2018	$839.73		Yes	Telligen
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	7/1/2018	$895.28		Yes	Telligen
58285	Vaginal hysterectomy, radical (Schauta type operation)	7/1/2018	$1,213.53		Yes	Telligen
58290	Vaginal hysterectomy, for uterus greater than 250 g;	7/1/2018	$981.08		Yes	Telligen
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	7/1/2018	$1,064.77		Yes	Telligen
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	7/1/2018	$1,119.29		Yes	Telligen
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	7/1/2018	$1,163.96		Yes	Telligen
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	7/1/2018	$1,037.15		Yes	Telligen
58300	Insertion of intrauterine device (IUD)	7/1/2008	$59.40		No	N/A
58301	Removal of intrauterine device (IUD)	7/1/2018	$81.05		No	N/A
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	7/1/2018	$100.89		No	N/A
58346	Insertion of Heyman capsules for clinical brachytherapy	7/1/2018	$394.17		No	N/A
58353	Endometrial ablation, thermal, without hysteroscopic guidance	7/1/2018	$836.26		No	N/A
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	7/1/2018	$1,557.73		No	N/A
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	7/1/2018	$376.95		No	N/A
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	7/1/2018	$684.37		No	N/A
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	7/1/2018	$669.83		No	N/A
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	7/1/2018	$773.11		No	N/A
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	7/1/2018	$612.33		Yes	Telligen
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	7/1/2018	$698.40		Yes	Telligen
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	7/1/2018	$707.56		Yes	Telligen
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	7/1/2018	$767.82		Yes	Telligen
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	7/1/2018	$769.10		No	N/A

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58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	7/1/2018	$958.49		No	N/A
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	7/1/2018	$1,617.50		Yes	Telligen
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	7/1/2018	$752.35		Yes	Telligen
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	7/1/2018	$842.66		Yes	Telligen
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	7/1/2018	$963.88		Yes	Telligen
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	7/1/2018	$1,131.87		Yes	Telligen
58555	Hysteroscopy, diagnostic (separate procedure)	7/1/2018	$226.48		No	N/A
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	7/1/2018	$1,132.52		No	N/A
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	7/1/2018	$249.56		No	N/A
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	7/1/2018	$272.81		No	N/A
58561	Hysteroscopy, surgical; with removal of leiomyomata	7/1/2018	$312.11		No	N/A
58562	Hysteroscopy, surgical; with removal of impacted foreign body	7/1/2018	$287.78		No	N/A
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	7/1/2018	$1,321.26		No	N/A
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	7/1/2018	$1,551.79		No	N/A
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	7/1/2018	$667.17		Yes	Telligen
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	7/1/2018	$762.63		Yes	Telligen
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	7/1/2018	$874.99		Yes	Telligen
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	7/1/2018	$1,036.25		Yes	Telligen
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	7/1/2018	$1,607.09		No	N/A
58578	Unlisted laparoscopy procedure, uterus	1/1/2000	$0.00		No	N/A
58579	Unlisted hysteroscopy procedure, uterus	1/1/2000	$0.00		No	N/A
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	7/1/2018	$309.60		No	N/A
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	7/1/2018	$279.97		No	N/A
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	7/1/2018	$66.17		No	N/A
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	7/1/2018	$207.18		No	N/A
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	7/1/2018	$574.61		No	N/A
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	7/1/2018	$554.76		No	N/A

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58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	7/1/2018	$606.22		No	N/A
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	7/1/2018	$310.35		No	N/A
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	7/1/2018	$309.89		No	N/A
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	7/1/2018	$680.66		No	N/A
58679	Unlisted laparoscopy procedure, oviduct, ovary	1/1/2000	$0.00		No	N/A
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	7/1/2018	$662.33		No	N/A
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	7/1/2018	$627.09		No	N/A
58740	Lysis of adhesions (salpingolysis, ovariolysis)	7/1/2018	$755.12		No	N/A
58770	Salpingostomy (salpingoneostomy)	7/1/2018	$725.51		No	N/A
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	7/1/2018	$269.99		No	N/A
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	7/1/2018	$343.49		No	N/A
58820	Drainage of ovarian abscess; vaginal approach, open	7/1/2018	$264.69		No	N/A
58822	Drainage of ovarian abscess; abdominal approach	7/1/2018	$595.32		No	N/A
58825	Transposition, ovary(s)	7/1/2018	$591.14		No	N/A
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	7/1/2018	$351.37		No	N/A
58920	Wedge resection or bisection of ovary, unilateral or bilateral	7/1/2018	$595.81		No	N/A
58925	Ovarian cystectomy, unilateral or bilateral	7/1/2018	$635.61		No	N/A
58940	Oophorectomy, partial or total, unilateral or bilateral;	7/1/2018	$447.02		No	N/A
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	7/1/2018	$1,000.74		No	N/A
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	7/1/2018	$963.41		No	N/A
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	7/1/2018	$1,239.49		Yes	Telligen
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	7/1/2018	$1,399.88		No	N/A
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	7/1/2018	$1,734.71		Yes	Telligen
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	7/1/2018	$1,884.73		Yes	Telligen
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	7/1/2018	$1,178.32		Yes	Telligen
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	7/1/2018	$1,351.73		No	N/A

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58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	7/1/2018	$1,447.00		No	N/A
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	7/1/2018	$828.27		No	N/A
58999	Unlisted procedure, female genital system (nonobstetrical)	1/1/1979	$0.00		No	N/A
59000	Amniocentesis; diagnostic	7/1/2018	$105.59		No	N/A
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	7/1/2018	$151.18		No	N/A
59012	Cordocentesis (intrauterine), any method	7/1/2018	$170.60		No	N/A
59015	Chorionic villus sampling, any method	7/1/2018	$131.13		No	N/A
59020	Fetal contraction stress test	7/1/2018	$31.47	26	No	N/A
59020	Fetal contraction stress test	7/1/2018	$59.10		No	N/A
59020	Fetal contraction stress test	7/1/2018	$27.64	TC	No	N/A
59025	Fetal non-stress test	7/1/2018	$25.30	26	No	N/A
59025	Fetal non-stress test	7/1/2018	$40.37		No	N/A
59025	Fetal non-stress test	7/1/2018	$15.07	TC	No	N/A
59030	Fetal scalp blood sampling	7/1/2018	$95.15		No	N/A
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	7/1/2018	$42.88		No	N/A
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	7/1/2018	$35.60		No	N/A
59070	Transabdominal amnioinfusion, including ultrasound guidance	7/1/2018	$339.88		No	N/A
59072	Fetal umbilical cord occlusion, including ultrasound guidance	7/1/2018	$441.36		No	N/A
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	7/1/2018	$327.90		No	N/A
59076	Fetal shunt placement, including ultrasound guidance	7/1/2018	$441.36		No	N/A
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	7/1/2018	$700.16		No	N/A
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	7/1/2018	$666.61		No	N/A
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	7/1/2018	$667.46		No	N/A
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	7/1/2018	$779.53		No	N/A
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	7/1/2018	$770.18		Yes	Telligen
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	7/1/2018	$737.88		No	N/A
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	7/1/2018	$336.15		No	N/A
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	7/1/2018	$646.25		No	N/A
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	7/1/2018	$627.49		No	N/A
59160	Curettage, postpartum	7/1/2018	$171.34		No	N/A
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	7/1/2018	$60.61		No	N/A
59300	Episiotomy or vaginal repair, by other than attending	7/1/2018	$162.31		No	N/A
59320	Cerclage of cervix, during pregnancy; vaginal	7/1/2018	$128.50		No	N/A

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59325	Cerclage of cervix, during pregnancy; abdominal	7/1/2018	$204.32		No	N/A
59350	Hysterorrhaphy of ruptured uterus	7/1/2018	$236.94		No	N/A
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	7/1/2018	$1,756.96		No	N/A
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	7/1/2019	$686.39		No	N/A
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	7/1/2019	$879.17		No	N/A
59412	External cephalic version, with or without tocolysis	7/1/2018	$86.96		No	N/A
59414	Delivery of placenta (separate procedure)	7/1/2018	$77.37		No	N/A
59425	Antepartum care only; 4-6 visits	7/1/2018	$381.83		No	N/A
59426	Antepartum care only; 7 or more visits	7/1/2018	$684.15		No	N/A
59430	Postpartum care only (separate procedure)	7/1/2018	$154.91		No	N/A
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	7/1/2018	$1,941.82		No	N/A
59514	Cesarean delivery only;	7/1/2018	$772.67		No	N/A
59515	Cesarean delivery only; including postpartum care	7/1/2018	$1,062.45		No	N/A
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	7/1/2018	$408.97		Yes	Telligen
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	7/1/2018	$1,842.23		No	N/A
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	7/1/2018	$771.10		No	N/A
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	7/1/2018	$958.82		No	N/A
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	7/1/2018	$1,966.09		No	N/A
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	7/1/2018	$798.36		No	N/A
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	7/1/2018	$1,088.87		No	N/A
59812	Treatment of incomplete abortion, any trimester, completed surgically	7/1/2018	$266.18		No	N/A
59820	Treatment of missed abortion, completed surgically; first trimester	7/1/2018	$318.08		No	N/A
59821	Treatment of missed abortion, completed surgically; second trimester	7/1/2018	$320.49		No	N/A
59830	Treatment of septic abortion, completed surgically	7/1/2018	$365.88		No	N/A
59840	Induced abortion, by dilation and curettage	7/1/2018	$182.19		No	N/A
59841	Induced abortion, by dilation and evacuation	7/1/2018	$321.26		No	N/A
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	7/1/2018	$318.62		No	N/A
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	7/1/2018	$334.04		No	N/A
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	7/1/2018	$443.89		No	N/A
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	7/1/2018	$348.35		No	N/A

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59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	7/1/2018	$409.32		No	N/A
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	7/1/2018	$457.48		No	N/A
59866	Multifetal pregnancy reduction(s) (MPR)	7/1/2018	$191.66		Yes	MCU
59870	Uterine evacuation and curettage for hydatidiform mole	7/1/2018	$395.33		No	N/A
59871	Removal of cerclage suture under anesthesia (other than local)	7/1/2018	$112.46		No	N/A
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	1/1/2004	$0.00		No	N/A
59898	Unlisted laparoscopy procedure, maternity care and delivery	1/1/2000	$0.00		No	N/A
59899	Unlisted procedure, maternity care and delivery	1/1/1979	$0.00		No	N/A
60000	Incision and drainage of thyroglossal duct cyst, infected	7/1/2018	$143.03		No	N/A
60100	Biopsy thyroid, percutaneous core needle	7/1/2018	$97.04		No	N/A
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	7/1/2018	$559.66		No	N/A
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	7/1/2018	$600.08		No	N/A
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	7/1/2018	$870.52		No	N/A
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	7/1/2018	$599.63		No	N/A
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	7/1/2018	$790.25		No	N/A
60240	Thyroidectomy, total or complete	7/1/2018	$780.46		No	N/A
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	7/1/2018	$1,122.58		No	N/A
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	7/1/2018	$1,421.77		No	N/A
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	7/1/2018	$929.95		No	N/A
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	7/1/2018	$1,163.91		No	N/A
60271	Thyroidectomy, including substernal thyroid; cervical approach	7/1/2018	$899.38		No	N/A
60280	Excision of thyroglossal duct cyst or sinus;	7/1/2018	$374.16		No	N/A
60281	Excision of thyroglossal duct cyst or sinus; recurrent	7/1/2018	$497.96		No	N/A
60300	Aspiration and/or injection, thyroid cyst	7/1/2018	$99.88		No	N/A
60500	Parathyroidectomy or exploration of parathyroid(s);	7/1/2018	$819.62		No	N/A
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	7/1/2018	$1,094.07		No	N/A
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	7/1/2018	$1,179.21		No	N/A
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	7/1/2018	$207.59		No	N/A
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	7/1/2018	$887.54		No	N/A
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	7/1/2018	$951.69		No	N/A
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	7/1/2018	$1,159.41		No	N/A
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	7/1/2018	$911.40		No	N/A
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	7/1/2018	$1,042.35		No	N/A

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60600	Excision of carotid body tumor; without excision of carotid artery	7/1/2018	$1,177.00		No	N/A
60605	Excision of carotid body tumor; with excision of carotid artery	7/1/2018	$1,420.07		No	N/A
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	7/1/2018	$1,022.72		No	N/A
60659	Unlisted laparoscopy procedure, endocrine system	1/1/2000	$0.00		No	N/A
60699	Unlisted procedure, endocrine system	1/1/1979	$0.00		No	N/A
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	7/1/2018	$94.41		No	N/A
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	7/1/2018	$89.67		No	N/A
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	7/1/2018	$84.25		No	N/A
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	7/1/2018	$90.16		No	N/A
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	7/1/2018	$75.41		No	N/A
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	7/1/2018	$106.11		No	N/A
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	7/1/2018	$49.15		No	N/A
61105	Twist drill hole for subdural or ventricular puncture	7/1/2018	$384.99		No	N/A
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	7/1/2018	$260.61		No	N/A
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	7/1/2018	$746.51		No	N/A
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	7/1/2018	$619.84		No	N/A
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	7/1/2018	$1,046.75		No	N/A
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	7/1/2018	$1,124.05		No	N/A
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	7/1/2018	$824.85		No	N/A
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	7/1/2018	$1,052.72		No	N/A
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	7/1/2018	$1,033.55		No	N/A
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	7/1/2018	$306.20		No	N/A
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	7/1/2018	$420.73		No	N/A
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	7/1/2018	$719.43		No	N/A
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	7/1/2018	$824.85		No	N/A
61304	Craniectomy or craniotomy, exploratory; supratentorial	7/1/2018	$1,357.49		No	N/A
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	7/1/2018	$1,666.30		No	N/A
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	7/1/2018	$1,721.03		No	N/A
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	7/1/2018	$1,641.79		No	N/A
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	7/1/2018	$1,514.82		No	N/A
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	7/1/2018	$1,710.92		No	N/A

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61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	7/1/2018	$73.20		No	N/A
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	7/1/2018	$1,574.99		No	N/A
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	7/1/2018	$1,765.44		No	N/A
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	7/1/2018	$1,964.83		No	N/A
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	7/1/2018	$1,984.21		No	N/A
61330	Decompression of orbit only, transcranial approach	7/1/2018	$1,488.97		No	N/A
61333	Exploration of orbit (transcranial approach); with removal of lesion	7/1/2018	$1,681.13		No	N/A
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	7/1/2018	$1,199.31		No	N/A
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	7/1/2018	$1,818.14		No	N/A
61345	Other cranial decompression, posterior fossa	7/1/2018	$1,691.60		No	N/A
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	7/1/2018	$1,594.60		No	N/A
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	7/1/2018	$1,663.29		No	N/A
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	7/1/2018	$1,744.58		No	N/A
61500	Craniectomy; with excision of tumor or other bone lesion of skull	7/1/2018	$1,104.30		No	N/A
61501	Craniectomy; for osteomyelitis	7/1/2018	$957.10		No	N/A
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	7/1/2018	$1,808.26		No	N/A
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	7/1/2018	$2,108.13		No	N/A
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	7/1/2018	$1,573.97		No	N/A
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	7/1/2018	$1,543.76		No	N/A
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	7/1/2018	$72.87		No	N/A
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	7/1/2018	$2,279.15		No	N/A
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	7/1/2018	$2,430.95		No	N/A
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	7/1/2018	$3,110.73		No	N/A
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	7/1/2018	$2,634.44		No	N/A
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	7/1/2018	$1,812.85		No	N/A
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	7/1/2018	$1,725.95		No	N/A
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	7/1/2018	$2,928.71		No	N/A
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	7/1/2018	$2,546.13		No	N/A

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61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	7/1/2018	$1,013.72		No	N/A
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	7/1/2018	$1,261.80		No	N/A
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	7/1/2018	$1,364.40		No	N/A
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	7/1/2018	$829.71		No	N/A
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	7/1/2018	$2,136.69		No	N/A
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	7/1/2018	$2,039.62		No	N/A
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	7/1/2018	$2,210.99		No	N/A
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	7/1/2018	$1,956.37		No	N/A
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	7/1/2018	$1,809.34		No	N/A
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	7/1/2018	$1,781.08		No	N/A
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	7/1/2018	$1,800.53		No	N/A
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	7/1/2018	$1,577.38		No	N/A
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	7/1/2018	$2,634.53		No	N/A
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	7/1/2018	$1,912.28		No	N/A
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	7/1/2018	$1,311.35		No	N/A
61550	Craniectomy for craniosynostosis; single cranial suture	7/1/2018	$983.18		No	N/A
61552	Craniectomy for craniosynostosis; multiple cranial sutures	7/1/2018	$1,227.36		No	N/A
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	7/1/2018	$1,412.83		No	N/A
61557	Craniotomy for craniosynostosis; bifrontal bone flap	7/1/2018	$1,393.65		No	N/A
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	7/1/2018	$1,557.14		No	N/A
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	7/1/2018	$1,981.65		No	N/A
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	7/1/2018	$1,641.41		No	N/A
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	7/1/2018	$1,994.43		No	N/A
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	7/1/2018	$1,863.22		No	N/A
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	7/1/2018	$2,122.70		No	N/A
61570	Craniectomy or craniotomy; with excision of foreign body from brain	7/1/2018	$1,548.41		No	N/A
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	7/1/2018	$1,648.78		No	N/A
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	7/1/2018	$2,075.69		No	N/A

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61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	7/1/2018	$3,474.94		No	N/A
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	7/1/2018	$2,067.50		No	N/A
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	7/1/2018	$2,242.61		No	N/A
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	7/1/2018	$2,494.58		No	N/A
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	7/1/2018	$2,377.65		No	N/A
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	7/1/2018	$2,359.56		No	N/A
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	7/1/2018	$2,661.31		No	N/A
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	7/1/2018	$2,004.80		No	N/A
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	7/1/2018	$2,590.79		No	N/A
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	7/1/2018	$2,600.93		No	N/A
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	7/1/2018	$2,617.79		No	N/A
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	7/1/2018	$1,968.75		No	N/A
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	7/1/2018	$2,083.08		No	N/A
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	7/1/2018	$2,456.56		No	N/A
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	7/1/2018	$2,349.85		No	N/A
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	7/1/2018	$1,798.54		No	N/A
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	7/1/2018	$1,984.44		No	N/A

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61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	7/1/2018	$1,836.81		No	N/A
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	7/1/2018	$2,445.44		No	N/A
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	7/1/2018	$2,363.63		No	N/A
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	7/1/2018	$2,687.25		No	N/A
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	7/1/2018	$390.46		No	N/A
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	7/1/2018	$2,716.86		No	N/A
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	7/1/2018	$2,317.91		No	N/A
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	7/1/2018	$2,762.22		No	N/A
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	7/1/2018	$1,077.71		No	N/A
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	7/1/2018	$1,207.25		No	N/A
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	7/1/2018	$487.44		No	N/A
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	7/1/2018	$975.87		No	N/A
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	7/1/2018	$753.87		No	N/A
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	7/1/2018	$1,153.27		No	N/A
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	7/1/2018	$1,237.32		No	N/A
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	1/1/2006	$0.00		No	N/A
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	1/1/2006	$0.00		No	N/A
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	1/1/2006	$0.00		No	N/A

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61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	7/1/2018	$706.34		No	N/A
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	7/1/2018	$459.84		No	N/A
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	7/1/2018	$194.95		No	N/A
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	7/1/2018	$1,858.27		No	N/A
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	7/1/2018	$3,440.49		No	N/A
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	7/1/2018	$2,354.75		No	N/A
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	7/1/2018	$3,686.53		No	N/A
61690	Surgery of intracranial arteriovenous malformation; dural, simple	7/1/2018	$1,812.19		No	N/A
61692	Surgery of intracranial arteriovenous malformation; dural, complex	7/1/2018	$3,024.46		No	N/A
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	7/1/2018	$3,478.42		No	N/A
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	7/1/2018	$3,787.13		No	N/A
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	7/1/2018	$2,817.41		No	N/A
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	7/1/2018	$3,321.20		No	N/A
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	7/1/2018	$1,126.86		No	N/A
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	7/1/2018	$2,156.58		No	N/A
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	7/1/2018	$2,109.34		No	N/A
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	7/1/2018	$1,774.00		No	N/A
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	7/1/2018	$2,154.31		No	N/A
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	7/1/2018	$1,053.50		No	N/A
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	7/1/2018	$1,317.92		No	N/A
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	7/1/2018	$1,168.75		No	N/A
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	7/1/2018	$1,143.12		No	N/A
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	7/1/2018	$1,306.40		No	N/A
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	7/1/2018	$1,346.43		No	N/A
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	7/1/2018	$196.32		No	N/A

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61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	7/1/2018	$150.32		No	N/A
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	7/1/2018	$194.50		No	N/A
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	7/1/2018	$728.68		No	N/A
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	7/1/2018	$932.47		No	N/A
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	7/1/2018	$840.89		No	N/A
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	7/1/2018	$183.40		No	N/A
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	7/1/2018	$1,145.97		No	N/A
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	7/1/2018	$252.61		No	N/A
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	7/1/2018	$128.03		No	N/A
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	7/1/2018	$814.48		No	N/A
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	7/1/2018	$1,297.39		No	N/A
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	7/1/2018	$1,243.41		No	N/A
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	7/1/2018	$236.00		No	N/A
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	7/1/2018	$1,888.07		No	N/A
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	7/1/2018	$415.41		No	N/A
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	7/1/2018	$981.44		No	N/A
61880	Revision or removal of intracranial neurostimulator electrodes	7/1/2018	$471.62		No	N/A
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	7/1/2018	$427.52		Yes	MCU
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	7/1/2018	$700.84		Yes	MCU

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61888	Revision or removal of cranial neurostimulator pulse generator or receiver	7/1/2018	$329.25		No	N/A
62000	Elevation of depressed skull fracture; simple, extradural	7/1/2018	$854.37		No	N/A
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	7/1/2018	$1,053.82		No	N/A
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	7/1/2018	$1,270.32		No	N/A
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	7/1/2018	$1,320.67		No	N/A
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	7/1/2018	$1,386.51		No	N/A
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	7/1/2018	$1,626.89		No	N/A
62120	Repair of encephalocele, skull vault, including cranioplasty	7/1/2018	$1,769.47		No	N/A
62121	Craniotomy for repair of encephalocele, skull base	7/1/2018	$1,399.25		No	N/A
62140	Cranioplasty for skull defect; up to 5 cm diameter	7/1/2018	$855.79		No	N/A
62141	Cranioplasty for skull defect; larger than 5 cm diameter	7/1/2018	$946.13		No	N/A
62142	Removal of bone flap or prosthetic plate of skull	7/1/2018	$735.53		No	N/A
62143	Replacement of bone flap or prosthetic plate of skull	7/1/2018	$860.90		No	N/A
62145	Cranioplasty for skull defect with reparative brain surgery	7/1/2018	$1,169.71		No	N/A
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	7/1/2018	$1,017.23		No	N/A
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	7/1/2018	$1,209.41		No	N/A
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	7/1/2018	$105.29		No	N/A
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	7/1/2018	$157.93		No	N/A
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	7/1/2018	$1,256.67		No	N/A
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	7/1/2018	$1,567.11		No	N/A
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	7/1/2018	$1,015.23		No	N/A
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	7/1/2018	$1,732.31		No	N/A
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	7/1/2018	$1,285.64		No	N/A
62180	Ventriculocisternostomy (Torkildsen type operation)	7/1/2018	$1,327.19		No	N/A
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	7/1/2018	$766.28		No	N/A
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	7/1/2018	$812.14		No	N/A
62194	Replacement or irrigation, subarachnoid/subdural catheter	7/1/2018	$403.69		No	N/A
62200	Ventriculocisternostomy, third ventricle;	7/1/2018	$1,141.55		No	N/A
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	7/1/2018	$996.99		No	N/A
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	7/1/2018	$839.96		No	N/A
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	7/1/2018	$866.53		No	N/A
62225	Replacement or irrigation, ventricular catheter	7/1/2018	$432.36		No	N/A
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	7/1/2018	$697.37		No	N/A
62252	Reprogramming of programmable cerebrospinal shunt	7/1/2018	$38.39	26	No	N/A
62252	Reprogramming of programmable cerebrospinal shunt	7/1/2018	$69.83		No	N/A

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62252	Reprogramming of programmable cerebrospinal shunt	7/1/2018	$31.44	TC	No	N/A
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	7/1/2018	$496.50		No	N/A
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	7/1/2018	$926.36		No	N/A
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	7/1/2018	$507.93		No	N/A
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	7/1/2018	$358.72		No	N/A
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	7/1/2018	$212.86		No	N/A
62268	Percutaneous aspiration, spinal cord cyst or syrinx	7/1/2017	$226.13		No	N/A
62269	Biopsy of spinal cord, percutaneous needle	7/1/2018	$230.70		No	N/A
62270	Spinal puncture, lumbar, diagnostic	7/1/2018	$133.75		No	N/A
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	7/1/2018	$169.54		No	N/A
62273	Injection, epidural, of blood or clot patch	7/1/2018	$149.09		No	N/A
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	7/1/2018	$264.39		No	N/A
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	7/1/2018	$204.69		No	N/A
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	7/1/2018	$245.59		No	N/A
62284	Injection procedure for myelography and/or computed tomography, lumbar	7/1/2018	$160.47		No	N/A
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	7/1/2018	$497.64		No	N/A
62290	Injection procedure for discography, each level; lumbar	7/1/2018	$277.44		No	N/A
62291	Injection procedure for discography, each level; cervical or thoracic	7/1/2018	$275.53		No	N/A
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	7/1/2018	$502.74		No	N/A
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	7/1/2018	$787.34		No	N/A
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	7/1/2018	$206.56		No	N/A
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	7/1/2018	$211.37		No	N/A
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	7/1/2018	$203.93		No	N/A
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	7/1/2018	$221.65		No	N/A
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	7/1/2018	$142.06		No	N/A

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62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	7/1/2018	$210.20		No	N/A
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	7/1/2018	$132.91		No	N/A
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	7/1/2018	$207.10		No	N/A
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	7/1/2018	$125.09		No	N/A
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	7/1/2018	$187.95		No	N/A
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	7/1/2018	$131.18		No	N/A
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	7/1/2018	$190.76		No	N/A
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	7/1/2018	$341.31		No	N/A
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	7/1/2018	$721.47		No	N/A
62355	Removal of previously implanted intrathecal or epidural catheter	7/1/2018	$227.83		No	N/A
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	7/1/2018	$264.47		No	N/A
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	7/1/2018	$354.24		No	N/A
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	7/1/2018	$326.26		No	N/A
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	7/1/2018	$250.85		No	N/A

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62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	7/1/2018	$36.25		No	N/A
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	7/1/2018	$48.88		No	N/A
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	7/1/2018	$100.90		No	N/A
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	7/1/2018	$107.06		No	N/A
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	7/1/2018	$1,031.87		Yes	Telligen
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	7/1/2018	$1,035.76		Yes	Telligen
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	7/1/2018	$987.16		Yes	Telligen
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	7/1/2018	$922.65		Yes	Telligen
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	7/1/2018	$996.98		Yes	Telligen
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	7/1/2018	$1,232.38		Yes	Telligen
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	7/1/2018	$1,274.61		Yes	Telligen
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	7/1/2018	$1,045.67		Yes	Telligen
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	7/1/2018	$970.98		Yes	Telligen
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	7/1/2018	$814.38		Yes	Telligen
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	7/1/2018	$161.45		Yes	Telligen

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63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	7/1/2018	$1,172.30		Yes	Telligen
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	7/1/2018	$1,092.56		Yes	Telligen
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	1/1/2001	$0.00		Yes	Telligen
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	7/1/2017	$243.13		Yes	Telligen
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	7/1/2018	$1,072.58		Yes	Telligen
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	7/1/2018	$1,025.96		Yes	Telligen
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	7/1/2018	$925.10		Yes	Telligen
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	7/1/2018	$178.49		Yes	Telligen
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	7/1/2018	$1,300.70		Yes	Telligen
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	7/1/2018	$1,437.44		Yes	Telligen
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	7/1/2018	$1,354.19		Yes	Telligen
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	7/1/2018	$1,247.74		Yes	Telligen
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	7/1/2018	$269.83		Yes	Telligen
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	7/1/2018	$1,486.26		Yes	Telligen
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	7/1/2018	$171.86		Yes	Telligen

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63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	7/1/2018	$1,133.90		Yes	Telligen
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	7/1/2018	$207.86		Yes	Telligen
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	7/1/2018	$1,255.69		Yes	Telligen
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	7/1/2018	$172.79		Yes	Telligen
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	7/1/2018	$1,475.78		No	N/A
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	7/1/2018	$224.57		No	N/A
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	7/1/2018	$1,607.14		No	N/A
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	7/1/2018	$161.15		No	N/A
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	7/1/2018	$2,032.43		No	N/A
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	7/1/2018	$213.31		No	N/A
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	7/1/2018	$1,667.93		No	N/A
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	7/1/2018	$151.95		No	N/A
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	7/1/2018	$1,939.84		No	N/A
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	7/1/2018	$1,909.95		No	N/A
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	7/1/2018	$247.77		No	N/A

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63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	7/1/2018	$1,320.57		Yes	Telligen
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	7/1/2018	$1,170.16		Yes	Telligen
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	7/1/2018	$1,431.10		Yes	Telligen
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	7/1/2018	$1,232.69		Yes	Telligen
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	7/1/2018	$1,353.00		Yes	Telligen
63185	Laminectomy with rhizotomy; 1 or 2 segments	7/1/2018	$958.33		Yes	Telligen
63190	Laminectomy with rhizotomy; more than 2 segments	7/1/2018	$1,067.50		Yes	Telligen
63191	Laminectomy with section of spinal accessory nerve	7/1/2018	$1,142.98		Yes	Telligen
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	7/1/2018	$1,324.98		Yes	Telligen
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	7/1/2018	$1,275.11		Yes	Telligen
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	7/1/2018	$1,477.31		Yes	Telligen
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	7/1/2018	$1,419.07		Yes	Telligen
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	7/1/2018	$1,734.16		Yes	Telligen
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	7/1/2018	$1,816.81		Yes	Telligen
63200	Laminectomy, with release of tethered spinal cord, lumbar	7/1/2018	$1,270.62		Yes	Telligen
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	7/1/2018	$2,457.14		No	N/A
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	7/1/2018	$2,511.19		No	N/A
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	7/1/2018	$2,510.87		No	N/A
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	7/1/2018	$1,387.38		No	N/A
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	7/1/2018	$1,428.79		No	N/A
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	7/1/2018	$1,143.26		No	N/A
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	7/1/2018	$1,194.26		No	N/A
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	7/1/2018	$1,721.66		No	N/A
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	7/1/2018	$1,712.65		No	N/A
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	7/1/2018	$1,576.45		No	N/A
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	7/1/2018	$1,546.33		No	N/A
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	7/1/2018	$1,494.50		No	N/A
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	7/1/2018	$1,482.08		No	N/A
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	7/1/2018	$1,297.57		No	N/A
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	7/1/2018	$1,317.62		No	N/A
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	7/1/2018	$1,749.35		No	N/A

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63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	7/1/2018	$1,733.38		No	N/A
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	7/1/2018	$1,632.50		No	N/A
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	7/1/2018	$1,575.29		No	N/A
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	7/1/2018	$2,167.03		No	N/A
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	7/1/2018	$2,140.22		No	N/A
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	7/1/2018	$2,273.50		No	N/A
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	7/1/2018	$2,311.89		No	N/A
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	7/1/2018	$276.65		No	N/A
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	7/1/2018	$1,527.34		No	N/A
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	7/1/2018	$1,828.31		No	N/A
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	7/1/2018	$1,805.71		No	N/A
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	7/1/2018	$1,917.97		No	N/A
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	7/1/2018	$1,947.51		No	N/A
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	7/1/2018	$2,072.52		No	N/A
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	7/1/2018	$2,036.49		No	N/A
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	7/1/2018	$1,994.40		No	N/A
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	7/1/2018	$268.95		No	N/A
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	7/1/2018	$858.38		No	N/A
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	7/1/2018	$484.36		No	N/A
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	7/1/2018	$928.91		No	N/A
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	7/1/2018	$211.03		No	N/A
63650	Percutaneous implantation of neurostimulator electrode array, epidural	7/1/2018	$1,112.66		Yes	Telligen
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	7/1/2018	$692.24		Yes	Telligen

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63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	7/1/2018	$494.82		No	N/A
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	7/1/2018	$699.46		No	N/A
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	7/1/2018	$669.48		No	N/A
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	7/1/2018	$727.55		No	N/A
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	7/1/2018	$308.68		Yes	Telligen
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	7/1/2018	$316.50		No	N/A
63700	Repair of meningocele; less than 5 cm diameter	7/1/2018	$1,076.73		No	N/A
63702	Repair of meningocele; larger than 5 cm diameter	7/1/2018	$1,179.00		No	N/A
63704	Repair of myelomeningocele; less than 5 cm diameter	7/1/2018	$1,367.18		No	N/A
63706	Repair of myelomeningocele; larger than 5 cm diameter	7/1/2018	$1,521.19		No	N/A
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	7/1/2018	$773.51		No	N/A
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	7/1/2018	$924.36		No	N/A
63710	Dural graft, spinal	7/1/2018	$910.18		No	N/A
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	7/1/2018	$806.54		No	N/A
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	7/1/2018	$566.30		No	N/A
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	7/1/2018	$548.66		No	N/A
63746	Removal of entire lumbosubarachnoid shunt system without replacement	7/1/2018	$497.84		No	N/A
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	7/1/2018	$109.79		No	N/A
64402	Injection, anesthetic agent; facial nerve	7/1/2018	$117.41		No	N/A
64405	Injection, anesthetic agent; greater occipital nerve	7/1/2018	$86.09		No	N/A
64408	Injection, anesthetic agent; vagus nerve	7/1/2018	$99.82		No	N/A
64410	Injection, anesthetic agent; phrenic nerve	7/1/2018	$128.96		No	N/A
64413	Injection, anesthetic agent; cervical plexus	7/1/2018	$107.87		No	N/A
64415	Injection, anesthetic agent; brachial plexus, single	7/1/2018	$101.67		No	N/A
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	7/1/2018	$70.32		No	N/A
64417	Injection, anesthetic agent; axillary nerve	7/1/2018	$110.90		No	N/A
64418	Injection, anesthetic agent; suprascapular nerve	7/1/2018	$99.59		No	N/A
64420	Injection, anesthetic agent; intercostal nerve, single	7/1/2018	$95.29		No	N/A
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	7/1/2018	$129.23		No	N/A
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	7/1/2018	$115.05		No	N/A
64430	Injection, anesthetic agent; pudendal nerve	7/1/2018	$117.14		No	N/A
64435	Injection, anesthetic agent; paracervical (uterine) nerve	7/1/2018	$116.14		No	N/A
64445	Injection, anesthetic agent; sciatic nerve, single	7/1/2018	$117.07		No	N/A
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	7/1/2018	$70.32		No	N/A
64447	Injection, anesthetic agent; femoral nerve, single	7/1/2018	$104.36		No	N/A
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	7/1/2018	$63.44		No	N/A

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64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	7/1/2018	$74.48		No	N/A
64450	Injection, anesthetic agent; other peripheral nerve or branch	7/1/2018	$68.13		No	N/A
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	7/1/2018	$41.37		No	N/A
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	7/1/2018	$126.49		No	N/A
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	7/1/2018	$70.03		No	N/A
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	7/1/2018	$135.94		No	N/A
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	7/1/2018	$199.96		No	N/A
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	7/1/2018	$96.40		No	N/A
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	7/1/2018	$185.20		No	N/A
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	7/1/2018	$78.73		No	N/A
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	7/1/2018	$99.84		No	N/A
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	7/1/2018	$114.24		No	N/A
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	7/1/2018	$115.25		No	N/A
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	7/1/2018	$155.62		No	N/A
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	7/1/2018	$160.98		No	N/A
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	7/1/2018	$79.87		No	N/A
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	7/1/2018	$80.45		No	N/A
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	7/1/2018	$145.80		No	N/A
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	7/1/2018	$73.64		No	N/A

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64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	7/1/2018	$73.64		No	N/A
64505	Injection, anesthetic agent; sphenopalatine ganglion	7/1/2018	$92.72		No	N/A
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	7/1/2018	$108.41		No	N/A
64517	Injection, anesthetic agent; superior hypogastric plexus	7/1/2018	$162.95		No	N/A
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	7/1/2018	$158.41		No	N/A
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	7/1/2018	$160.02		No	N/A
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	7/1/2018	$926.89		Yes	MCU
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	7/1/2018	$1,013.55		Yes	MCU
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	7/1/2018	$701.77		No	N/A
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	7/1/2018	$108.69		Yes	MCU
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	7/1/2018	$535.82		Yes	MCU
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	7/1/2018	$643.07		No	N/A
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	7/1/2018	$609.26		No	N/A
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	7/1/2018	$273.48		Yes	MCU
64580	Incision for implantation of neurostimulator electrode array; neuromuscular	7/1/2018	$258.01		Yes	MCU
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	7/1/2018	$581.07		No	N/A
64585	Revision or removal of peripheral neurostimulator electrode array	7/1/2018	$207.99		No	N/A
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	7/1/2018	$226.56		Yes	Telligen
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	7/1/2018	$208.20		No	N/A
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	7/1/2018	$340.36		No	N/A
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	7/1/2018	$460.80		No	N/A
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	7/1/2018	$612.43		No	N/A
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	7/1/2018	$99.17		No	N/A
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	7/1/2018	$112.16		No	N/A
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	7/1/2018	$121.08		No	N/A
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	7/1/2018	$107.59		No	N/A
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	7/1/2018	$136.22		No	N/A

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64620	Destruction by neurolytic agent, intercostal nerve	7/1/2018	$176.81		No	N/A
64630	Destruction by neurolytic agent; pudendal nerve	7/1/2018	$195.84		No	N/A
64632	Destruction by neurolytic agent; plantar common digital nerve	7/1/2018	$74.08		No	N/A
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	7/1/2018	$356.76		No	N/A
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	7/1/2018	$159.44		No	N/A
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	7/1/2018	$352.89		No	N/A
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	7/1/2018	$144.87		No	N/A
64640	Destruction by neurolytic agent; other peripheral nerve or branch	7/1/2018	$112.82		No	N/A
64642	Chemodenervation of one extremity; 1-4 muscle(s)	7/1/2018	$120.84		No	N/A
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	7/1/2018	$78.28		No	N/A
64644	Chemodenervation of one extremity; 5 or more muscles	7/1/2018	$138.38		No	N/A
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	7/1/2018	$96.06		No	N/A
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	7/1/2018	$125.82		No	N/A
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	7/1/2018	$148.08		No	N/A
64650	Chemodenervation of eccrine glands; both axillae	7/1/2018	$65.75		No	N/A
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	7/1/2018	$79.97		Yes	MCU
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	7/1/2018	$256.94		No	N/A
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	7/1/2018	$440.57		No	N/A
64702	Neuroplasty; digital, 1 or both, same digit	7/1/2018	$426.90		No	N/A
64704	Neuroplasty; nerve of hand or foot	7/1/2018	$276.56		No	N/A
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	7/1/2018	$424.40		No	N/A
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	7/1/2018	$492.29		No	N/A
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	7/1/2018	$653.49		No	N/A
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	7/1/2018	$608.56		No	N/A
64716	Neuroplasty and/or transposition; cranial nerve (specify)	7/1/2018	$451.16		No	N/A
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	7/1/2018	$502.71		No	N/A
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	7/1/2018	$340.15		No	N/A
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	7/1/2018	$363.90		No	N/A
64722	Decompression; unspecified nerve(s) (specify)	7/1/2018	$305.45		No	N/A
64726	Decompression; plantar digital nerve	7/1/2018	$236.66		No	N/A
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	7/1/2018	$157.53		No	N/A
64732	Transection or avulsion of; supraorbital nerve	7/1/2018	$364.79		No	N/A
64734	Transection or avulsion of; infraorbital nerve	7/1/2018	$413.15		No	N/A
64736	Transection or avulsion of; mental nerve	7/1/2018	$331.05		No	N/A
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	7/1/2018	$396.53		No	N/A
64740	Transection or avulsion of; lingual nerve	7/1/2018	$420.89		No	N/A
64742	Transection or avulsion of; facial nerve, differential or complete	7/1/2018	$428.67		No	N/A

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64744	Transection or avulsion of; greater occipital nerve	7/1/2018	$408.42		No	N/A
64746	Transection or avulsion of; phrenic nerve	7/1/2018	$363.47		No	N/A
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	7/1/2018	$779.54		No	N/A
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	7/1/2018	$435.09		No	N/A
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	7/1/2018	$430.73		No	N/A
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	7/1/2018	$530.51		No	N/A
64771	Transection or avulsion of other cranial nerve, extradural	7/1/2018	$507.89		No	N/A
64772	Transection or avulsion of other spinal nerve, extradural	7/1/2018	$480.29		No	N/A
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	7/1/2018	$352.22		No	N/A
64776	Excision of neuroma; digital nerve, 1 or both, same digit	7/1/2018	$336.03		No	N/A
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	7/1/2018	$157.10		No	N/A
64782	Excision of neuroma; hand or foot, except digital nerve	7/1/2018	$393.42		No	N/A
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	7/1/2018	$187.75		No	N/A
64784	Excision of neuroma; major peripheral nerve, except sciatic	7/1/2018	$621.22		No	N/A
64786	Excision of neuroma; sciatic nerve	7/1/2018	$847.49		No	N/A
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	7/1/2018	$209.14		No	N/A
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	7/1/2018	$336.07		No	N/A
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	7/1/2018	$709.97		No	N/A
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	7/1/2018	$985.40		No	N/A
64795	Biopsy of nerve	7/1/2018	$164.15		No	N/A
64802	Sympathectomy, cervical	7/1/2018	$687.66		No	N/A
64804	Sympathectomy, cervicothoracic	7/1/2018	$979.17		No	N/A
64809	Sympathectomy, thoracolumbar	7/1/2018	$900.02		No	N/A
64818	Sympathectomy, lumbar	7/1/2018	$538.12		No	N/A
64820	Sympathectomy; digital arteries, each digit	7/1/2018	$613.12		No	N/A
64821	Sympathectomy; radial artery	7/1/2018	$589.19		No	N/A
64822	Sympathectomy; ulnar artery	7/1/2018	$589.19		No	N/A
64823	Sympathectomy; superficial palmar arch	7/1/2018	$670.83		No	N/A
64831	Suture of digital nerve, hand or foot; 1 nerve	7/1/2018	$586.13		No	N/A
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	7/1/2018	$291.12		No	N/A
64834	Suture of 1 nerve; hand or foot, common sensory nerve	7/1/2018	$633.89		No	N/A
64835	Suture of 1 nerve; median motor thenar	7/1/2018	$694.53		No	N/A
64836	Suture of 1 nerve; ulnar motor	7/1/2018	$694.53		No	N/A
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	7/1/2018	$316.24		No	N/A
64840	Suture of posterior tibial nerve	7/1/2018	$820.49		No	N/A
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	7/1/2018	$866.20		No	N/A
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	7/1/2018	$906.65		No	N/A
64858	Suture of sciatic nerve	7/1/2018	$1,006.10		No	N/A

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64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	7/1/2018	$214.97		No	N/A
64861	Suture of; brachial plexus	7/1/2018	$1,254.99		No	N/A
64862	Suture of; lumbar plexus	7/1/2018	$1,178.40		No	N/A
64864	Suture of facial nerve; extracranial	7/1/2018	$751.09		No	N/A
64865	Suture of facial nerve; infratemporal, with or without grafting	7/1/2018	$939.09		No	N/A
64866	Anastomosis; facial-spinal accessory	7/1/2018	$1,101.62		No	N/A
64868	Anastomosis; facial-hypoglossal	7/1/2018	$860.14		No	N/A
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	7/1/2018	$100.33		No	N/A
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	7/1/2018	$150.80		No	N/A
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	7/1/2018	$170.60		No	N/A
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	7/1/2018	$966.20		No	N/A
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	7/1/2018	$1,109.13		No	N/A
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	7/1/2018	$923.00		No	N/A
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	7/1/2018	$982.04		No	N/A
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	7/1/2018	$897.38		No	N/A
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	7/1/2018	$957.98		No	N/A
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	7/1/2018	$1,135.98		No	N/A
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	7/1/2018	$1,225.31		No	N/A
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	7/1/2018	$1,084.87		No	N/A
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	7/1/2018	$1,175.93		No	N/A
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	7/1/2018	$515.78		No	N/A
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	7/1/2018	$597.21		No	N/A
64905	Nerve pedicle transfer; first stage	7/1/2018	$865.46		No	N/A
64907	Nerve pedicle transfer; second stage	7/1/2018	$1,114.23		No	N/A
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	7/1/2018	$685.45		No	N/A
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	7/1/2018	$874.20		No	N/A
64999	Unlisted procedure, nervous system	3/6/2018	$0.00		Yes	Telligen
65091	Evisceration of ocular contents; without implant	7/1/2018	$545.15		No	N/A
65093	Evisceration of ocular contents; with implant	7/1/2018	$538.61		No	N/A
65101	Enucleation of eye; without implant	7/1/2018	$633.07		No	N/A
65103	Enucleation of eye; with implant, muscles not attached to implant	7/1/2018	$661.17		No	N/A
65105	Enucleation of eye; with implant, muscles attached to implant	7/1/2018	$728.96		No	N/A
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	7/1/2018	$1,051.70		No	N/A
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	7/1/2018	$1,220.46		No	N/A

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65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	7/1/2018	$1,280.22		No	N/A
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	7/1/2018	$389.31		No	N/A
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	7/1/2018	$628.35		No	N/A
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	7/1/2018	$637.57		No	N/A
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	7/1/2018	$693.32		No	N/A
65150	Reinsertion of ocular implant; with or without conjunctival graft	7/1/2018	$495.51		No	N/A
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	7/1/2018	$726.87		No	N/A
65175	Removal of ocular implant	7/1/2018	$563.34		No	N/A
65205	Removal of foreign body, external eye; conjunctival superficial	7/1/2018	$49.10		No	N/A
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	7/1/2018	$59.61		No	N/A
65220	Removal of foreign body, external eye; corneal, without slit lamp	7/1/2018	$50.63		No	N/A
65222	Removal of foreign body, external eye; corneal, with slit lamp	7/1/2018	$58.44		No	N/A
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	7/1/2018	$611.78		No	N/A
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	7/1/2018	$828.32		No	N/A
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	7/1/2018	$930.12		No	N/A
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	7/1/2018	$227.99		No	N/A
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	7/1/2018	$429.87		No	N/A
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	7/1/2018	$328.80		No	N/A
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	7/1/2018	$496.66		No	N/A
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	7/1/2018	$580.20		No	N/A
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	7/1/2018	$958.24		No	N/A
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	7/1/2018	$602.86		No	N/A
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	7/1/2018	$423.52		No	N/A
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	7/1/2018	$583.95		No	N/A
65410	Biopsy of cornea	7/1/2018	$123.39		No	N/A
65420	Excision or transposition of pterygium; without graft	7/1/2018	$441.28		No	N/A
65426	Excision or transposition of pterygium; with graft	7/1/2018	$557.81		No	N/A
65430	Scraping of cornea, diagnostic, for smear and/or culture	7/1/2018	$99.85		No	N/A
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	7/1/2018	$69.97		No	N/A
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	7/1/2018	$334.52		No	N/A
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	7/1/2018	$279.81		No	N/A
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	7/1/2018	$338.45		No	N/A
65710	Keratoplasty (corneal transplant); anterior lamellar	7/1/2018	$953.15		No	N/A
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	7/1/2018	$1,058.99		No	N/A
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	7/1/2018	$1,065.02		No	N/A

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65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	7/1/2018	$1,059.71		No	N/A
65756	Keratoplasty (corneal transplant); endothelial	7/1/2018	$1,024.51		No	N/A
65760	Keratomileusis	7/1/2008	$1,835.69		No	N/A
65765	Keratophakia	7/1/2008	$1,836.82		No	N/A
65767	Epikeratoplasty	1/1/1993	$0.00		No	N/A
65770	Keratoprosthesis	7/1/2018	$1,211.37		No	N/A
65771	Radial keratotomy	7/1/2008	$928.33		No	N/A
65772	Corneal relaxing incision for correction of surgically induced astigmatism	7/1/2018	$388.03		No	N/A
65775	Corneal wedge resection for correction of surgically induced astigmatism	7/1/2018	$475.03		No	N/A
65778	Placement of amniotic membrane on the ocular surface; without sutures	7/1/2018	$1,177.53		No	N/A
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	7/1/2018	$1,012.62		No	N/A
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	7/1/2018	$572.99		No	N/A
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	7/1/2018	$1,151.87		No	N/A
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	7/1/2018	$993.53		No	N/A
65785	Implantation of intrastromal corneal ring segments	7/1/2018	$2,100.86		Yes	MCU
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	7/1/2018	$103.42		No	N/A
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	7/1/2018	$400.85		No	N/A
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	7/1/2018	$546.26		No	N/A
65820	Goniotomy	7/1/2018	$644.15		No	N/A
65850	Trabeculotomy ab externo	7/1/2018	$724.98		No	N/A
65855	Trabeculoplasty by laser surgery	7/1/2018	$211.32		No	N/A
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	7/1/2018	$266.17		No	N/A
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	7/1/2018	$407.09		No	N/A
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	7/1/2018	$508.91		No	N/A
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	7/1/2018	$542.89		No	N/A
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	7/1/2018	$571.60		No	N/A
65900	Removal of epithelial downgrowth, anterior chamber of eye	7/1/2018	$830.85		No	N/A
65920	Removal of implanted material, anterior segment of eye	7/1/2018	$679.01		No	N/A
65930	Removal of blood clot, anterior segment of eye	7/1/2018	$549.65		No	N/A
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	7/1/2018	$159.75		No	N/A
66030	Injection, anterior chamber of eye (separate procedure); medication	7/1/2018	$142.26		No	N/A
66130	Excision of lesion, sclera	7/1/2018	$598.47		No	N/A
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	7/1/2018	$754.16		No	N/A
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	7/1/2018	$753.53		No	N/A
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	7/1/2018	$850.76		No	N/A
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	7/1/2018	$942.85		No	N/A
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	7/1/2018	$1,026.06		No	N/A

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66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	7/1/2018	$818.53		No	N/A
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	7/1/2018	$857.27		No	N/A
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	7/1/2018	$929.47		No	N/A
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	7/1/2018	$981.14		No	N/A
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	7/1/2018	$887.94		No	N/A
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	7/1/2018	$675.75		No	N/A
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	7/1/2018	$727.43		No	N/A
66225	Repair of scleral staphyloma; with graft	7/1/2018	$804.81		No	N/A
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	7/1/2018	$640.92		No	N/A
66500	Iridotomy by stab incision (separate procedure); except transfixion	7/1/2018	$303.34		No	N/A
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	7/1/2018	$332.83		No	N/A
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	7/1/2018	$716.70		No	N/A
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	7/1/2018	$911.63		No	N/A
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	7/1/2018	$369.74		No	N/A
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	7/1/2018	$490.86		No	N/A
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	7/1/2018	$495.69		No	N/A
66680	Repair of iris, ciliary body (as for iridodialysis)	7/1/2018	$445.41		No	N/A
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	7/1/2018	$548.17		No	N/A
66700	Ciliary body destruction; diathermy	7/1/2018	$388.05		No	N/A
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	7/1/2018	$379.87		No	N/A
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	7/1/2018	$553.66		No	N/A
66720	Ciliary body destruction; cryotherapy	7/1/2018	$395.09		No	N/A
66740	Ciliary body destruction; cyclodialysis	7/1/2018	$377.24		No	N/A
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	7/1/2018	$254.57		No	N/A
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	7/1/2018	$409.15		No	N/A
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	7/1/2018	$454.48		No	N/A
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	7/1/2018	$338.14		No	N/A
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	7/1/2018	$282.41		No	N/A
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	7/1/2018	$653.10		No	N/A
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	7/1/2018	$614.44		No	N/A
66840	Removal of lens material; aspiration technique, 1 or more stages	7/1/2018	$601.21		No	N/A
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	7/1/2018	$684.37		No	N/A
66852	Removal of lens material; pars plana approach, with or without vitrectomy	7/1/2018	$729.30		No	N/A
66920	Removal of lens material; intracapsular	7/1/2018	$650.97		No	N/A
66930	Removal of lens material; intracapsular, for dislocated lens	7/1/2018	$739.75		No	N/A

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66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	7/1/2018	$675.15		No	N/A
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	7/1/2018	$687.13		No	N/A
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	7/1/2018	$644.36		No	N/A
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	7/1/2018	$552.23		No	N/A
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	7/1/2018	$664.49		No	N/A
66986	Exchange of intraocular lens	7/1/2018	$784.72		No	N/A
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	7/1/2018	$78.51		No	N/A
66999	Unlisted procedure, anterior segment of eye	1/1/1979	$0.00		No	N/A
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	7/1/2018	$406.93		No	N/A
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	7/1/2018	$468.07		No	N/A
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	7/1/2018	$499.60		No	N/A
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	7/1/2018	$624.12		No	N/A
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	7/1/2018	$736.27		No	N/A
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	7/1/2018	$87.93		No	N/A
67030	Discission of vitreous strands (without removal), pars plana approach	7/1/2018	$457.63		No	N/A
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	7/1/2018	$334.84		No	N/A
67036	Vitrectomy, mechanical, pars plana approach;	7/1/2018	$778.30		No	N/A
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	7/1/2018	$833.88		No	N/A
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	7/1/2018	$901.75		No	N/A
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	7/1/2018	$996.97		No	N/A
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	7/1/2018	$996.97		No	N/A
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	7/1/2018	$1,053.59		No	N/A
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	7/1/2018	$281.37		No	N/A

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67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	7/1/2018	$254.84		No	N/A
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	7/1/2018	$979.34		No	N/A
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	7/1/2018	$1,038.78		No	N/A
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	7/1/2018	$753.52		No	N/A
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	7/1/2018	$1,159.10		No	N/A
67115	Release of encircling material (posterior segment)	7/1/2018	$430.16		No	N/A
67120	Removal of implanted material, posterior segment; extraocular	7/1/2018	$562.89		No	N/A
67121	Removal of implanted material, posterior segment; intraocular	7/1/2018	$784.40		No	N/A
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy	7/1/2018	$451.04		No	N/A
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	7/1/2018	$454.37		No	N/A
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	7/1/2018	$516.49		No	N/A
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	7/1/2018	$445.91		No	N/A
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	7/1/2018	$1,197.81		No	N/A
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	7/1/2018	$459.34		No	N/A
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	7/1/2018	$246.56		Yes	MCU
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	7/1/2018	$25.96		No	N/A
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	7/1/2018	$250.69		No	N/A
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	7/1/2018	$294.96		No	N/A
67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	7/1/2018	$1,007.97		No	N/A
67250	Scleral reinforcement (separate procedure); without graft	7/1/2018	$672.04		No	N/A
67255	Scleral reinforcement (separate procedure); with graft	7/1/2018	$588.48		No	N/A
67299	Unlisted procedure, posterior segment	1/1/1979	$0.00		No	N/A
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	7/1/2018	$515.29		No	N/A
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	7/1/2018	$614.21		No	N/A

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67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	7/1/2018	$579.76		No	N/A
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	7/1/2018	$692.92		No	N/A
67318	Strabismus surgery, any procedure, superior oblique muscle	7/1/2018	$608.78		No	N/A
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	7/1/2018	$281.38		No	N/A
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	7/1/2018	$266.74		No	N/A
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	7/1/2018	$289.36		No	N/A
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	7/1/2018	$263.11		No	N/A
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	7/1/2018	$129.25		No	N/A
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	7/1/2018	$312.75		No	N/A
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	7/1/2018	$561.25		No	N/A
67345	Chemodenervation of extraocular muscle	7/1/2018	$208.11		No	N/A
67346	Biopsy of extraocular muscle	7/1/2018	$168.36		No	N/A
67399	Unlisted procedure, extraocular muscle	1/1/1979	$0.00		No	N/A
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	7/1/2018	$799.52		No	N/A
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	7/1/2018	$677.24		No	N/A
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	7/1/2018	$731.71		No	N/A
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	7/1/2018	$734.27		No	N/A
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	7/1/2018	$1,142.16		No	N/A
67415	Fine needle aspiration of orbital contents	7/1/2018	$91.32		No	N/A
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	7/1/2018	$1,391.72		No	N/A
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	7/1/2018	$1,072.70		No	N/A
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	7/1/2018	$1,037.75		No	N/A
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	7/1/2018	$1,208.31		No	N/A
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	7/1/2018	$1,079.09		No	N/A
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	7/1/2018	$69.53		No	N/A
67505	Retrobulbar injection; alcohol	7/1/2018	$75.66		No	N/A

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67515	Injection of medication or other substance into Tenon's capsule	7/1/2018	$83.84		No	N/A
67550	Orbital implant (implant outside muscle cone); insertion	7/1/2018	$829.09		No	N/A
67560	Orbital implant (implant outside muscle cone); removal or revision	7/1/2018	$850.21		No	N/A
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	7/1/2018	$990.30		No	N/A
67599	Unlisted procedure, orbit	1/1/1979	$0.00		No	N/A
67700	Blepharotomy, drainage of abscess, eyelid	7/1/2018	$227.50		No	N/A
67710	Severing of tarsorrhaphy	7/1/2018	$189.42		No	N/A
67715	Canthotomy (separate procedure)	7/1/2018	$203.17		No	N/A
67800	Excision of chalazion; single	7/1/2018	$109.59		No	N/A
67801	Excision of chalazion; multiple, same lid	7/1/2018	$139.90		No	N/A
67805	Excision of chalazion; multiple, different lids	7/1/2018	$173.68		No	N/A
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	7/1/2018	$317.33		No	N/A
67810	Incisional biopsy of eyelid skin including lid margin	7/1/2018	$144.76		No	N/A
67820	Correction of trichiasis; epilation, by forceps only	7/1/2018	$34.37		No	N/A
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	7/1/2018	$110.24		No	N/A
67830	Correction of trichiasis; incision of lid margin	7/1/2018	$226.48		No	N/A
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	7/1/2018	$378.51		No	N/A
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	7/1/2018	$234.61		No	N/A
67850	Destruction of lesion of lid margin (up to 1 cm)	7/1/2018	$181.98		No	N/A
67875	Temporary closure of eyelids by suture (eg, Frost suture)	7/1/2018	$146.97		No	N/A
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	7/1/2018	$392.56		No	N/A
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	7/1/2018	$484.11		No	N/A
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	7/1/2018	$547.25		No	N/A
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	7/1/2018	$646.60		No	N/A
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	7/1/2018	$623.64		No	N/A
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	7/1/2018	$508.83		No	N/A
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	7/1/2018	$627.85		No	N/A
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	7/1/2018	$439.15		No	N/A
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	7/1/2018	$423.38		No	N/A
67909	Reduction of overcorrection of ptosis	7/1/2018	$459.30		No	N/A
67911	Correction of lid retraction	7/1/2018	$485.08		No	N/A
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	7/1/2018	$742.55		No	N/A
67914	Repair of ectropion; suture	7/1/2018	$399.56		No	N/A
67915	Repair of ectropion; thermocauterization	7/1/2018	$249.16		No	N/A
67916	Repair of ectropion; excision tarsal wedge	7/1/2018	$505.15		No	N/A
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	7/1/2018	$515.55		No	N/A
67921	Repair of entropion; suture	7/1/2018	$391.74		No	N/A
67922	Repair of entropion; thermocauterization	7/1/2018	$246.83		No	N/A

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67923	Repair of entropion; excision tarsal wedge	7/1/2018	$505.23		No	N/A
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	7/1/2018	$539.06		No	N/A
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	7/1/2018	$311.86		No	N/A
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	7/1/2018	$508.31		No	N/A
67938	Removal of embedded foreign body, eyelid	7/1/2018	$207.23		No	N/A
67950	Canthoplasty (reconstruction of canthus)	7/1/2018	$489.93		No	N/A
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	7/1/2018	$492.37		No	N/A
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	7/1/2018	$659.66		No	N/A
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	7/1/2018	$624.95		No	N/A
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	7/1/2018	$804.67		No	N/A
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	7/1/2018	$802.91		No	N/A
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	7/1/2018	$590.92		No	N/A
67999	Unlisted procedure, eyelids	1/1/1979	$0.00		No	N/A
68020	Incision of conjunctiva, drainage of cyst	7/1/2018	$103.78		No	N/A
68040	Expression of conjunctival follicles (eg, for trachoma)	7/1/2018	$54.09		No	N/A
68100	Biopsy of conjunctiva	7/1/2018	$145.64		No	N/A
68110	Excision of lesion, conjunctiva; up to 1 cm	7/1/2018	$192.64		No	N/A
68115	Excision of lesion, conjunctiva; over 1 cm	7/1/2018	$265.47		No	N/A
68130	Excision of lesion, conjunctiva; with adjacent sclera	7/1/2018	$460.70		No	N/A
68135	Destruction of lesion, conjunctiva	7/1/2018	$135.45		No	N/A
68200	Subconjunctival injection	7/1/2018	$35.53		No	N/A
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	7/1/2018	$618.83		No	N/A
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	7/1/2018	$567.82		No	N/A
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	7/1/2018	$557.09		No	N/A
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	7/1/2018	$611.15		No	N/A
68330	Repair of symblepharon; conjunctivoplasty, without graft	7/1/2018	$517.04		No	N/A
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	7/1/2018	$559.43		No	N/A
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	7/1/2018	$465.67		No	N/A
68360	Conjunctival flap; bridge or partial (separate procedure)	7/1/2018	$454.20		No	N/A
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	7/1/2018	$566.59		No	N/A
68371	Harvesting conjunctival allograft, living donor	7/1/2018	$355.58		No	N/A
68399	Unlisted procedure, conjunctiva	1/1/1979	$0.00		No	N/A

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68400	Incision, drainage of lacrimal gland	7/1/2018	$241.18		No	N/A
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	7/1/2018	$273.34		No	N/A
68440	Snip incision of lacrimal punctum	7/1/2018	$87.30		No	N/A
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	7/1/2018	$841.37		No	N/A
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	7/1/2018	$837.14		No	N/A
68510	Biopsy of lacrimal gland	7/1/2018	$381.20		No	N/A
68520	Excision of lacrimal sac (dacryocystectomy)	7/1/2018	$591.54		No	N/A
68525	Biopsy of lacrimal sac	7/1/2018	$229.92		No	N/A
68530	Removal of foreign body or dacryolith, lacrimal passages	7/1/2018	$364.58		No	N/A
68540	Excision of lacrimal gland tumor; frontal approach	7/1/2018	$801.25		No	N/A
68550	Excision of lacrimal gland tumor; involving osteotomy	7/1/2018	$982.70		No	N/A
68700	Plastic repair of canaliculi	7/1/2018	$521.20		No	N/A
68705	Correction of everted punctum, cautery	7/1/2018	$202.53		No	N/A
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	7/1/2018	$652.27		No	N/A
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	7/1/2018	$655.63		No	N/A
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	7/1/2018	$677.43		No	N/A
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	7/1/2018	$172.34		No	N/A
68761	Closure of the lacrimal punctum; by plug, each	7/1/2018	$126.96		No	N/A
68770	Closure of lacrimal fistula (separate procedure)	7/1/2018	$543.02		No	N/A
68801	Dilation of lacrimal punctum, with or without irrigation	7/1/2018	$75.62		No	N/A
68810	Probing of nasolacrimal duct, with or without irrigation;	7/1/2018	$132.38		No	N/A
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	7/1/2018	$117.44		No	N/A
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	7/1/2018	$337.03		No	N/A
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	7/1/2018	$544.42		No	N/A
68840	Probing of lacrimal canaliculi, with or without irrigation	7/1/2018	$109.95		No	N/A
68850	Injection of contrast medium for dacryocystography	7/1/2018	$53.68		No	N/A
68899	Unlisted procedure, lacrimal system	1/1/1979	$0.00		No	N/A
69000	Drainage external ear, abscess or hematoma; simple	7/1/2018	$157.25		No	N/A
69005	Drainage external ear, abscess or hematoma; complicated	7/1/2018	$179.16		No	N/A
69020	Drainage external auditory canal, abscess	7/1/2018	$192.33		No	N/A
69100	Biopsy external ear	7/1/2018	$85.06		No	N/A
69105	Biopsy external auditory canal	7/1/2018	$116.04		No	N/A
69110	Excision external ear; partial, simple repair	7/1/2018	$383.89		No	N/A
69120	Excision external ear; complete amputation	7/1/2018	$341.32		No	N/A
69140	Excision exostosis(es), external auditory canal	7/1/2018	$733.65		No	N/A
69145	Excision soft tissue lesion, external auditory canal	7/1/2018	$328.46		No	N/A
69150	Radical excision external auditory canal lesion; without neck dissection	7/1/2018	$880.80		No	N/A
69155	Radical excision external auditory canal lesion; with neck dissection	7/1/2018	$1,404.44		No	N/A
69200	Removal foreign body from external auditory canal; without general anesthesia	7/1/2018	$69.27		No	N/A
69205	Removal foreign body from external auditory canal; with general anesthesia	7/1/2018	$85.11		No	N/A
69209	Removal impacted cerumen using irrigation/lavage, unilateral	7/1/2018	$11.57		No	N/A
69210	Removal impacted cerumen requiring instrumentation, unilateral	7/1/2018	$41.38		No	N/A
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	7/1/2018	$68.92		No	N/A
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	7/1/2018	$181.10		No	N/A

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69300	Otoplasty, protruding ear, with or without size reduction	7/1/2018	$528.72		Yes	MCU
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	7/1/2018	$912.85		No	N/A
69320	Reconstruction external auditory canal for congenital atresia, single stage	7/1/2018	$1,283.17		No	N/A
69399	Unlisted procedure, external ear	1/1/1979	$0.00		No	N/A
69420	Myringotomy including aspiration and/or eustachian tube inflation	7/1/2018	$159.37		No	N/A
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	7/1/2018	$125.11		No	N/A
69424	Ventilating tube removal requiring general anesthesia	7/1/2018	$106.39		No	N/A
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	7/1/2018	$168.36		No	N/A
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	7/1/2018	$134.81		No	N/A
69440	Middle ear exploration through postauricular or ear canal incision	7/1/2018	$577.54		No	N/A
69450	Tympanolysis, transcanal	7/1/2018	$457.93		No	N/A
69501	Transmastoid antrotomy (simple mastoidectomy)	7/1/2018	$616.34		No	N/A
69502	Mastoidectomy; complete	7/1/2018	$819.10		No	N/A
69505	Mastoidectomy; modified radical	7/1/2018	$1,009.90		No	N/A
69511	Mastoidectomy; radical	7/1/2018	$1,034.83		No	N/A
69530	Petrous apicectomy including radical mastoidectomy	7/1/2018	$1,391.22		No	N/A
69535	Resection temporal bone, external approach	7/1/2018	$2,276.63		No	N/A
69540	Excision aural polyp	7/1/2018	$172.83		No	N/A
69550	Excision aural glomus tumor; transcanal	7/1/2018	$873.05		No	N/A
69552	Excision aural glomus tumor; transmastoid	7/1/2018	$1,322.50		No	N/A
69554	Excision aural glomus tumor; extended (extratemporal)	7/1/2018	$2,131.76		No	N/A
69601	Revision mastoidectomy; resulting in complete mastoidectomy	7/1/2018	$881.41		No	N/A
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	7/1/2018	$916.12		No	N/A
69603	Revision mastoidectomy; resulting in radical mastoidectomy	7/1/2018	$1,058.49		No	N/A
69604	Revision mastoidectomy; resulting in tympanoplasty	7/1/2018	$936.92		No	N/A
69605	Revision mastoidectomy; with apicectomy	7/1/2018	$1,312.03		No	N/A
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	7/1/2018	$322.61		No	N/A
69620	Myringoplasty (surgery confined to drumhead and donor area)	7/1/2018	$577.15		No	N/A
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	7/1/2018	$742.45		No	N/A
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	7/1/2018	$906.16		No	N/A
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	7/1/2018	$877.88		No	N/A
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	7/1/2018	$1,037.59		No	N/A
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	7/1/2018	$1,158.90		No	N/A

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69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	7/1/2018	$1,169.20		No	N/A
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	7/1/2018	$876.42		No	N/A
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	7/1/2018	$1,125.52		No	N/A
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	7/1/2018	$1,030.61		No	N/A
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	7/1/2018	$1,242.58		No	N/A
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	7/1/2018	$1,218.39		No	N/A
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	7/1/2018	$1,300.46		No	N/A
69650	Stapes mobilization	7/1/2018	$676.24		No	N/A
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	7/1/2018	$781.27		No	N/A
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	7/1/2018	$1,018.46		No	N/A
69662	Revision of stapedectomy or stapedotomy	7/1/2018	$977.49		No	N/A
69666	Repair oval window fistula	7/1/2018	$682.49		No	N/A
69667	Repair round window fistula	7/1/2018	$683.40		No	N/A
69670	Mastoid obliteration (separate procedure)	7/1/2018	$798.78		No	N/A
69676	Tympanic neurectomy	7/1/2018	$698.23		No	N/A
69700	Closure postauricular fistula, mastoid (separate procedure)	7/1/2018	$576.61		No	N/A
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	1/1/1988	$0.00		Yes	MCU
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	7/1/2018	$725.38		No	N/A
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	7/1/2018	$909.52		Yes	MCU
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	7/1/2018	$1,123.59		Yes	MCU
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	7/1/2018	$953.75		Yes	MCU
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	7/1/2018	$1,135.57		Yes	MCU
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	7/1/2018	$1,021.13		No	N/A
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	7/1/2018	$1,591.97		No	N/A

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69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	7/1/2018	$986.46		No	N/A
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	7/1/2018	$1,048.95		No	N/A
69799	Unlisted procedure, middle ear	1/1/1979	$0.00		No	N/A
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	7/1/2018	$163.90		No	N/A
69805	Endolymphatic sac operation; without shunt	7/1/2018	$891.06		No	N/A
69806	Endolymphatic sac operation; with shunt	7/1/2018	$796.91		No	N/A
69905	Labyrinthectomy; transcanal	7/1/2018	$772.03		No	N/A
69910	Labyrinthectomy; with mastoidectomy	7/1/2018	$859.06		No	N/A
69915	Vestibular nerve section, translabyrinthine approach	7/1/2018	$1,303.37		No	N/A
69930	Cochlear device implantation, with or without mastoidectomy	7/1/2018	$1,035.91		Yes	Telligen
69949	Unlisted procedure, inner ear	7/1/2008	$97.18		No	N/A
69950	Vestibular nerve section, transcranial approach	7/1/2018	$1,512.45		No	N/A
69955	Total facial nerve decompression and/or repair (may include graft)	7/1/2018	$1,676.33		No	N/A
69960	Decompression internal auditory canal	7/1/2018	$1,632.49		No	N/A
69970	Removal of tumor, temporal bone	7/1/2018	$1,816.41		No	N/A
69979	Unlisted procedure, temporal bone, middle fossa approach	1/1/1979	$0.00		No	N/A
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	7/1/2018	$181.42		No	N/A
70010	Myelography, posterior fossa, radiological supervision and interpretation	7/1/2018	$53.07		No	N/A
70015	Cisternography, positive contrast, radiological supervision and interpretation	7/1/2018	$52.58	26	No	N/A
70015	Cisternography, positive contrast, radiological supervision and interpretation	7/1/2018	$122.29		No	N/A
70015	Cisternography, positive contrast, radiological supervision and interpretation	7/1/2018	$69.72	TC	No	N/A
70030	Radiologic examination, eye, for detection of foreign body	7/1/2018	$7.43	26	No	N/A
70030	Radiologic examination, eye, for detection of foreign body	7/1/2018	$23.37		No	N/A
70030	Radiologic examination, eye, for detection of foreign body	7/1/2018	$15.95	TC	No	N/A
70100	Radiologic examination, mandible; partial, less than 4 views	7/1/2018	$8.05	26	No	N/A
70100	Radiologic examination, mandible; partial, less than 4 views	7/1/2018	$27.50		No	N/A
70100	Radiologic examination, mandible; partial, less than 4 views	7/1/2018	$19.46	TC	No	N/A
70110	Radiologic examination, mandible; complete, minimum of 4 views	7/1/2018	$11.19	26	No	N/A
70110	Radiologic examination, mandible; complete, minimum of 4 views	7/1/2018	$31.82		No	N/A
70110	Radiologic examination, mandible; complete, minimum of 4 views	7/1/2018	$20.62	TC	No	N/A
70120	Radiologic examination, mastoids; less than 3 views per side	7/1/2018	$8.05	26	No	N/A
70120	Radiologic examination, mastoids; less than 3 views per side	7/1/2018	$27.79		No	N/A
70120	Radiologic examination, mastoids; less than 3 views per side	7/1/2018	$19.75	TC	No	N/A
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	7/1/2018	$15.15	26	No	N/A
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	7/1/2018	$45.41		No	N/A
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	7/1/2018	$30.27	TC	No	N/A
70134	Radiologic examination, internal auditory meati, complete	7/1/2018	$15.27	26	No	N/A
70134	Radiologic examination, internal auditory meati, complete	7/1/2018	$42.03		No	N/A
70134	Radiologic examination, internal auditory meati, complete	7/1/2018	$26.76	TC	No	N/A
70140	Radiologic examination, facial bones; less than 3 views	7/1/2018	$9.24	26	No	N/A
70140	Radiologic examination, facial bones; less than 3 views	7/1/2018	$24.90		No	N/A
70140	Radiologic examination, facial bones; less than 3 views	7/1/2018	$15.65	TC	No	N/A
70150	Radiologic examination, facial bones; complete, minimum of 3 views	7/1/2018	$11.81	26	No	N/A
70150	Radiologic examination, facial bones; complete, minimum of 3 views	7/1/2018	$34.77		No	N/A

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70150	Radiologic examination, facial bones; complete, minimum of 3 views	7/1/2018	$22.96	TC	No	N/A
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	7/1/2018	$7.72	26	No	N/A
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	7/1/2018	$27.47		No	N/A
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	7/1/2018	$19.75	TC	No	N/A
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	7/1/2018	$13.27	26	No	N/A
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	7/1/2011	$29.84	TC	No	N/A
70190	Radiologic examination; optic foramina	7/1/2018	$9.89	26	No	N/A
70190	Radiologic examination; optic foramina	7/1/2018	$29.93		No	N/A
70190	Radiologic examination; optic foramina	7/1/2018	$20.04	TC	No	N/A
70200	Radiologic examination; orbits, complete, minimum of 4 views	7/1/2018	$12.74	26	No	N/A
70200	Radiologic examination; orbits, complete, minimum of 4 views	7/1/2018	$35.70		No	N/A
70200	Radiologic examination; orbits, complete, minimum of 4 views	7/1/2018	$22.96	TC	No	N/A
70210	Radiologic examination, sinuses, paranasal, less than 3 views	7/1/2018	$7.72	26	No	N/A
70210	Radiologic examination, sinuses, paranasal, less than 3 views	7/1/2018	$24.84		No	N/A
70210	Radiologic examination, sinuses, paranasal, less than 3 views	7/1/2018	$17.12	TC	No	N/A
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	7/1/2018	$11.19	26	No	N/A
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	7/1/2018	$31.52		No	N/A
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	7/1/2018	$20.33	TC	No	N/A
70240	Radiologic examination, sella turcica	7/1/2018	$8.66	26	No	N/A
70240	Radiologic examination, sella turcica	7/1/2018	$25.78		No	N/A
70240	Radiologic examination, sella turcica	7/1/2018	$17.12	TC	No	N/A
70250	Radiologic examination, skull; less than 4 views	7/1/2018	$11.16	26	No	N/A
70250	Radiologic examination, skull; less than 4 views	7/1/2018	$30.61		No	N/A
70250	Radiologic examination, skull; less than 4 views	7/1/2018	$19.46	TC	No	N/A
70260	Radiologic examination, skull; complete, minimum of 4 views	7/1/2018	$15.44	26	No	N/A
70260	Radiologic examination, skull; complete, minimum of 4 views	7/1/2018	$38.40		No	N/A
70260	Radiologic examination, skull; complete, minimum of 4 views	7/1/2018	$22.96	TC	No	N/A
70300	Radiologic examination, teeth; single view	7/1/2018	$5.16	26	No	N/A
70300	Radiologic examination, teeth; single view	7/1/2018	$12.34		No	N/A
70300	Radiologic examination, teeth; single view	7/1/2018	$7.18	TC	No	N/A
70310	Radiologic examination, teeth; partial examination, less than full mouth	7/1/2018	$7.10	26	No	N/A
70310	Radiologic examination, teeth; partial examination, less than full mouth	7/1/2018	$30.94		No	N/A
70310	Radiologic examination, teeth; partial examination, less than full mouth	7/1/2018	$23.84	TC	No	N/A
70320	Radiologic examination, teeth; complete, full mouth	7/1/2018	$10.67	26	No	N/A
70320	Radiologic examination, teeth; complete, full mouth	7/1/2018	$43.87		No	N/A
70320	Radiologic examination, teeth; complete, full mouth	7/1/2018	$33.19	TC	No	N/A
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	7/1/2018	$8.05	26	No	N/A
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	7/1/2018	$25.45		No	N/A
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	7/1/2018	$17.41	TC	No	N/A
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	7/1/2018	$10.86	26	No	N/A
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	7/1/2018	$39.38		No	N/A
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	7/1/2018	$28.51	TC	No	N/A
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	7/1/2018	$23.84	26	No	N/A
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	7/1/2018	$59.66		No	N/A
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	7/1/2018	$35.82	TC	No	N/A
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	7/1/2018	$64.76	26	No	N/A
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	7/1/2018	$253.02		No	N/A

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70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	7/1/2018	$188.24	TC	No	N/A
70350	Cephalogram, orthodontic	7/1/2018	$8.47	26	No	N/A
70350	Cephalogram, orthodontic	7/1/2018	$16.24		No	N/A
70350	Cephalogram, orthodontic	7/1/2018	$7.77	TC	No	N/A
70355	Orthopantogram (eg, panoramic x-ray)	7/1/2018	$9.74	26	No	N/A
70355	Orthopantogram (eg, panoramic x-ray)	7/1/2018	$17.50		No	N/A
70355	Orthopantogram (eg, panoramic x-ray)	7/1/2018	$7.77	TC	No	N/A
70360	Radiologic examination; neck, soft tissue	7/1/2018	$7.43	26	No	N/A
70360	Radiologic examination; neck, soft tissue	7/1/2018	$23.67		No	N/A
70360	Radiologic examination; neck, soft tissue	7/1/2018	$16.24	TC	No	N/A
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	7/1/2018	$14.04	26	No	N/A
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	7/1/2018	$60.09		No	N/A
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	7/1/2018	$46.04	TC	No	N/A
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	7/1/2018	$36.81	26	No	N/A
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	7/1/2018	$75.56		No	N/A
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	7/1/2018	$38.75	TC	No	N/A
70380	Radiologic examination, salivary gland for calculus	7/1/2018	$7.43	26	No	N/A
70380	Radiologic examination, salivary gland for calculus	7/1/2018	$26.88		No	N/A
70380	Radiologic examination, salivary gland for calculus	7/1/2018	$19.46	TC	No	N/A
70390	Sialography, radiological supervision and interpretation	7/1/2018	$16.73	26	No	N/A
70390	Sialography, radiological supervision and interpretation	7/1/2018	$78.56		No	N/A
70390	Sialography, radiological supervision and interpretation	7/1/2018	$61.83	TC	No	N/A
70450	Computed tomography, head or brain; without contrast material	7/1/2018	$37.43	26	No	N/A
70450	Computed tomography, head or brain; without contrast material	7/1/2018	$97.79		No	N/A
70450	Computed tomography, head or brain; without contrast material	7/1/2018	$60.37	TC	No	N/A
70460	Computed tomography, head or brain; with contrast material(s)	7/1/2018	$50.05	26	No	N/A
70460	Computed tomography, head or brain; with contrast material(s)	7/1/2018	$137.59		No	N/A
70460	Computed tomography, head or brain; with contrast material(s)	7/1/2018	$87.54	TC	No	N/A
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$56.04	26	No	N/A
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$161.42		No	N/A
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$105.37	TC	No	N/A
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	7/1/2018	$56.37	26	No	N/A
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	7/1/2018	$149.18		No	N/A
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	7/1/2018	$92.81	TC	No	N/A
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	7/1/2018	$60.94	26	No	N/A
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	7/1/2018	$231.19		No	N/A

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70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	7/1/2018	$170.25	TC	No	N/A
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$63.79	26	No	N/A
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$251.75		No	N/A
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$187.96	TC	No	N/A
70486	Computed tomography, maxillofacial area; without contrast material	7/1/2018	$37.72	26	No	N/A
70486	Computed tomography, maxillofacial area; without contrast material	7/1/2018	$117.08		No	N/A
70486	Computed tomography, maxillofacial area; without contrast material	7/1/2018	$79.36	TC	No	N/A
70487	Computed tomography, maxillofacial area; with contrast material(s)	7/1/2018	$49.59	26	No	N/A
70487	Computed tomography, maxillofacial area; with contrast material(s)	7/1/2018	$141.23		No	N/A
70487	Computed tomography, maxillofacial area; with contrast material(s)	7/1/2018	$91.64	TC	No	N/A
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$56.04	26	No	N/A
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$171.94		No	N/A
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$115.89	TC	No	N/A
70490	Computed tomography, soft tissue neck; without contrast material	7/1/2018	$56.66	26	No	N/A
70490	Computed tomography, soft tissue neck; without contrast material	7/1/2018	$142.16		No	N/A
70490	Computed tomography, soft tissue neck; without contrast material	7/1/2018	$85.50	TC	No	N/A
70491	Computed tomography, soft tissue neck; with contrast material(s)	7/1/2018	$60.94	26	No	N/A
70491	Computed tomography, soft tissue neck; with contrast material(s)	7/1/2018	$171.29		No	N/A
70491	Computed tomography, soft tissue neck; with contrast material(s)	7/1/2018	$110.34	TC	No	N/A
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	7/1/2018	$71.51	26	No	N/A
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	7/1/2018	$206.41		No	N/A
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	7/1/2018	$134.89	TC	No	N/A
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$77.06	26	No	N/A
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$246.31		No	N/A
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$169.25	TC	No	N/A
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$77.06	26	No	N/A
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$245.73		No	N/A
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$168.67	TC	No	N/A
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	7/1/2018	$59.39	26	No	N/A

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70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	7/1/2018	$227.59		No	N/A
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	7/1/2018	$168.21	TC	No	N/A
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	7/1/2018	$71.51	26	No	N/A
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	7/1/2018	$269.99		No	N/A
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	7/1/2018	$198.48	TC	No	N/A
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$94.15	26	No	N/A
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$339.39		No	N/A
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$245.23	TC	No	N/A
70544	Magnetic resonance angiography, head; without contrast material(s)	7/1/2018	$52.90	26	No	N/A
70544	Magnetic resonance angiography, head; without contrast material(s)	7/1/2018	$241.43		No	N/A
70544	Magnetic resonance angiography, head; without contrast material(s)	7/1/2018	$188.54	TC	No	N/A
70545	Magnetic resonance angiography, head; with contrast material(s)	7/1/2018	$52.90	26	No	N/A
70545	Magnetic resonance angiography, head; with contrast material(s)	7/1/2018	$257.81		No	N/A
70545	Magnetic resonance angiography, head; with contrast material(s)	7/1/2018	$204.90	TC	No	N/A
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$65.06	26	No	N/A
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$403.69		No	N/A
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$338.63	TC	No	N/A
70547	Magnetic resonance angiography, neck; without contrast material(s)	7/1/2018	$53.19	26	No	N/A
70547	Magnetic resonance angiography, neck; without contrast material(s)	7/1/2018	$241.73		No	N/A
70547	Magnetic resonance angiography, neck; without contrast material(s)	7/1/2018	$188.54	TC	No	N/A
70548	Magnetic resonance angiography, neck; with contrast material(s)	7/1/2018	$66.17	26	No	N/A
70548	Magnetic resonance angiography, neck; with contrast material(s)	7/1/2018	$271.07		No	N/A
70548	Magnetic resonance angiography, neck; with contrast material(s)	7/1/2018	$204.90	TC	No	N/A
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$79.26	26	No	N/A
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$420.23		No	N/A
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$340.97	TC	No	N/A
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	7/1/2018	$65.52	26	No	N/A
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	7/1/2018	$194.86		No	N/A
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	7/1/2018	$129.34	TC	No	N/A

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70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	7/1/2017	$78.62	26	No	N/A
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	7/1/2018	$269.50		No	N/A
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	7/1/2018	$190.87	TC	No	N/A
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	7/1/2018	$100.61	26	No	N/A
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	7/1/2018	$318.37		No	N/A
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	7/1/2018	$217.76	TC	No	N/A
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	7/1/2018	$93.15	26	No	N/A
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	7/1/2018	$377.13		No	N/A
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	7/1/2018	$283.98	TC	No	N/A
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	7/1/2018	$110.46	26	No	N/A
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	7/1/2018	$134.37	26	No	N/A
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	7/1/2018	$147.97	26	No	N/A
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$142.56	26	No	N/A
71045	Radiologic examination, chest; single view	7/1/2018	$8.05	26	No	N/A
71045	Radiologic examination, chest; single view	7/1/2018	$16.69		No	N/A
71045	Radiologic examination, chest; single view	1/1/2018	$8.64	TC	No	N/A
71046	Radiologic examination, chest; 2 views	7/1/2018	$9.63	26	No	N/A
71046	Radiologic examination, chest; 2 views	7/1/2018	$25.58		No	N/A
71046	Radiologic examination, chest; 2 views	1/1/2018	$15.95	TC	No	N/A
71047	Radiologic examination, chest; 3 views	7/1/2018	$12.42	26	No	N/A
71047	Radiologic examination, chest; 3 views	7/1/2018	$32.75		No	N/A
71047	Radiologic examination, chest; 3 views	1/1/2018	$20.33	TC	No	N/A
71048	Radiologic examination, chest; 4 or more views	7/1/2018	$14.30	26	No	N/A
71048	Radiologic examination, chest; 4 or more views	7/1/2018	$35.22		No	N/A
71048	Radiologic examination, chest; 4 or more views	1/1/2018	$20.92	TC	No	N/A
71100	Radiologic examination, ribs, unilateral; 2 views	7/1/2018	$9.93	26	No	N/A
71100	Radiologic examination, ribs, unilateral; 2 views	7/1/2018	$27.92		No	N/A

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71100	Radiologic examination, ribs, unilateral; 2 views	7/1/2018	$17.99	TC	No	N/A
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	7/1/2018	$12.01	26	No	N/A
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	7/1/2018	$32.04		No	N/A
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	7/1/2018	$20.04	TC	No	N/A
71110	Radiologic examination, ribs, bilateral; 3 views	7/1/2018	$13.07	26	No	N/A
71110	Radiologic examination, ribs, bilateral; 3 views	7/1/2018	$33.70		No	N/A
71110	Radiologic examination, ribs, bilateral; 3 views	7/1/2018	$20.62	TC	No	N/A
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	7/1/2018	$14.50	26	No	N/A
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	7/1/2018	$39.51		No	N/A
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	7/1/2018	$25.01	TC	No	N/A
71120	Radiologic examination; sternum, minimum of 2 views	7/1/2018	$8.98	26	No	N/A
71120	Radiologic examination; sternum, minimum of 2 views	7/1/2018	$24.93		No	N/A
71120	Radiologic examination; sternum, minimum of 2 views	7/1/2018	$15.95	TC	No	N/A
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	7/1/2018	$9.93	26	No	N/A
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	7/1/2018	$30.26		No	N/A
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	7/1/2018	$20.33	TC	No	N/A
71250	Computed tomography, thorax; without contrast material	7/1/2018	$51.31	26	No	N/A
71250	Computed tomography, thorax; without contrast material	7/1/2018	$137.39		No	N/A
71250	Computed tomography, thorax; without contrast material	7/1/2018	$86.09	TC	No	N/A
71260	Computed tomography, thorax; with contrast material(s)	7/1/2018	$54.78	26	No	N/A
71260	Computed tomography, thorax; with contrast material(s)	7/1/2018	$165.41		No	N/A
71260	Computed tomography, thorax; with contrast material(s)	7/1/2018	$110.64	TC	No	N/A
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$60.94	26	No	N/A
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$197.88		No	N/A
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$136.94	TC	No	N/A
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$80.21	26	No	N/A
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$252.38		No	N/A
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$172.17	TC	No	N/A
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	7/1/2018	$64.41	26	No	N/A
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	7/1/2018	$252.78		No	N/A
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	7/1/2018	$188.37	TC	No	N/A

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71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	7/1/2018	$76.12	26	No	N/A
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	7/1/2018	$382.44		No	N/A
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	7/1/2018	$306.32	TC	No	N/A
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$99.34	26	No	N/A
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$469.53		No	N/A
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$370.19	TC	No	N/A
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	7/1/2018	$79.13	26	No	N/A
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	7/1/2018	$335.18		No	N/A
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	7/1/2018	$256.05	TC	No	N/A
72020	Radiologic examination, spine, single view, specify level	7/1/2018	$6.78	26	No	N/A
72020	Radiologic examination, spine, single view, specify level	7/1/2018	$18.64		No	N/A
72020	Radiologic examination, spine, single view, specify level	7/1/2018	$11.85	TC	No	N/A
72040	Radiologic examination, spine, cervical; 2 or 3 views	7/1/2018	$9.93	26	No	N/A
72040	Radiologic examination, spine, cervical; 2 or 3 views	7/1/2018	$27.92		No	N/A
72040	Radiologic examination, spine, cervical; 2 or 3 views	7/1/2018	$17.99	TC	No	N/A
72050	Radiologic examination, spine, cervical; 4 or 5 views	7/1/2018	$13.89	26	No	N/A
72050	Radiologic examination, spine, cervical; 4 or 5 views	7/1/2018	$38.02		No	N/A
72050	Radiologic examination, spine, cervical; 4 or 5 views	7/1/2018	$24.13	TC	No	N/A
72052	Radiologic examination, spine, cervical; 6 or more views	7/1/2018	$16.08	26	No	N/A
72052	Radiologic examination, spine, cervical; 6 or more views	7/1/2018	$46.94		No	N/A
72052	Radiologic examination, spine, cervical; 6 or more views	7/1/2018	$30.85	TC	No	N/A
72070	Radiologic examination, spine; thoracic, 2 views	7/1/2018	$9.93	26	No	N/A
72070	Radiologic examination, spine; thoracic, 2 views	7/1/2018	$28.50		No	N/A
72070	Radiologic examination, spine; thoracic, 2 views	7/1/2018	$18.58	TC	No	N/A
72072	Radiologic examination, spine; thoracic, 3 views	7/1/2018	$9.63	26	No	N/A
72072	Radiologic examination, spine; thoracic, 3 views	7/1/2018	$29.09		No	N/A
72072	Radiologic examination, spine; thoracic, 3 views	7/1/2018	$19.46	TC	No	N/A
72074	Radiologic examination, spine; thoracic, minimum of 4 views	7/1/2018	$9.63	26	No	N/A
72074	Radiologic examination, spine; thoracic, minimum of 4 views	7/1/2018	$32.59		No	N/A
72074	Radiologic examination, spine; thoracic, minimum of 4 views	7/1/2018	$22.96	TC	No	N/A
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	7/1/2018	$9.93	26	No	N/A
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	7/1/2018	$28.21		No	N/A
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	7/1/2018	$18.29	TC	No	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	7/1/2018	$11.68	26	No	N/A

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72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	7/1/2018	$32.30		No	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	7/1/2018	$20.62	TC	No	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	7/1/2018	$14.18	26	No	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	7/1/2018	$52.04		No	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	7/1/2018	$37.86	TC	No	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	7/1/2018	$16.06	26	No	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	7/1/2018	$62.69		No	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	7/1/2018	$46.63	TC	No	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	7/1/2018	$18.75	26	No	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	7/1/2018	$72.98		No	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	7/1/2018	$54.23	TC	No	N/A
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	7/1/2018	$9.93	26	No	N/A
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	7/1/2018	$29.38		No	N/A
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	7/1/2018	$19.46	TC	No	N/A
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	7/1/2018	$13.89	26	No	N/A
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	7/1/2018	$40.93		No	N/A
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	7/1/2018	$27.05	TC	No	N/A
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	7/1/2018	$14.50	26	No	N/A
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	7/1/2018	$51.49		No	N/A
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	7/1/2018	$36.99	TC	No	N/A
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	7/1/2018	$9.93	26	No	N/A
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	7/1/2018	$34.06		No	N/A
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	7/1/2018	$24.13	TC	No	N/A
72125	Computed tomography, cervical spine; without contrast material	7/1/2018	$47.06	26	No	N/A
72125	Computed tomography, cervical spine; without contrast material	7/1/2018	$139.87		No	N/A
72125	Computed tomography, cervical spine; without contrast material	7/1/2018	$92.81	TC	No	N/A
72126	Computed tomography, cervical spine; with contrast material	7/1/2018	$53.84	26	No	N/A
72126	Computed tomography, cervical spine; with contrast material	7/1/2018	$191.36		No	N/A
72126	Computed tomography, cervical spine; with contrast material	7/1/2018	$137.52	TC	No	N/A
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$55.76	26	No	N/A
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$226.30		No	N/A

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72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$170.54	TC	No	N/A
72128	Computed tomography, thoracic spine; without contrast material	7/1/2018	$44.21	26	No	N/A
72128	Computed tomography, thoracic spine; without contrast material	7/1/2018	$137.02		No	N/A
72128	Computed tomography, thoracic spine; without contrast material	7/1/2018	$92.81	TC	No	N/A
72129	Computed tomography, thoracic spine; with contrast material	7/1/2018	$53.84	26	No	N/A
72129	Computed tomography, thoracic spine; with contrast material	7/1/2018	$192.24		No	N/A
72129	Computed tomography, thoracic spine; with contrast material	7/1/2018	$138.40	TC	No	N/A
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$56.04	26	No	N/A
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$227.75		No	N/A
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$171.71	TC	No	N/A
72131	Computed tomography, lumbar spine; without contrast material	7/1/2018	$44.21	26	No	N/A
72131	Computed tomography, lumbar spine; without contrast material	7/1/2018	$137.02		No	N/A
72131	Computed tomography, lumbar spine; without contrast material	7/1/2018	$92.81	TC	No	N/A
72132	Computed tomography, lumbar spine; with contrast material	7/1/2018	$53.84	26	No	N/A
72132	Computed tomography, lumbar spine; with contrast material	7/1/2018	$191.36		No	N/A
72132	Computed tomography, lumbar spine; with contrast material	7/1/2018	$137.52	TC	No	N/A
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$55.92	26	No	N/A
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$225.59		No	N/A
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$169.67	TC	No	N/A
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	7/1/2018	$65.52	26	No	N/A
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	7/1/2018	$189.59		No	N/A
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	7/1/2018	$124.07	TC	No	N/A
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	7/1/2018	$78.91	26	No	N/A
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	7/1/2018	$274.46		No	N/A
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	7/1/2018	$195.55	TC	No	N/A
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	7/1/2018	$65.52	26	No	N/A
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	7/1/2018	$189.89		No	N/A
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	7/1/2018	$124.37	TC	No	N/A
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	7/1/2017	$78.62	26	No	N/A

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72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	7/1/2018	$272.41		No	N/A
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	7/1/2018	$193.80	TC	No	N/A
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	7/1/2018	$65.52	26	No	N/A
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	7/1/2018	$189.59		No	N/A
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	7/1/2018	$124.07	TC	No	N/A
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	7/1/2017	$78.79	26	No	N/A
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	7/1/2018	$270.83		No	N/A
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	7/1/2018	$192.04	TC	No	N/A
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	7/1/2018	$100.61	26	No	N/A
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	7/1/2018	$320.12		No	N/A
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	7/1/2018	$219.52	TC	No	N/A
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	7/1/2018	$100.61	26	No	N/A
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	7/1/2018	$320.71		No	N/A
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	7/1/2018	$220.10	TC	No	N/A
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	7/1/2018	$100.90	26	No	N/A
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	7/1/2018	$319.54		No	N/A
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	7/1/2018	$218.64	TC	No	N/A
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	7/1/2018	$78.98	26	No	N/A
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	7/1/2018	$284.17		No	N/A
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	7/1/2018	$205.19	TC	No	N/A
72170	Radiologic examination, pelvis; 1 or 2 views	7/1/2018	$7.72	26	No	N/A
72170	Radiologic examination, pelvis; 1 or 2 views	7/1/2018	$26.59		No	N/A
72170	Radiologic examination, pelvis; 1 or 2 views	7/1/2018	$18.87	TC	No	N/A
72190	Radiologic examination, pelvis; complete, minimum of 3 views	7/1/2018	$9.60	26	No	N/A
72190	Radiologic examination, pelvis; complete, minimum of 3 views	7/1/2018	$31.68		No	N/A
72190	Radiologic examination, pelvis; complete, minimum of 3 views	7/1/2018	$22.09	TC	No	N/A

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72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$79.17	26	No	N/A
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$256.90		No	N/A
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$177.72	TC	No	N/A
72192	Computed tomography, pelvis; without contrast material	7/1/2018	$48.00	26	No	N/A
72192	Computed tomography, pelvis; without contrast material	7/1/2018	$123.27		No	N/A
72192	Computed tomography, pelvis; without contrast material	7/1/2018	$75.28	TC	No	N/A
72193	Computed tomography, pelvis; with contrast material(s)	7/1/2018	$51.31	26	No	N/A
72193	Computed tomography, pelvis; with contrast material(s)	7/1/2018	$189.41		No	N/A
72193	Computed tomography, pelvis; with contrast material(s)	7/1/2018	$138.11	TC	No	N/A
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$53.84	26	No	N/A
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$217.95		No	N/A
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$164.12	TC	No	N/A
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	7/1/2018	$64.41	26	No	N/A
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	7/1/2018	$252.78		No	N/A
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	7/1/2018	$188.37	TC	No	N/A
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	7/1/2018	$76.41	26	No	N/A
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	7/1/2018	$291.83		No	N/A
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	7/1/2018	$215.42	TC	No	N/A
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$96.81	26	No	N/A
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$357.83		No	N/A
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$261.02	TC	No	N/A
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	7/1/2018	$78.39	26	No	N/A
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	7/1/2018	$335.90		No	N/A
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	7/1/2018	$257.51	TC	No	N/A
72200	Radiologic examination, sacroiliac joints; less than 3 views	7/1/2018	$7.72	26	No	N/A
72200	Radiologic examination, sacroiliac joints; less than 3 views	7/1/2018	$23.67		No	N/A
72200	Radiologic examination, sacroiliac joints; less than 3 views	7/1/2018	$15.95	TC	No	N/A
72202	Radiologic examination, sacroiliac joints; 3 or more views	7/1/2018	$8.37	26	No	N/A
72202	Radiologic examination, sacroiliac joints; 3 or more views	7/1/2018	$27.53		No	N/A
72202	Radiologic examination, sacroiliac joints; 3 or more views	7/1/2018	$19.16	TC	No	N/A
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	7/1/2018	$7.72	26	No	N/A
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	7/1/2018	$23.67		No	N/A
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	7/1/2018	$15.95	TC	No	N/A
72240	Myelography, cervical, radiological supervision and interpretation	7/1/2018	$39.96	26	No	N/A
72240	Myelography, cervical, radiological supervision and interpretation	7/1/2018	$83.08		No	N/A
72240	Myelography, cervical, radiological supervision and interpretation	7/1/2018	$43.13	TC	No	N/A
72255	Myelography, thoracic, radiological supervision and interpretation	7/1/2018	$40.71	26	No	N/A
72255	Myelography, thoracic, radiological supervision and interpretation	7/1/2018	$83.25		No	N/A

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72255	Myelography, thoracic, radiological supervision and interpretation	7/1/2018	$42.54	TC	No	N/A
72265	Myelography, lumbosacral, radiological supervision and interpretation	7/1/2018	$36.20	26	No	N/A
72265	Myelography, lumbosacral, radiological supervision and interpretation	7/1/2018	$77.86		No	N/A
72265	Myelography, lumbosacral, radiological supervision and interpretation	7/1/2018	$41.66	TC	No	N/A
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	7/1/2018	$59.32	26	No	N/A
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	7/1/2018	$108.88		No	N/A
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	7/1/2018	$49.55	TC	No	N/A
72275	Epidurography, radiological supervision and interpretation	7/1/2018	$34.34	26	No	N/A
72275	Epidurography, radiological supervision and interpretation	7/1/2018	$97.34		No	N/A
72275	Epidurography, radiological supervision and interpretation	7/1/2018	$63.00	TC	No	N/A
72285	Discography, cervical or thoracic, radiological supervision and interpretation	7/1/2018	$52.48	26	No	N/A
72285	Discography, cervical or thoracic, radiological supervision and interpretation	7/1/2018	$95.31		No	N/A
72285	Discography, cervical or thoracic, radiological supervision and interpretation	7/1/2018	$42.83	TC	No	N/A
72295	Discography, lumbar, radiological supervision and interpretation	7/1/2018	$37.83	26	No	N/A
72295	Discography, lumbar, radiological supervision and interpretation	7/1/2018	$82.12		No	N/A
72295	Discography, lumbar, radiological supervision and interpretation	7/1/2018	$44.30	TC	No	N/A
73000	Radiologic examination; clavicle, complete	7/1/2018	$7.40	26	No	N/A
73000	Radiologic examination; clavicle, complete	7/1/2018	$23.35		No	N/A
73000	Radiologic examination; clavicle, complete	7/1/2018	$15.95	TC	No	N/A
73010	Radiologic examination; scapula, complete	7/1/2018	$8.01	26	No	N/A
73010	Radiologic examination; scapula, complete	7/1/2018	$25.42		No	N/A
73010	Radiologic examination; scapula, complete	7/1/2018	$17.41	TC	No	N/A
73020	Radiologic examination, shoulder; 1 view	7/1/2018	$7.07	26	No	N/A
73020	Radiologic examination, shoulder; 1 view	7/1/2018	$19.22		No	N/A
73020	Radiologic examination, shoulder; 1 view	7/1/2018	$12.15	TC	No	N/A
73030	Radiologic examination, shoulder; complete, minimum of 2 views	7/1/2018	$8.33	26	No	N/A
73030	Radiologic examination, shoulder; complete, minimum of 2 views	7/1/2018	$24.58		No	N/A
73030	Radiologic examination, shoulder; complete, minimum of 2 views	7/1/2018	$16.24	TC	No	N/A
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	7/1/2018	$24.13	26	No	N/A
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	7/1/2018	$84.79		No	N/A
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	7/1/2018	$60.66	TC	No	N/A
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	7/1/2018	$9.28	26	No	N/A
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	7/1/2018	$29.90		No	N/A
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	7/1/2018	$20.62	TC	No	N/A
73060	Radiologic examination; humerus, minimum of 2 views	7/1/2018	$7.40	26	No	N/A
73060	Radiologic examination; humerus, minimum of 2 views	7/1/2018	$24.22		No	N/A
73060	Radiologic examination; humerus, minimum of 2 views	7/1/2018	$16.82	TC	No	N/A
73070	Radiologic examination, elbow; 2 views	7/1/2018	$7.07	26	No	N/A

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73070	Radiologic examination, elbow; 2 views	7/1/2018	$22.73		No	N/A
73070	Radiologic examination, elbow; 2 views	7/1/2018	$15.65	TC	No	N/A
73080	Radiologic examination, elbow; complete, minimum of 3 views	7/1/2018	$7.72	26	No	N/A
73080	Radiologic examination, elbow; complete, minimum of 3 views	7/1/2018	$26.30		No	N/A
73080	Radiologic examination, elbow; complete, minimum of 3 views	7/1/2018	$18.58	TC	No	N/A
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	7/1/2018	$25.17	26	No	N/A
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	7/1/2018	$80.28		No	N/A
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	7/1/2018	$55.11	TC	No	N/A
73090	Radiologic examination; forearm, 2 views	7/1/2018	$7.40	26	No	N/A
73090	Radiologic examination; forearm, 2 views	7/1/2018	$21.59		No	N/A
73090	Radiologic examination; forearm, 2 views	7/1/2018	$14.19	TC	No	N/A
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	7/1/2018	$7.10	26	No	N/A
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	7/1/2018	$22.76		No	N/A
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	7/1/2018	$15.65	TC	No	N/A
73100	Radiologic examination, wrist; 2 views	7/1/2018	$7.69	26	No	N/A
73100	Radiologic examination, wrist; 2 views	7/1/2018	$26.26		No	N/A
73100	Radiologic examination, wrist; 2 views	7/1/2018	$18.58	TC	No	N/A
73110	Radiologic examination, wrist; complete, minimum of 3 views	7/1/2018	$7.72	26	No	N/A
73110	Radiologic examination, wrist; complete, minimum of 3 views	7/1/2018	$29.22		No	N/A
73110	Radiologic examination, wrist; complete, minimum of 3 views	7/1/2018	$21.50	TC	No	N/A
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	7/1/2018	$24.89	26	No	N/A
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	7/1/2018	$89.34		No	N/A
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	7/1/2018	$64.46	TC	No	N/A
73120	Radiologic examination, hand; 2 views	7/1/2018	$7.40	26	No	N/A
73120	Radiologic examination, hand; 2 views	7/1/2018	$23.63		No	N/A
73120	Radiologic examination, hand; 2 views	7/1/2018	$16.24	TC	No	N/A
73130	Radiologic examination, hand; minimum of 3 views	7/1/2018	$7.72	26	No	N/A
73130	Radiologic examination, hand; minimum of 3 views	7/1/2018	$26.59		No	N/A
73130	Radiologic examination, hand; minimum of 3 views	7/1/2018	$18.87	TC	No	N/A
73140	Radiologic examination, finger(s), minimum of 2 views	7/1/2018	$6.13	26	No	N/A
73140	Radiologic examination, finger(s), minimum of 2 views	7/1/2018	$26.76		No	N/A
73140	Radiologic examination, finger(s), minimum of 2 views	7/1/2018	$20.62	TC	No	N/A
73200	Computed tomography, upper extremity; without contrast material	7/1/2018	$44.21	26	No	N/A
73200	Computed tomography, upper extremity; without contrast material	7/1/2018	$137.02		No	N/A
73200	Computed tomography, upper extremity; without contrast material	7/1/2018	$92.81	TC	No	N/A
73201	Computed tomography, upper extremity; with contrast material(s)	7/1/2018	$51.31	26	No	N/A
73201	Computed tomography, upper extremity; with contrast material(s)	7/1/2018	$186.79		No	N/A
73201	Computed tomography, upper extremity; with contrast material(s)	7/1/2018	$135.48	TC	No	N/A
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$53.84	26	No	N/A

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73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$232.57		No	N/A
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$178.73	TC	No	N/A
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2017	$79.00	26	No	N/A
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$275.44		No	N/A
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$196.43	TC	No	N/A
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	7/1/2018	$59.68	26	No	N/A
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	7/1/2018	$248.22		No	N/A
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	7/1/2018	$188.54	TC	No	N/A
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	7/1/2018	$71.51	26	No	N/A
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	7/1/2018	$337.50		No	N/A
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	7/1/2018	$265.99	TC	No	N/A
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$94.73	26	No	N/A
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$418.88		No	N/A
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$324.14	TC	No	N/A
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	7/1/2018	$59.97	26	No	N/A
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	7/1/2018	$199.70		No	N/A
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	7/1/2018	$139.73	TC	No	N/A
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	7/1/2018	$71.81	26	No	N/A
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	7/1/2018	$317.92		No	N/A
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	7/1/2018	$246.11	TC	No	N/A
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$94.73	26	No	N/A
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$394.62		No	N/A
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$299.88	TC	No	N/A
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	7/1/2018	$75.54	26	No	N/A

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73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	7/1/2018	$280.74		No	N/A
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	7/1/2018	$205.19	TC	No	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	7/1/2018	$8.33	26	No	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	7/1/2018	$25.16		No	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	7/1/2018	$16.82	TC	No	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	7/1/2018	$9.93	26	No	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	7/1/2018	$34.64		No	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	7/1/2018	$24.71	TC	No	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	7/1/2018	$12.59	26	No	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	7/1/2018	$43.15		No	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	7/1/2018	$30.56	TC	No	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	7/1/2018	$9.93	26	No	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	7/1/2018	$31.43		No	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	7/1/2018	$21.50	TC	No	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	7/1/2018	$13.24	26	No	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	7/1/2018	$40.87		No	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	7/1/2018	$27.64	TC	No	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	7/1/2018	$14.18	26	No	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	7/1/2018	$47.37		No	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	7/1/2018	$33.19	TC	No	N/A
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	7/1/2018	$25.34	26	No	N/A
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	7/1/2018	$86.29		No	N/A
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	7/1/2018	$60.96	TC	No	N/A
73551	Radiologic examination, femur; 1 view	7/1/2018	$7.40	26	No	N/A
73551	Radiologic examination, femur; 1 view	7/1/2018	$23.35		No	N/A
73551	Radiologic examination, femur; 1 view	7/1/2018	$15.95	TC	No	N/A
73552	Radiologic examination, femur; minimum 2 views	7/1/2018	$8.33	26	No	N/A
73552	Radiologic examination, femur; minimum 2 views	7/1/2018	$27.50		No	N/A
73552	Radiologic examination, femur; minimum 2 views	7/1/2018	$19.16	TC	No	N/A
73560	Radiologic examination, knee; 1 or 2 views	7/1/2018	$7.40	26	No	N/A
73560	Radiologic examination, knee; 1 or 2 views	7/1/2018	$25.97		No	N/A
73560	Radiologic examination, knee; 1 or 2 views	7/1/2018	$18.58	TC	No	N/A
73562	Radiologic examination, knee; 3 views	7/1/2018	$8.33	26	No	N/A
73562	Radiologic examination, knee; 3 views	7/1/2018	$29.84		No	N/A
73562	Radiologic examination, knee; 3 views	7/1/2018	$21.50	TC	No	N/A
73564	Radiologic examination, knee; complete, 4 or more views	7/1/2018	$9.93	26	No	N/A
73564	Radiologic examination, knee; complete, 4 or more views	7/1/2018	$33.17		No	N/A
73564	Radiologic examination, knee; complete, 4 or more views	7/1/2018	$23.26	TC	No	N/A
73565	Radiologic examination, knee; both knees, standing, anteroposterior	7/1/2018	$7.69	26	No	N/A
73565	Radiologic examination, knee; both knees, standing, anteroposterior	7/1/2018	$29.77		No	N/A
73565	Radiologic examination, knee; both knees, standing, anteroposterior	7/1/2018	$22.09	TC	No	N/A

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73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	7/1/2018	$25.05	26	No	N/A
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	7/1/2018	$97.69		No	N/A
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	7/1/2018	$72.64	TC	No	N/A
73590	Radiologic examination; tibia and fibula, 2 views	7/1/2018	$7.40	26	No	N/A
73590	Radiologic examination; tibia and fibula, 2 views	7/1/2018	$23.93		No	N/A
73590	Radiologic examination; tibia and fibula, 2 views	7/1/2018	$16.53	TC	No	N/A
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	7/1/2018	$7.10	26	No	N/A
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	7/1/2018	$22.76		No	N/A
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	7/1/2018	$15.65	TC	No	N/A
73600	Radiologic examination, ankle; 2 views	7/1/2018	$7.40	26	No	N/A
73600	Radiologic examination, ankle; 2 views	7/1/2018	$24.80		No	N/A
73600	Radiologic examination, ankle; 2 views	7/1/2018	$17.41	TC	No	N/A
73610	Radiologic examination, ankle; complete, minimum of 3 views	7/1/2018	$7.72	26	No	N/A
73610	Radiologic examination, ankle; complete, minimum of 3 views	7/1/2018	$26.30		No	N/A
73610	Radiologic examination, ankle; complete, minimum of 3 views	7/1/2018	$18.58	TC	No	N/A
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	7/1/2018	$25.17	26	No	N/A
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	7/1/2018	$89.34		No	N/A
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	7/1/2018	$64.17	TC	No	N/A
73620	Radiologic examination, foot; 2 views	7/1/2018	$6.81	26	No	N/A
73620	Radiologic examination, foot; 2 views	7/1/2018	$21.88		No	N/A
73620	Radiologic examination, foot; 2 views	7/1/2018	$15.07	TC	No	N/A
73630	Radiologic examination, foot; complete, minimum of 3 views	7/1/2018	$7.43	26	No	N/A
73630	Radiologic examination, foot; complete, minimum of 3 views	7/1/2018	$24.54		No	N/A
73630	Radiologic examination, foot; complete, minimum of 3 views	7/1/2018	$17.12	TC	No	N/A
73650	Radiologic examination; calcaneus, minimum of 2 views	7/1/2018	$7.10	26	No	N/A
73650	Radiologic examination; calcaneus, minimum of 2 views	7/1/2018	$22.76		No	N/A
73650	Radiologic examination; calcaneus, minimum of 2 views	7/1/2018	$15.65	TC	No	N/A
73660	Radiologic examination; toe(s), minimum of 2 views	7/1/2018	$5.84	26	No	N/A
73660	Radiologic examination; toe(s), minimum of 2 views	7/1/2018	$23.54		No	N/A
73660	Radiologic examination; toe(s), minimum of 2 views	7/1/2018	$17.70	TC	No	N/A
73700	Computed tomography, lower extremity; without contrast material	7/1/2018	$44.21	26	No	N/A
73700	Computed tomography, lower extremity; without contrast material	7/1/2018	$137.02		No	N/A
73700	Computed tomography, lower extremity; without contrast material	7/1/2018	$92.81	TC	No	N/A
73701	Computed tomography, lower extremity; with contrast material(s)	7/1/2018	$51.31	26	No	N/A
73701	Computed tomography, lower extremity; with contrast material(s)	7/1/2018	$189.41		No	N/A
73701	Computed tomography, lower extremity; with contrast material(s)	7/1/2018	$138.11	TC	No	N/A
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$53.55	26	No	N/A
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$229.64		No	N/A

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73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$176.09	TC	No	N/A
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$83.26	26	No	N/A
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$288.04		No	N/A
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$204.78	TC	No	N/A
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	7/1/2018	$59.68	26	No	N/A
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	7/1/2018	$248.05		No	N/A
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	7/1/2018	$188.37	TC	No	N/A
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	7/1/2018	$71.51	26	No	N/A
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	7/1/2018	$276.42		No	N/A
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	7/1/2018	$204.90	TC	No	N/A
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$94.45	26	No	N/A
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$357.21		No	N/A
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$262.76	TC	No	N/A
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	7/1/2018	$59.97	26	No	N/A
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	7/1/2018	$199.70		No	N/A
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	7/1/2018	$139.73	TC	No	N/A
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	7/1/2018	$71.81	26	No	N/A
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	7/1/2018	$319.96		No	N/A
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	7/1/2018	$248.16	TC	No	N/A
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$94.45	26	No	N/A
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$394.04		No	N/A
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	7/1/2018	$299.59	TC	No	N/A
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	7/1/2017	$79.33	26	No	N/A
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	7/1/2018	$336.25		No	N/A
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	7/1/2018	$256.92	TC	No	N/A

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74018	Radiologic examination, abdomen; 1 view	7/1/2018	$8.05	26	No	N/A
74018	Radiologic examination, abdomen; 1 view	7/1/2018	$22.82		No	N/A
74018	Radiologic examination, abdomen; 1 view	1/1/2018	$14.78	TC	No	N/A
74019	Radiologic examination, abdomen; 2 views	7/1/2018	$10.25	26	No	N/A
74019	Radiologic examination, abdomen; 2 views	7/1/2018	$27.95		No	N/A
74019	Radiologic examination, abdomen; 2 views	1/1/2018	$17.70	TC	No	N/A
74021	Radiologic examination, abdomen; 3 or more views	7/1/2018	$12.01	26	No	N/A
74021	Radiologic examination, abdomen; 3 or more views	7/1/2018	$32.63		No	N/A
74021	Radiologic examination, abdomen; 3 or more views	1/1/2018	$20.62	TC	No	N/A
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	7/1/2018	$14.21	26	No	N/A
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	7/1/2018	$37.46		No	N/A
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	7/1/2018	$23.26	TC	No	N/A
74150	Computed tomography, abdomen; without contrast material	7/1/2018	$52.58	26	No	N/A
74150	Computed tomography, abdomen; without contrast material	7/1/2018	$126.68		No	N/A
74150	Computed tomography, abdomen; without contrast material	7/1/2018	$74.11	TC	No	N/A
74160	Computed tomography, abdomen; with contrast material(s)	7/1/2018	$56.04	26	No	N/A
74160	Computed tomography, abdomen; with contrast material(s)	7/1/2018	$193.86		No	N/A
74160	Computed tomography, abdomen; with contrast material(s)	7/1/2018	$137.82	TC	No	N/A
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$61.88	26	No	N/A
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$220.45		No	N/A
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	7/1/2018	$158.56	TC	No	N/A
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$95.94	26	No	N/A
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$300.84		No	N/A
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$204.90	TC	No	N/A
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2017	$79.62	26	No	N/A
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$258.22		No	N/A
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$178.61	TC	No	N/A
74176	Computed tomography, abdomen and pelvis; without contrast material	7/1/2018	$76.73	26	No	N/A
74176	Computed tomography, abdomen and pelvis; without contrast material	7/1/2018	$170.13		No	N/A
74176	Computed tomography, abdomen and pelvis; without contrast material	7/1/2018	$93.39	TC	No	N/A
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	7/1/2018	$80.50	26	No	N/A
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	7/1/2018	$262.15		No	N/A
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	7/1/2018	$181.65	TC	No	N/A

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74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	7/1/2018	$88.28	26	No	N/A
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	7/1/2018	$293.18		No	N/A
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	7/1/2018	$204.90	TC	No	N/A
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	7/1/2018	$64.41	26	No	N/A
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	7/1/2018	$237.29		No	N/A
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	7/1/2018	$172.88	TC	No	N/A
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	7/1/2018	$76.41	26	No	N/A
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	7/1/2018	$321.07		No	N/A
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	7/1/2018	$244.65	TC	No	N/A
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	7/1/2018	$96.81	26	No	N/A
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	7/1/2018	$358.70		No	N/A
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	7/1/2018	$261.89	TC	No	N/A
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	7/1/2017	$78.68	26	No	N/A
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	7/1/2018	$337.94		No	N/A
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	7/1/2018	$259.26	TC	No	N/A
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	7/1/2018	$20.73	26	No	N/A
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	7/1/2011	$40.77	TC	No	N/A
74210	Radiologic examination; pharynx and/or cervical esophagus	7/1/2018	$15.80	26	No	N/A
74210	Radiologic examination; pharynx and/or cervical esophagus	7/1/2018	$65.06		No	N/A
74210	Radiologic examination; pharynx and/or cervical esophagus	7/1/2018	$49.27	TC	No	N/A
74220	Radiologic examination; esophagus	7/1/2018	$20.37	26	No	N/A
74220	Radiologic examination; esophagus	7/1/2018	$74.02		No	N/A
74220	Radiologic examination; esophagus	7/1/2018	$53.65	TC	No	N/A
74230	Swallowing function, with cineradiography/videoradiography	7/1/2018	$23.52	26	No	N/A
74230	Swallowing function, with cineradiography/videoradiography	7/1/2018	$107.85		No	N/A
74230	Swallowing function, with cineradiography/videoradiography	7/1/2018	$84.33	TC	No	N/A
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	7/1/2018	$54.07	26	No	N/A
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	7/1/2018	$30.62	26	No	N/A
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	7/1/2018	$94.79		No	N/A
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	7/1/2018	$64.17	TC	No	N/A
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	7/1/2018	$30.32	26	No	N/A

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74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	7/1/2018	$98.29		No	N/A
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	7/1/2018	$67.97	TC	No	N/A
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images	7/1/2018	$40.25	26	No	N/A
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images	7/1/2018	$143.29		No	N/A
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images	7/1/2018	$103.03	TC	No	N/A
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB	7/1/2018	$30.32	26	No	N/A
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB	7/1/2018	$105.89		No	N/A
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB	7/1/2018	$75.56	TC	No	N/A
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB	7/1/2018	$30.32	26	No	N/A
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB	7/1/2018	$118.16		No	N/A
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB	7/1/2018	$87.84	TC	No	N/A
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	7/1/2018	$40.25	26	No	N/A
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	7/1/2018	$153.51		No	N/A
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	7/1/2018	$113.27	TC	No	N/A
74250	Radiologic examination, small intestine, includes multiple serial images;	7/1/2018	$20.69	26	No	N/A
74250	Radiologic examination, small intestine, includes multiple serial images;	7/1/2018	$86.32		No	N/A
74250	Radiologic examination, small intestine, includes multiple serial images;	7/1/2018	$65.63	TC	No	N/A
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube	7/1/2018	$30.32	26	No	N/A
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube	7/1/2018	$123.43		No	N/A
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube	7/1/2018	$93.10	TC	No	N/A
74260	Duodenography, hypotonic	7/1/2018	$22.25	26	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
74260	Duodenography, hypotonic	7/1/2018	$115.35		No	N/A
74260	Duodenography, hypotonic	7/1/2018	$93.10	TC	No	N/A
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	7/1/2018	$105.80	26	No	N/A
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	7/1/2018	$198.60		No	N/A
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	7/1/2018	$92.81	TC	No	N/A
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	7/1/2018	$110.21	26	No	N/A
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	7/1/2018	$315.23		No	N/A
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	7/1/2018	$205.03	TC	No	N/A
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	1/1/2010	$0.00		No	N/A
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	7/1/2018	$30.32	26	No	N/A
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	7/1/2018	$125.47		No	N/A
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	7/1/2018	$95.15	TC	No	N/A
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	7/1/2018	$43.60	26	No	N/A
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	7/1/2018	$178.19		No	N/A
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	7/1/2018	$134.60	TC	No	N/A
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	7/1/2018	$90.52	26	No	N/A
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	7/1/2018	$178.36		No	N/A
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	7/1/2018	$87.84	TC	No	N/A
74290	Cholecystography, oral contrast	7/1/2018	$14.21	26	No	N/A
74290	Cholecystography, oral contrast	7/1/2018	$58.21		No	N/A
74290	Cholecystography, oral contrast	7/1/2018	$44.00	TC	No	N/A
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	7/1/2018	$15.96	26	No	N/A
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$9.18	26	No	N/A
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	7/1/2018	$31.23	26	No	N/A
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	7/1/2011	$98.63	TC	No	N/A
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	7/1/2018	$31.53	26	No	N/A
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	7/1/2018	$40.22	26	No	N/A

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74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	7/1/2011	$98.25	TC	No	N/A
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	7/1/2018	$23.84	26	No	N/A
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	7/1/2017	$33.63	TC	No	N/A
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	7/1/2018	$34.26	26	No	N/A
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	7/1/2011	$81.47	TC	No	N/A
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	7/1/2018	$24.46	26	No	N/A
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	7/1/2011	$98.21	TC	No	N/A
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	7/1/2018	$37.52	26	No	N/A
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	7/1/2018	$21.64	26	No	N/A
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	7/1/2018	$91.65		No	N/A
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	7/1/2018	$70.01	TC	No	N/A
74410	Urography, infusion, drip technique and/or bolus technique;	7/1/2018	$21.64	26	No	N/A
74410	Urography, infusion, drip technique and/or bolus technique;	7/1/2018	$92.82		No	N/A
74410	Urography, infusion, drip technique and/or bolus technique;	7/1/2018	$71.18	TC	No	N/A
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	7/1/2018	$21.64	26	No	N/A
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	7/1/2018	$113.56		No	N/A
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	7/1/2018	$91.94	TC	No	N/A
74420	Urography, retrograde, with or without KUB	7/1/2018	$15.63	26	No	N/A
74420	Urography, retrograde, with or without KUB	7/1/2011	$82.68	TC	No	N/A
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	7/1/2018	$15.51	26	No	N/A
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	7/1/2011	$40.92	TC	No	N/A
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	7/1/2018	$14.21	26	No	N/A
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	7/1/2018	$32.20		No	N/A
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	7/1/2018	$17.99	TC	No	N/A
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	7/1/2018	$16.28	26	No	N/A
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	7/1/2018	$67.29		No	N/A
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	7/1/2018	$51.01	TC	No	N/A
74450	Urethrocystography, retrograde, radiological supervision and interpretation	7/1/2018	$14.54	26	No	N/A
74450	Urethrocystography, retrograde, radiological supervision and interpretation	7/1/2011	$45.90	TC	No	N/A
74455	Urethrocystography, voiding, radiological supervision and interpretation	7/1/2018	$14.54	26	No	N/A
74455	Urethrocystography, voiding, radiological supervision and interpretation	7/1/2018	$68.76		No	N/A

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74455	Urethrocystography, voiding, radiological supervision and interpretation	7/1/2018	$54.23	TC	No	N/A
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	7/1/2018	$23.26	26	No	N/A
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	7/1/2011	$38.97	TC	No	N/A
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	7/1/2018	$23.09	26	No	N/A
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	7/1/2018	$77.90		No	N/A
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	7/1/2018	$54.82	TC	No	N/A
74710	Pelvimetry, with or without placental localization	7/1/2018	$15.15	26	No	N/A
74710	Pelvimetry, with or without placental localization	7/1/2018	$30.80		No	N/A
74710	Pelvimetry, with or without placental localization	7/1/2018	$15.65	TC	No	N/A
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	7/1/2018	$132.46	26	Yes	MCU
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	7/1/2018	$320.83		Yes	MCU
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	7/1/2018	$188.37	TC	Yes	MCU
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$81.93	26	Yes	MCU
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$201.63		Yes	MCU
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$119.69	TC	Yes	MCU
74740	Hysterosalpingography, radiological supervision and interpretation	7/1/2018	$16.73	26	No	N/A
74740	Hysterosalpingography, radiological supervision and interpretation	7/1/2018	$62.49		No	N/A
74740	Hysterosalpingography, radiological supervision and interpretation	7/1/2018	$45.76	TC	No	N/A
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	7/1/2018	$27.15	26	No	N/A
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	7/1/2018	$27.48	26	No	N/A
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	7/1/2011	$72.91		No	N/A
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	7/1/2011	$45.58	TC	No	N/A
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	7/1/2018	$102.22	26	No	N/A
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	7/1/2018	$278.61		No	N/A
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	7/1/2018	$176.39	TC	No	N/A
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	7/1/2018	$126.63	26	No	N/A
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	7/1/2018	$315.00		No	N/A
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	7/1/2018	$188.37	TC	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	7/1/2018	$112.82	26	No	N/A
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	7/1/2018	$365.65		No	N/A
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	7/1/2018	$252.83	TC	No	N/A
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	7/1/2018	$129.88	26	No	N/A
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	7/1/2018	$435.02		No	N/A
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	7/1/2018	$305.15	TC	No	N/A
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	7/1/2018	$10.90	26	No	N/A
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	7/1/2018	$45.96		No	N/A
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	7/1/2018	$35.07	TC	No	N/A
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	7/1/2018	$25.43	26	No	N/A
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	7/1/2018	$75.86		No	N/A
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	7/1/2018	$50.44	TC	No	N/A
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	7/1/2018	$76.61	26	No	N/A
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	7/1/2018	$240.30		No	N/A
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	7/1/2018	$163.70	TC	No	N/A
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	7/1/2018	$111.20	26	No	N/A
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	7/1/2018	$316.11		No	N/A

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75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	7/1/2018	$204.90	TC	No	N/A
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	7/1/2018	$104.30	26	No	N/A
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	7/1/2018	$309.20		No	N/A
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	7/1/2018	$204.90	TC	No	N/A
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	7/1/2018	$21.09	26	No	N/A
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	7/1/2018	$166.50		No	N/A
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	7/1/2018	$145.41	TC	No	N/A
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	7/1/2018	$48.53	26	No	N/A
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	7/1/2018	$116.21		No	N/A
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	7/1/2018	$67.67	TC	No	N/A
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	7/1/2018	$48.32	26	No	N/A
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	7/1/2018	$115.12		No	N/A
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	7/1/2018	$66.80	TC	No	N/A
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	7/1/2018	$76.47	26	No	N/A
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	7/1/2018	$144.14		No	N/A
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	7/1/2018	$67.67	TC	No	N/A
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$104.34	26	No	N/A
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$309.24		No	N/A
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	7/1/2018	$204.90	TC	No	N/A
75705	Angiography, spinal, selective, radiological supervision and interpretation	7/1/2018	$98.60	26	No	N/A
75705	Angiography, spinal, selective, radiological supervision and interpretation	7/1/2018	$212.04		No	N/A
75705	Angiography, spinal, selective, radiological supervision and interpretation	7/1/2018	$113.43	TC	No	N/A
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	7/1/2018	$74.50	26	No	N/A

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75710	Angiography, extremity, unilateral, radiological supervision and interpretation	7/1/2018	$145.10		No	N/A
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	7/1/2018	$70.60	TC	No	N/A
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	7/1/2018	$83.80	26	No	N/A
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	7/1/2018	$165.21		No	N/A
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	7/1/2018	$81.41	TC	No	N/A
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	7/1/2018	$48.49	26	No	N/A
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	7/1/2018	$125.81		No	N/A
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	7/1/2018	$77.32	TC	No	N/A
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$50.37	26	No	N/A
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$144.81		No	N/A
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$94.44	TC	No	N/A
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$56.42	26	No	N/A
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$156.00		No	N/A
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$99.57	TC	No	N/A
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	7/1/2018	$47.94	26	No	N/A
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	7/1/2018	$134.20		No	N/A
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	7/1/2018	$86.26	TC	No	N/A
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	7/1/2018	$55.46	26	No	N/A
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	7/1/2017	$126.94		No	N/A
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	7/1/2018	$71.48	TC	No	N/A
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	7/1/2018	$70.68	26	No	N/A
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	7/1/2018	$143.03		No	N/A
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	7/1/2018	$72.35	TC	No	N/A
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	7/1/2018	$48.91	26	No	N/A
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	7/1/2018	$127.85		No	N/A
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	7/1/2018	$78.95	TC	No	N/A
75756	Angiography, internal mammary, radiological supervision and interpretation	7/1/2018	$49.07	26	No	N/A
75756	Angiography, internal mammary, radiological supervision and interpretation	7/1/2018	$144.09		No	N/A
75756	Angiography, internal mammary, radiological supervision and interpretation	7/1/2018	$95.02	TC	No	N/A
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$15.08	26	No	N/A

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75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$72.23		No	N/A
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$57.15	TC	No	N/A
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	7/1/2018	$37.92	26	No	N/A
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	7/1/2011	$169.79	TC	No	N/A
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	7/1/2018	$52.43	26	No	N/A
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	7/1/2011	$169.79	TC	No	N/A
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	7/1/2018	$34.67	26	No	N/A
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	7/1/2011	$192.82	TC	No	N/A
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	7/1/2018	$49.88	26	No	N/A
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	7/1/2018	$20.99	26	No	N/A
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	7/1/2018	$82.82		No	N/A
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	7/1/2018	$61.83	TC	No	N/A
75810	Splenoportography, radiological supervision and interpretation	7/1/2018	$48.03	26	No	N/A
75820	Venography, extremity, unilateral, radiological supervision and interpretation	7/1/2018	$30.39	26	No	N/A
75820	Venography, extremity, unilateral, radiological supervision and interpretation	7/1/2018	$96.90		No	N/A
75820	Venography, extremity, unilateral, radiological supervision and interpretation	7/1/2018	$66.50	TC	No	N/A
75822	Venography, extremity, bilateral, radiological supervision and interpretation	7/1/2018	$45.48	26	No	N/A
75822	Venography, extremity, bilateral, radiological supervision and interpretation	7/1/2018	$114.33		No	N/A
75822	Venography, extremity, bilateral, radiological supervision and interpretation	7/1/2018	$68.84	TC	No	N/A
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	7/1/2018	$48.45	26	No	N/A
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	7/1/2018	$113.19		No	N/A
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	7/1/2018	$64.76	TC	No	N/A
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	7/1/2018	$48.61	26	No	N/A
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	7/1/2018	$116.58		No	N/A

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75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	7/1/2018	$67.97	TC	No	N/A
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$48.24	26	No	N/A
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$118.25		No	N/A
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$70.01	TC	No	N/A
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$62.83	26	No	N/A
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$139.43		No	N/A
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$76.61	TC	No	N/A
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$50.37	26	No	N/A
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$125.35		No	N/A
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	7/1/2018	$74.98	TC	No	N/A
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$65.84	26	No	N/A
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$150.34		No	N/A
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	7/1/2018	$84.50	TC	No	N/A
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	7/1/2018	$48.83	26	No	N/A
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	7/1/2018	$121.46		No	N/A
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	7/1/2018	$72.64	TC	No	N/A
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	7/1/2018	$50.37	26	No	N/A
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	7/1/2017	$125.35		No	N/A
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	7/1/2018	$74.98	TC	No	N/A
75872	Venography, epidural, radiological supervision and interpretation	7/1/2018	$50.37	26	No	N/A
75872	Venography, epidural, radiological supervision and interpretation	7/1/2018	$125.35		No	N/A
75872	Venography, epidural, radiological supervision and interpretation	7/1/2018	$74.98	TC	No	N/A
75880	Venography, orbital, radiological supervision and interpretation	7/1/2018	$30.94	26	No	N/A
75880	Venography, orbital, radiological supervision and interpretation	7/1/2018	$105.63		No	N/A
75880	Venography, orbital, radiological supervision and interpretation	7/1/2018	$74.69	TC	No	N/A
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$60.13	26	No	N/A
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$132.78		No	N/A
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$72.64	TC	No	N/A
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$60.26	26	No	N/A
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$133.19		No	N/A
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$72.94	TC	No	N/A
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$48.03	26	No	N/A
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$121.26		No	N/A
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$73.22	TC	No	N/A

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75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$48.62	26	No	N/A
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$122.14		No	N/A
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	7/1/2018	$73.52	TC	No	N/A
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	7/1/2018	$23.72	26	No	N/A
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	7/1/2018	$100.45		No	N/A
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	7/1/2018	$76.73	TC	No	N/A
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	7/1/2018	$61.04	26	No	N/A
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	7/1/2011	$763.04	TC	No	N/A
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	7/1/2018	$76.39	26	No	N/A
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	7/1/2011	$29.32	TC	No	N/A
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	7/1/2018	$20.75	26	No	N/A
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	7/1/2018	$149.22		No	N/A
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	7/1/2018	$128.46	TC	No	N/A
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	7/1/2018	$16.64	26	No	N/A
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	7/1/2018	$60.35		No	N/A
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	7/1/2018	$43.71	TC	No	N/A
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	7/1/2018	$294.62	26	No	N/A
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	7/1/2018	$252.64	26	No	N/A

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75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	7/1/2018	$168.26	26	No	N/A
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	7/1/2018	$147.39	26	No	N/A
75970	Transcatheter biopsy, radiological supervision and interpretation	7/1/2018	$35.03	26	No	N/A
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	7/1/2018	$30.72	26	No	N/A
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	7/1/2018	$89.33		No	N/A
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	7/1/2018	$58.62	TC	No	N/A
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	7/1/2018	$51.28	26	No	N/A
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	7/1/2018	$103.18		No	N/A
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	7/1/2018	$51.89	TC	No	N/A
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	7/1/2018	$7.60	26	No	N/A
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	7/1/2018	$39.62		No	N/A
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	7/1/2018	$32.02	TC	No	N/A
76010	Radiologic examination from nose to rectum for foreign body, single view, child	7/1/2018	$8.05	26	No	N/A
76010	Radiologic examination from nose to rectum for foreign body, single view, child	7/1/2018	$21.94		No	N/A
76010	Radiologic examination from nose to rectum for foreign body, single view, child	7/1/2018	$13.91	TC	No	N/A
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	7/1/2018	$22.96	26	No	N/A
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	7/1/2018	$46.50		No	N/A
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	7/1/2018	$23.54	TC	No	N/A
76098	Radiological examination, surgical specimen	7/1/2018	$7.10	26	No	N/A
76098	Radiological examination, surgical specimen	7/1/2018	$14.28		No	N/A
76098	Radiological examination, surgical specimen	7/1/2018	$7.18	TC	No	N/A
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	7/1/2018	$27.51	26	No	N/A
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	7/1/2018	$76.78		No	N/A
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	7/1/2018	$49.27	TC	No	N/A

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76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	7/1/2018	$23.99	26	No	N/A
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	7/1/2018	$88.16		No	N/A
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	7/1/2018	$64.17	TC	No	N/A
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	7/1/2018	$29.76	26	No	N/A
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	7/1/2018	$122.45		No	N/A
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	7/1/2018	$92.68	TC	No	N/A
76120	Cineradiography/videoradiography, except where specifically included	7/1/2018	$15.86	26	No	N/A
76120	Cineradiography/videoradiography, except where specifically included	7/1/2018	$77.40		No	N/A
76120	Cineradiography/videoradiography, except where specifically included	7/1/2018	$61.53	TC	No	N/A
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	7/1/2018	$12.29	26	No	N/A
76140	Consultation on X-ray examination made elsewhere, written report	7/1/2008	$32.86		No	N/A
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	7/1/2018	$8.69	26	No	N/A
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	7/1/2018	$19.67		No	N/A
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	7/1/2018	$10.98	TC	No	N/A
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	7/1/2018	$34.90	26	No	N/A
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	7/1/2018	$60.49		No	N/A
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	7/1/2018	$25.59	TC	No	N/A
76380	Computed tomography, limited or localized follow-up study	7/1/2018	$42.98	26	No	N/A
76380	Computed tomography, limited or localized follow-up study	7/1/2018	$93.41		No	N/A
76380	Computed tomography, limited or localized follow-up study	7/1/2018	$50.44	TC	No	N/A
76390	Magnetic resonance spectroscopy	7/1/2008	$72.30	26	No	N/A
76390	Magnetic resonance spectroscopy	7/1/2008	$451.86		No	N/A

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76390	Magnetic resonance spectroscopy	7/1/2008	$379.56	TC	No	N/A
76391	Magnetic resonance (eg, vibration) elastography	1/1/2019	$48.96	26	No	N/A
76391	Magnetic resonance (eg, vibration) elastography	1/1/2019	$197.46		No	N/A
76391	Magnetic resonance (eg, vibration) elastography	1/1/2019	$148.50	TC	No	N/A
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	1/1/2003	$0.00		No	N/A
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	1/1/2003	$0.00		No	N/A
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	1/1/2003	$0.00		No	N/A
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	1/1/2003	$0.00	TC	No	N/A
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	1/1/2003	$0.00	26	No	N/A
76499	Unlisted diagnostic radiographic procedure	1/1/1979	$0.00		No	N/A
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	7/1/2018	$27.96	26	No	N/A
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	7/1/2018	$98.86		No	N/A
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	7/1/2018	$70.89	TC	No	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	7/1/2018	$61.71	26	No	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	7/1/2018	$115.65		No	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	7/1/2018	$53.94	TC	No	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	7/1/2018	$37.56	26	No	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	7/1/2018	$69.88		No	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	7/1/2018	$32.31	TC	No	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	7/1/2018	$37.31	26	No	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	7/1/2018	$63.77		No	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	7/1/2018	$26.47	TC	No	N/A
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	7/1/2018	$31.78	26	No	N/A
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	7/1/2018	$81.33		No	N/A
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	7/1/2018	$49.55	TC	No	N/A
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	7/1/2018	$8.60	26	No	N/A
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	7/1/2018	$13.15		No	N/A

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76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	7/1/2018	$4.55	TC	No	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	7/1/2018	$21.90	26	No	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	7/1/2018	$53.62		No	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	7/1/2018	$31.73	TC	No	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	7/1/2018	$27.59	26	No	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	7/1/2018	$63.13		No	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	7/1/2018	$35.53	TC	No	N/A
76529	Ophthalmic ultrasonic foreign body localization	7/1/2018	$29.15	26	No	N/A
76529	Ophthalmic ultrasonic foreign body localization	7/1/2018	$68.19		No	N/A
76529	Ophthalmic ultrasonic foreign body localization	7/1/2018	$39.03	TC	No	N/A
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	7/1/2018	$24.78	26	No	N/A
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	7/1/2018	$98.30		No	N/A
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	7/1/2018	$73.52	TC	No	N/A
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	7/1/2018	$23.87	26	No	N/A
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	7/1/2018	$75.47		No	N/A
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	7/1/2018	$51.60	TC	No	N/A
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	7/1/2018	$32.20	26	No	N/A
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	7/1/2018	$91.12		No	N/A
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	7/1/2018	$58.91	TC	No	N/A
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	7/1/2018	$30.00	26	No	N/A
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	7/1/2018	$74.88		No	N/A
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	7/1/2018	$44.88	TC	No	N/A
76700	Ultrasound, abdominal, real time with image documentation; complete	7/1/2018	$35.68	26	No	N/A
76700	Ultrasound, abdominal, real time with image documentation; complete	7/1/2018	$103.93		No	N/A
76700	Ultrasound, abdominal, real time with image documentation; complete	7/1/2018	$68.26	TC	No	N/A
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	7/1/2018	$26.05	26	No	N/A
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	7/1/2018	$77.64		No	N/A
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	7/1/2018	$51.60	TC	No	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	7/1/2018	$24.33	26	No	N/A

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76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	7/1/2018	$79.73		No	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	7/1/2018	$55.40	TC	No	N/A
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	7/1/2018	$32.53	26	No	N/A
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	7/1/2018	$96.11		No	N/A
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	7/1/2018	$63.59	TC	No	N/A
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	7/1/2018	$25.43	26	No	N/A
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	7/1/2018	$49.55		No	N/A
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	7/1/2018	$24.13	TC	No	N/A
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	7/1/2018	$33.47	26	No	N/A
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	7/1/2018	$132.42		No	N/A
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	7/1/2018	$98.95	TC	No	N/A
76800	Ultrasound, spinal canal and contents	7/1/2018	$51.25	26	No	N/A
76800	Ultrasound, spinal canal and contents	7/1/2018	$122.72		No	N/A
76800	Ultrasound, spinal canal and contents	7/1/2018	$71.48	TC	No	N/A
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	7/1/2018	$43.88	26	No	N/A
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	7/1/2018	$105.13		No	N/A
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	7/1/2018	$61.25	TC	No	N/A
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$37.24	26	No	N/A
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$55.94		No	N/A
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$18.70	TC	No	N/A
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	7/1/2018	$44.34	26	No	N/A

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76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	7/1/2018	$120.78		No	N/A
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	7/1/2018	$76.45	TC	No	N/A
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$44.02	26	No	N/A
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$79.97		No	N/A
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$35.95	TC	No	N/A
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	7/1/2018	$85.55	26	No	N/A
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	7/1/2018	$156.31		No	N/A
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	7/1/2018	$70.77	TC	No	N/A
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$80.33	26	No	N/A
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$174.01		No	N/A
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$93.68	TC	No	N/A
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	7/1/2018	$53.04	26	No	N/A
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	7/1/2018	$104.06		No	N/A
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	7/1/2018	$51.01	TC	No	N/A
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$44.96	26	No	N/A

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76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$69.39		No	N/A
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	7/1/2018	$24.43	TC	No	N/A
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	7/1/2018	$28.74	26	No	N/A
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	7/1/2018	$71.87		No	N/A
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	7/1/2018	$43.13	TC	No	N/A
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	7/1/2018	$38.35	26	No	N/A
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	7/1/2018	$98.13		No	N/A
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	7/1/2018	$59.79	TC	No	N/A
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	7/1/2018	$33.31	26	No	N/A
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	7/1/2018	$82.58		No	N/A
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	7/1/2018	$49.27	TC	No	N/A
76818	Fetal biophysical profile; with non-stress testing	7/1/2018	$47.49	26	No	N/A
76818	Fetal biophysical profile; with non-stress testing	7/1/2018	$104.81		No	N/A
76818	Fetal biophysical profile; with non-stress testing	7/1/2018	$57.32	TC	No	N/A
76819	Fetal biophysical profile; without non-stress testing	7/1/2018	$34.42	26	No	N/A
76819	Fetal biophysical profile; without non-stress testing	7/1/2018	$76.37		No	N/A
76819	Fetal biophysical profile; without non-stress testing	7/1/2018	$41.96	TC	No	N/A
76820	Doppler velocimetry, fetal; umbilical artery	7/1/2018	$22.42	26	No	N/A
76820	Doppler velocimetry, fetal; umbilical artery	7/1/2018	$41.00		No	N/A
76820	Doppler velocimetry, fetal; umbilical artery	7/1/2018	$18.58	TC	No	N/A
76821	Doppler velocimetry, fetal; middle cerebral artery	7/1/2018	$31.56	26	No	N/A
76821	Doppler velocimetry, fetal; middle cerebral artery	7/1/2018	$79.07		No	N/A
76821	Doppler velocimetry, fetal; middle cerebral artery	7/1/2018	$47.51	TC	No	N/A
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	7/1/2018	$73.88	26	No	N/A
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	7/1/2018	$235.54		No	N/A

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76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	7/1/2018	$161.65	TC	No	N/A
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	7/1/2018	$36.61	26	No	N/A
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	7/1/2018	$138.77		No	N/A
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	7/1/2018	$102.16	TC	No	N/A
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	7/1/2018	$25.43	26	No	N/A
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	7/1/2018	$64.17		No	N/A
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	7/1/2018	$38.75	TC	No	N/A
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	7/1/2018	$24.95	26	No	N/A
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	7/1/2018	$45.57		No	N/A
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	7/1/2018	$20.62	TC	No	N/A
76830	Ultrasound, transvaginal	7/1/2018	$30.62	26	No	N/A
76830	Ultrasound, transvaginal	7/1/2018	$103.26		No	N/A
76830	Ultrasound, transvaginal	7/1/2018	$72.64	TC	No	N/A
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	7/1/2018	$32.34	26	No	N/A
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	7/1/2018	$101.19		No	N/A
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	7/1/2018	$68.84	TC	No	N/A
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	7/1/2018	$30.32	26	No	N/A
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	7/1/2018	$93.32		No	N/A
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	7/1/2018	$63.00	TC	No	N/A
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	7/1/2018	$21.96	26	No	N/A
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	7/1/2018	$41.41		No	N/A
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	7/1/2018	$19.46	TC	No	N/A
76870	Ultrasound, scrotum and contents	7/1/2018	$28.13	26	No	N/A
76870	Ultrasound, scrotum and contents	7/1/2018	$57.81		No	N/A
76870	Ultrasound, scrotum and contents	7/1/2018	$29.68	TC	No	N/A
76872	Ultrasound, transrectal;	7/1/2018	$30.00	26	No	N/A
76872	Ultrasound, transrectal;	7/1/2018	$82.18		No	N/A
76872	Ultrasound, transrectal;	7/1/2018	$52.18	TC	No	N/A
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	7/1/2018	$69.04	26	No	N/A
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	7/1/2018	$148.11		No	N/A
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	7/1/2018	$79.07	TC	No	N/A

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76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	7/1/2018	$27.93	26	No	N/A
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	7/1/2018	$85.95		No	N/A
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	7/1/2018	$58.03	TC	No	N/A
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	7/1/2018	$21.64	26	No	N/A
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	7/1/2018	$48.98		No	N/A
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	7/1/2018	$27.34	TC	No	N/A
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	7/1/2018	$32.82	26	No	N/A
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	7/1/2018	$83.25		No	N/A
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	7/1/2018	$50.44	TC	No	N/A
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	7/1/2018	$27.48	26	No	N/A
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	7/1/2018	$77.90		No	N/A
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	7/1/2018	$50.44	TC	No	N/A
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	7/1/2018	$29.22	26	No	N/A
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	7/1/2014	$70.20		No	N/A
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	7/1/2014	$41.78	TC	No	N/A
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	7/1/2018	$28.93	26	No	N/A
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	7/1/2018	$84.53	26	No	N/A
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	7/1/2018	$229.23		No	N/A
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	7/1/2018	$144.70	TC	No	N/A
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	7/1/2018	$12.68	26	No	N/A
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	7/1/2018	$26.71		No	N/A

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76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	7/1/2018	$14.03	TC	No	N/A
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	7/1/2018	$89.24	26	No	N/A
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	7/1/2011	$50.28	TC	No	N/A
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	7/1/2018	$59.81	26	No	N/A
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	7/1/2018	$28.64	26	No	N/A
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	7/1/2018	$51.30		No	N/A
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	7/1/2018	$22.67	TC	No	N/A
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	7/1/2018	$29.84	26	No	N/A
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	7/1/2018	$17.19	26	No	N/A
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	7/1/2018	$27.88		No	N/A
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	7/1/2018	$10.68	TC	No	N/A
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	7/1/2018	$30.30	26	No	N/A
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	7/1/2018	$60.57		No	N/A
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	7/1/2018	$30.27	TC	No	N/A
76965	Ultrasonic guidance for interstitial radioelement application	7/1/2018	$59.73	26	No	N/A
76965	Ultrasonic guidance for interstitial radioelement application	7/1/2018	$79.78		No	N/A
76965	Ultrasonic guidance for interstitial radioelement application	7/1/2018	$20.04	TC	No	N/A
76970	Ultrasound study follow-up (specify)	7/1/2018	$16.80	26	No	N/A
76970	Ultrasound study follow-up (specify)	7/1/2018	$77.46		No	N/A
76970	Ultrasound study follow-up (specify)	7/1/2018	$60.66	TC	No	N/A
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	7/1/2018	$37.18	26	No	N/A
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	7/1/2018	$2.37	26	No	N/A
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	7/1/2018	$6.04		No	N/A
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	7/1/2018	$3.67	TC	No	N/A
76981	Ultrasound, elastography; parenchyma (eg, organ)	1/1/2019	$26.23	26	No	N/A
76981	Ultrasound, elastography; parenchyma (eg, organ)	1/1/2019	$90.18		No	N/A
76981	Ultrasound, elastography; parenchyma (eg, organ)	1/1/2019	$63.95	TC	No	N/A
76982	Ultrasound, elastography; first target lesion	1/1/2019	$26.23	26	No	N/A
76982	Ultrasound, elastography; first target lesion	1/1/2019	$80.82		No	N/A
76982	Ultrasound, elastography; first target lesion	1/1/2019	$54.59	TC	No	N/A
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	1/1/2019	$22.28	26	No	N/A
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	1/1/2019	$50.07		No	N/A
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	1/1/2019	$27.79	TC	No	N/A

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76998	Ultrasonic guidance, intraoperative	7/1/2018	$53.93	26	No	N/A
76998	Ultrasonic guidance, intraoperative	7/1/2011	$81.50	TC	No	N/A
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	1/1/1979	$0.00		No	N/A
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	7/1/2018	$16.32	26	No	N/A
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	7/1/2018	$70.25		No	N/A
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	7/1/2018	$53.94	TC	No	N/A
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	7/1/2018	$24.59	26	No	N/A
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	7/1/2018	$79.11		No	N/A
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	7/1/2018	$54.52	TC	No	N/A
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	7/1/2018	$26.37	26	No	N/A
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	7/1/2018	$79.43		No	N/A
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	7/1/2018	$53.06	TC	No	N/A
77011	Computed tomography guidance for stereotactic localization	7/1/2018	$54.86	26	No	N/A
77011	Computed tomography guidance for stereotactic localization	7/1/2018	$190.04		No	N/A
77011	Computed tomography guidance for stereotactic localization	7/1/2018	$135.18	TC	No	N/A
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	7/1/2018	$50.44	26	No	N/A
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	7/1/2018	$105.83		No	N/A
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	7/1/2018	$55.40	TC	No	N/A
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	7/1/2018	$169.91	26	No	N/A
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	7/1/2011	$310.26	TC	No	N/A

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77014	Computed tomography guidance for placement of radiation therapy fields	7/1/2018	$39.02	26	No	N/A
77014	Computed tomography guidance for placement of radiation therapy fields	7/1/2018	$101.43		No	N/A
77014	Computed tomography guidance for placement of radiation therapy fields	7/1/2018	$62.42	TC	No	N/A
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	7/1/2018	$64.83	26	No	N/A
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	7/1/2018	$326.84		No	N/A
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	7/1/2018	$262.02	TC	No	N/A
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	7/1/2018	$190.16	26	No	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1/1/2019	$63.86	26	No	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1/1/2019	$208.85		No	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1/1/2019	$144.99	TC	No	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1/1/2019	$70.65	26	No	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1/1/2019	$214.76		No	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1/1/2019	$144.11	TC	No	N/A
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	1/1/2019	$92.34	26	No	N/A
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	1/1/2019	$331.11		No	N/A
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	1/1/2019	$238.77	TC	No	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	1/1/2019	$101.04	26	No	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	1/1/2019	$338.64		No	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	1/1/2019	$237.60	TC	No	N/A
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	7/1/2018	$15.80	26	No	N/A
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	7/1/2018	$48.99		No	N/A
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	7/1/2018	$33.19	TC	No	N/A
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	7/1/2018	$20.04	26	No	N/A

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77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	7/1/2018	$64.04		No	N/A
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	7/1/2018	$44.00	TC	No	N/A
77061	Digital breast tomosynthesis; unilateral	1/1/2015	$0.00		No	N/A
77062	Digital breast tomosynthesis; bilateral	1/1/2015	$0.00		No	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	7/1/2018	$35.84	26	No	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	7/1/2018	$113.74		No	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	7/1/2018	$77.90	TC	No	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	7/1/2018	$44.21	26	No	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	7/1/2018	$143.74		No	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	7/1/2018	$99.53	TC	No	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	7/1/2018	$33.47	26	No	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	7/1/2018	$115.76		No	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	7/1/2018	$82.29	TC	No	N/A
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	7/1/2018	$40.46		No	N/A
77072	Bone age studies	7/1/2018	$8.37	26	No	N/A
77072	Bone age studies	7/1/2018	$19.35		No	N/A
77072	Bone age studies	7/1/2018	$10.98	TC	No	N/A
77073	Bone length studies (orthoroentgenogram, scanogram)	7/1/2018	$12.59	26	No	N/A
77073	Bone length studies (orthoroentgenogram, scanogram)	7/1/2018	$30.29		No	N/A
77073	Bone length studies (orthoroentgenogram, scanogram)	7/1/2018	$17.70	TC	No	N/A
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	7/1/2018	$20.04	26	No	N/A
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	7/1/2018	$54.11		No	N/A
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	7/1/2018	$34.07	TC	No	N/A
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	7/1/2018	$23.84	26	No	N/A
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	7/1/2018	$73.40		No	N/A
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	7/1/2018	$49.55	TC	No	N/A
77076	Radiologic examination, osseous survey, infant	7/1/2018	$30.94	26	No	N/A
77076	Radiologic examination, osseous survey, infant	7/1/2018	$80.79		No	N/A
77076	Radiologic examination, osseous survey, infant	7/1/2018	$49.85	TC	No	N/A
77077	Joint survey, single view, 2 or more joints (specify)	7/1/2018	$14.18	26	No	N/A
77077	Joint survey, single view, 2 or more joints (specify)	7/1/2018	$31.29		No	N/A
77077	Joint survey, single view, 2 or more joints (specify)	7/1/2018	$17.12	TC	No	N/A
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	7/1/2018	$10.90	26	No	N/A

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77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	7/1/2018	$61.33		No	N/A
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	7/1/2018	$50.44	TC	No	N/A
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	7/1/2018	$8.98	26	No	N/A
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	7/1/2018	$35.16		No	N/A
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	7/1/2018	$26.17	TC	No	N/A
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	7/1/2018	$9.63	26	No	N/A
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	7/1/2018	$23.82		No	N/A
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	7/1/2018	$14.19	TC	No	N/A
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	7/1/2018	$70.87	26	No	N/A
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	7/1/2018	$259.24		No	N/A
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	7/1/2018	$188.37	TC	No	N/A
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	7/1/2018	$13.27	26	No	N/A
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	7/1/2018	$47.63		No	N/A
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	7/1/2018	$34.36	TC	No	N/A
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	7/1/2018	$7.72	26	No	N/A
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	7/1/2018	$30.38		No	N/A
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	7/1/2018	$22.67	TC	No	N/A
77261	Therapeutic radiology treatment planning; simple	7/1/2018	$62.32		No	N/A
77262	Therapeutic radiology treatment planning; intermediate	7/1/2018	$94.01		No	N/A
77263	Therapeutic radiology treatment planning; complex	7/1/2018	$145.58		No	N/A
77280	Therapeutic radiology simulation-aided field setting; simple	7/1/2018	$32.24	26	No	N/A
77280	Therapeutic radiology simulation-aided field setting; simple	7/1/2018	$234.93		No	N/A
77280	Therapeutic radiology simulation-aided field setting; simple	7/1/2018	$202.69	TC	No	N/A
77285	Therapeutic radiology simulation-aided field setting; intermediate	7/1/2018	$49.17	26	No	N/A
77285	Therapeutic radiology simulation-aided field setting; intermediate	7/1/2018	$383.37		No	N/A
77285	Therapeutic radiology simulation-aided field setting; intermediate	7/1/2018	$334.21	TC	No	N/A
77290	Therapeutic radiology simulation-aided field setting; complex	7/1/2018	$71.87	26	No	N/A
77290	Therapeutic radiology simulation-aided field setting; complex	7/1/2018	$441.02		No	N/A
77290	Therapeutic radiology simulation-aided field setting; complex	7/1/2018	$369.14	TC	No	N/A
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	7/1/2018	$91.72	26	No	N/A
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	7/1/2018	$398.61		No	N/A
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	7/1/2018	$306.90	TC	No	N/A
77295	3-dimensional radiotherapy plan, including dose-volume histograms	7/1/2018	$196.92	26	No	N/A

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77295	3-dimensional radiotherapy plan, including dose-volume histograms	7/1/2018	$423.95		No	N/A
77295	3-dimensional radiotherapy plan, including dose-volume histograms	7/1/2018	$227.03	TC	No	N/A
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	1/1/1979	$0.00		No	N/A
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	7/1/2018	$28.48	26	No	N/A
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	7/1/2018	$57.29		No	N/A
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	7/1/2018	$28.81	TC	No	N/A
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	7/1/2018	$366.35	26	No	N/A
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	7/1/2018	$1,668.64		No	N/A
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	7/1/2018	$1,302.30	TC	No	N/A
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	7/1/2018	$64.48	26	No	N/A
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	7/1/2018	$129.39		No	N/A
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	7/1/2018	$64.92	TC	No	N/A
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	7/1/2018	$132.77	26	No	N/A
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	7/1/2018	$250.16		No	N/A
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	7/1/2018	$117.40	TC	No	N/A
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	7/1/2018	$64.48	26	No	N/A
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	7/1/2018	$162.00		No	N/A
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	7/1/2018	$97.52	TC	No	N/A
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	7/1/2018	$83.71	26	No	N/A

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77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	7/1/2018	$211.20		No	N/A
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	7/1/2018	$127.49	TC	No	N/A
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	7/1/2018	$132.77	26	No	N/A
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	7/1/2018	$305.90		No	N/A
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	7/1/2018	$173.12	TC	No	N/A
77321	Special teletherapy port plan, particles, hemibody, total body	7/1/2018	$43.71	26	No	N/A
77321	Special teletherapy port plan, particles, hemibody, total body	7/1/2018	$80.70		No	N/A
77321	Special teletherapy port plan, particles, hemibody, total body	7/1/2018	$36.99	TC	No	N/A
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	7/1/2018	$39.96	26	No	N/A
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	7/1/2018	$55.91		No	N/A
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	7/1/2018	$15.95	TC	No	N/A
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	7/1/2018	$21.05	26	No	N/A
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	7/1/2018	$50.15		No	N/A
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	7/1/2018	$29.10	TC	No	N/A
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	7/1/2018	$34.44	26	No	N/A
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	7/1/2018	$83.41		No	N/A
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	7/1/2018	$48.97	TC	No	N/A
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	7/1/2018	$52.99	26	No	N/A
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	7/1/2018	$110.74		No	N/A
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	7/1/2018	$57.74	TC	No	N/A
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	7/1/2018	$66.33		No	N/A
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	7/1/2018	$196.92	26	No	N/A
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	7/1/2018	$438.72		No	N/A

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77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	7/1/2018	$241.80	TC	No	N/A
77370	Special medical radiation physics consultation	7/1/2018	$101.93		No	N/A
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	4/1/2016	$951.46		No	N/A
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	7/1/2018	$905.99		No	N/A
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	7/1/2018	$1,152.42		No	N/A
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	1/1/2015	$0.00		No	N/A
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	1/1/2015	$0.00		No	N/A
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	9/1/2016	$25.97	26	No	N/A
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	9/1/2016	$43.78		No	N/A
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	9/1/2016	$17.81	TC	No	N/A
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	1/1/1979	$0.00		No	N/A
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	7/1/2018	$20.62		No	N/A
77402	Radiation treatment delivery, >=1 MeV; simple	7/1/2014	$112.84		No	N/A
77407	Radiation treatment delivery, >=1 MeV; intermediate	7/1/2014	$204.99		No	N/A
77412	Radiation treatment delivery, >=1 MeV; complex	7/1/2014	$194.59		No	N/A
77417	Therapeutic radiology port image(s)	7/1/2018	$9.23		No	N/A
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	7/1/2015	$52.63		No	N/A
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	1/1/2012	$0.00		No	N/A
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	1/1/2012	$0.00		No	N/A
77427	Radiation treatment management, 5 treatments	7/1/2018	$162.85		No	N/A
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	7/1/2018	$89.44		No	N/A
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	7/1/2018	$367.17		No	N/A
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	7/1/2018	$553.57		No	N/A
77469	Intraoperative radiation treatment management	7/1/2018	$279.44		No	N/A
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	7/1/2018	$92.98	26	No	N/A
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	7/1/2018	$118.86		No	N/A
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	7/1/2018	$25.88	TC	No	N/A
77499	Unlisted procedure, therapeutic radiology treatment management	1/1/1979	$0.00		No	N/A
77520	Proton treatment delivery; simple, without compensation	1/1/2000	$0.00		No	N/A
77522	Proton treatment delivery; simple, with compensation	1/1/2001	$0.00		No	N/A

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77523	Proton treatment delivery; intermediate	1/1/2000	$0.00		No	N/A
77525	Proton treatment delivery; complex	1/1/2001	$0.00		No	N/A
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	7/1/2018	$62.02	26	No	N/A
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	7/1/2018	$361.94		No	N/A
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	7/1/2018	$299.93	TC	No	N/A
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	7/1/2018	$86.55	26	No	N/A
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	7/1/2018	$634.59		No	N/A
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	7/1/2018	$548.04	TC	No	N/A
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	7/1/2018	$58.60	26	No	N/A
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	7/1/2018	$639.95		No	N/A
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	7/1/2018	$581.36	TC	No	N/A
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	7/1/2018	$84.03	26	No	N/A
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	7/1/2018	$871.53		No	N/A
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	7/1/2018	$787.51	TC	No	N/A
77620	Hyperthermia generated by intracavitary probe(s)	7/1/2018	$72.93	26	No	N/A
77620	Hyperthermia generated by intracavitary probe(s)	7/1/2018	$394.18		No	N/A
77620	Hyperthermia generated by intracavitary probe(s)	7/1/2018	$321.26	TC	No	N/A
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	7/1/2018	$229.19	26	No	N/A
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	7/1/2018	$324.84		No	N/A
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	7/1/2018	$95.64	TC	No	N/A
77761	Intracavitary radiation source application; simple	7/1/2018	$176.78	26	No	N/A
77761	Intracavitary radiation source application; simple	7/1/2018	$338.35		No	N/A
77761	Intracavitary radiation source application; simple	7/1/2018	$161.57	TC	No	N/A
77762	Intracavitary radiation source application; intermediate	7/1/2018	$264.41	26	No	N/A
77762	Intracavitary radiation source application; intermediate	7/1/2018	$450.11		No	N/A
77762	Intracavitary radiation source application; intermediate	7/1/2018	$185.70	TC	No	N/A
77763	Intracavitary radiation source application; complex	7/1/2018	$398.51	26	No	N/A
77763	Intracavitary radiation source application; complex	7/1/2018	$644.03		No	N/A
77763	Intracavitary radiation source application; complex	7/1/2018	$245.52	TC	No	N/A
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	7/1/2018	$48.12	26	No	N/A
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	7/1/2018	$192.11		No	N/A
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	7/1/2018	$143.99	TC	No	N/A
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	7/1/2018	$64.48	26	No	N/A
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	7/1/2018	$300.85		No	N/A
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	7/1/2018	$236.38	TC	No	N/A
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	7/1/2018	$89.34	26	No	N/A

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77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	7/1/2018	$276.17		No	N/A
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	7/1/2018	$186.82	TC	No	N/A
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	7/1/2018	$174.58	26	No	N/A
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	7/1/2018	$513.86		No	N/A
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	7/1/2018	$339.29	TC	No	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	7/1/2018	$247.16	26	No	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	7/1/2018	$782.78		No	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	7/1/2018	$535.63	TC	No	N/A
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	7/1/2018	$401.36	26	No	N/A
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	7/1/2018	$711.97		No	N/A
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	7/1/2018	$310.60	TC	No	N/A
77789	Surface application of low dose rate radionuclide source	7/1/2018	$52.67	26	No	N/A
77789	Surface application of low dose rate radionuclide source	7/1/2018	$104.27		No	N/A
77789	Surface application of low dose rate radionuclide source	7/1/2018	$51.60	TC	No	N/A
77790	Supervision, handling, loading of radiation source	7/1/2015	$46.29	26	No	N/A
77790	Supervision, handling, loading of radiation source	7/1/2018	$12.44		No	N/A
77790	Supervision, handling, loading of radiation source	7/1/2015	$34.71	TC	No	N/A
77799	Unlisted procedure, clinical brachytherapy	1/1/1979	$0.00		No	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	7/1/2018	$8.37	26	No	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	7/1/2018	$69.49		No	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	7/1/2018	$61.12	TC	No	N/A
78013	Thyroid imaging (including vascular flow, when performed);	7/1/2018	$16.12	26	No	N/A
78013	Thyroid imaging (including vascular flow, when performed);	7/1/2018	$165.08		No	N/A
78013	Thyroid imaging (including vascular flow, when performed);	7/1/2018	$148.96	TC	No	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	7/1/2018	$21.66	26	No	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	7/1/2018	$207.74		No	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	7/1/2018	$186.08	TC	No	N/A

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78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	7/1/2018	$29.10	26	No	N/A
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	7/1/2018	$192.08		No	N/A
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	7/1/2018	$162.99	TC	No	N/A
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	7/1/2018	$30.83	26	No	N/A
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	7/1/2018	$243.37		No	N/A
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	7/1/2018	$212.54	TC	No	N/A
78018	Thyroid carcinoma metastases imaging; whole body	7/1/2018	$36.41	26	No	N/A
78018	Thyroid carcinoma metastases imaging; whole body	7/1/2018	$269.71		No	N/A
78018	Thyroid carcinoma metastases imaging; whole body	7/1/2018	$233.29	TC	No	N/A
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	7/1/2018	$24.74	26	No	N/A
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	7/1/2018	$73.00		No	N/A
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	7/1/2018	$48.26	TC	No	N/A
78070	Parathyroid planar imaging (including subtraction, when performed);	7/1/2018	$34.47	26	No	N/A
78070	Parathyroid planar imaging (including subtraction, when performed);	7/1/2018	$258.83		No	N/A
78070	Parathyroid planar imaging (including subtraction, when performed);	7/1/2018	$224.36	TC	No	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	7/1/2018	$51.86	26	No	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	7/1/2018	$308.82		No	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	7/1/2018	$256.96	TC	No	N/A
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	7/1/2018	$68.07	26	No	N/A
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	7/1/2018	$358.35		No	N/A
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	7/1/2018	$290.28	TC	No	N/A
78075	Adrenal imaging, cortex and/or medulla	7/1/2018	$32.82	26	No	N/A
78075	Adrenal imaging, cortex and/or medulla	7/1/2018	$389.03		No	N/A
78075	Adrenal imaging, cortex and/or medulla	7/1/2018	$356.20	TC	No	N/A
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	1/1/1979	$0.00		No	N/A
78102	Bone marrow imaging; limited area	7/1/2018	$23.28	26	No	N/A
78102	Bone marrow imaging; limited area	7/1/2018	$145.94		No	N/A
78102	Bone marrow imaging; limited area	7/1/2018	$122.65	TC	No	N/A
78103	Bone marrow imaging; multiple areas	7/1/2018	$31.23	26	No	N/A
78103	Bone marrow imaging; multiple areas	7/1/2018	$186.90		No	N/A
78103	Bone marrow imaging; multiple areas	7/1/2018	$155.68	TC	No	N/A
78104	Bone marrow imaging; whole body	7/1/2018	$34.18	26	No	N/A
78104	Bone marrow imaging; whole body	7/1/2018	$213.24		No	N/A
78104	Bone marrow imaging; whole body	7/1/2018	$179.06	TC	No	N/A

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78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	7/1/2018	$7.20	26	No	N/A
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	7/1/2018	$69.36		No	N/A
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	7/1/2018	$62.16	TC	No	N/A
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	7/1/2018	$8.46	26	No	N/A
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	7/1/2018	$66.54		No	N/A
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	7/1/2018	$58.07	TC	No	N/A
78120	Red cell volume determination (separate procedure); single sampling	7/1/2018	$8.78	26	No	N/A
78120	Red cell volume determination (separate procedure); single sampling	7/1/2018	$65.39		No	N/A
78120	Red cell volume determination (separate procedure); single sampling	7/1/2018	$56.61	TC	No	N/A
78121	Red cell volume determination (separate procedure); multiple samplings	7/1/2018	$12.00	26	No	N/A
78121	Red cell volume determination (separate procedure); multiple samplings	7/1/2018	$72.99		No	N/A
78121	Red cell volume determination (separate procedure); multiple samplings	7/1/2018	$60.99	TC	No	N/A
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	7/1/2018	$18.71	26	No	N/A
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	7/1/2018	$82.33		No	N/A
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	7/1/2018	$63.62	TC	No	N/A
78130	Red cell survival study;	7/1/2018	$22.85	26	No	N/A
78130	Red cell survival study;	7/1/2018	$117.62		No	N/A
78130	Red cell survival study;	7/1/2018	$94.77	TC	No	N/A
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	7/1/2018	$24.12	26	No	N/A
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	7/1/2018	$246.01		No	N/A
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	7/1/2018	$221.90	TC	No	N/A
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	7/1/2018	$22.85	26	No	N/A
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	7/1/2018	$97.58		No	N/A
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	7/1/2018	$74.73	TC	No	N/A
78185	Spleen imaging only, with or without vascular flow	7/1/2018	$15.17	26	No	N/A
78185	Spleen imaging only, with or without vascular flow	7/1/2018	$147.47		No	N/A
78185	Spleen imaging only, with or without vascular flow	7/1/2018	$132.30	TC	No	N/A
78191	Platelet survival study	7/1/2018	$22.85	26	No	N/A
78191	Platelet survival study	7/1/2018	$117.62		No	N/A
78191	Platelet survival study	7/1/2018	$94.77	TC	No	N/A
78195	Lymphatics and lymph nodes imaging	7/1/2018	$51.73	26	No	N/A
78195	Lymphatics and lymph nodes imaging	7/1/2018	$307.52		No	N/A
78195	Lymphatics and lymph nodes imaging	7/1/2018	$255.79	TC	No	N/A
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	1/1/1979	$0.00		No	N/A

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78201	Liver imaging; static only	7/1/2018	$18.68	26	No	N/A
78201	Liver imaging; static only	7/1/2018	$162.96		No	N/A
78201	Liver imaging; static only	7/1/2018	$144.28	TC	No	N/A
78202	Liver imaging; with vascular flow	7/1/2018	$20.94	26	No	N/A
78202	Liver imaging; with vascular flow	7/1/2018	$171.95		No	N/A
78202	Liver imaging; with vascular flow	7/1/2018	$151.00	TC	No	N/A
78205	Liver imaging (SPECT);	7/1/2018	$29.64	26	No	N/A
78205	Liver imaging (SPECT);	7/1/2018	$182.11		No	N/A
78205	Liver imaging (SPECT);	7/1/2018	$152.47	TC	No	N/A
78206	Liver imaging (SPECT); with vascular flow	7/1/2018	$41.28	26	No	N/A
78206	Liver imaging (SPECT); with vascular flow	7/1/2018	$296.78		No	N/A
78206	Liver imaging (SPECT); with vascular flow	7/1/2018	$255.50	TC	No	N/A
78215	Liver and spleen imaging; static only	7/1/2018	$21.34	26	No	N/A
78215	Liver and spleen imaging; static only	7/1/2018	$167.37		No	N/A
78215	Liver and spleen imaging; static only	7/1/2018	$146.03	TC	No	N/A
78216	Liver and spleen imaging; with vascular flow	7/1/2018	$24.23	26	No	N/A
78216	Liver and spleen imaging; with vascular flow	7/1/2018	$109.18		No	N/A
78216	Liver and spleen imaging; with vascular flow	7/1/2018	$84.96	TC	No	N/A
78226	Hepatobiliary system imaging, including gallbladder when present;	7/1/2018	$32.24	26	No	N/A
78226	Hepatobiliary system imaging, including gallbladder when present;	7/1/2018	$285.11		No	N/A
78226	Hepatobiliary system imaging, including gallbladder when present;	7/1/2018	$252.87	TC	No	N/A
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	7/1/2018	$39.34	26	No	N/A
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	7/1/2018	$386.19		No	N/A
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	7/1/2018	$346.85	TC	No	N/A
78230	Salivary gland imaging;	7/1/2018	$20.04	26	No	N/A
78230	Salivary gland imaging;	7/1/2018	$149.72		No	N/A
78230	Salivary gland imaging;	7/1/2018	$129.67	TC	No	N/A
78231	Salivary gland imaging; with serial images	7/1/2018	$19.65	26	No	N/A
78231	Salivary gland imaging; with serial images	7/1/2018	$90.86		No	N/A
78231	Salivary gland imaging; with serial images	7/1/2018	$71.22	TC	No	N/A
78232	Salivary gland function study	7/1/2018	$17.73	26	No	N/A
78232	Salivary gland function study	7/1/2018	$86.62		No	N/A
78232	Salivary gland function study	7/1/2018	$68.89	TC	No	N/A
78258	Esophageal motility	7/1/2018	$32.24	26	No	N/A
78258	Esophageal motility	7/1/2018	$194.06		No	N/A
78258	Esophageal motility	7/1/2018	$161.82	TC	No	N/A
78261	Gastric mucosa imaging	7/1/2018	$26.03	26	No	N/A
78261	Gastric mucosa imaging	7/1/2018	$174.40		No	N/A
78261	Gastric mucosa imaging	7/1/2018	$148.37	TC	No	N/A
78262	Gastroesophageal reflux study	7/1/2018	$29.25	26	No	N/A
78262	Gastroesophageal reflux study	7/1/2018	$208.02		No	N/A
78262	Gastroesophageal reflux study	7/1/2018	$178.77	TC	No	N/A
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	7/1/2018	$34.15	26	No	N/A
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	7/1/2018	$289.36		No	N/A

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78264	Gastric emptying imaging study (eg, solid, liquid, or both);	7/1/2018	$255.21	TC	No	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	7/1/2018	$42.52	26	No	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	7/1/2018	$325.66		No	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	7/1/2018	$283.14	TC	No	N/A
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	7/1/2018	$47.09	26	No	N/A
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	7/1/2018	$409.14		No	N/A
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	7/1/2018	$362.04	TC	No	N/A
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	7/1/2017	$9.70		No	N/A
78268	Urea breath test, C-14 (isotopic); analysis	7/1/2017	$83.16		No	N/A
78278	Acute gastrointestinal blood loss imaging	7/1/2018	$43.14	26	No	N/A
78278	Acute gastrointestinal blood loss imaging	7/1/2018	$300.97		No	N/A
78278	Acute gastrointestinal blood loss imaging	7/1/2018	$257.84	TC	No	N/A
78282	Gastrointestinal protein loss	7/1/2018	$16.73	26	No	N/A
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	7/1/2018	$29.42	26	No	N/A
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	7/1/2018	$284.92		No	N/A
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	7/1/2018	$255.50	TC	No	N/A
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	7/1/2018	$37.65	26	No	N/A
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	7/1/2018	$221.38		No	N/A
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	7/1/2018	$183.74	TC	No	N/A
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	7/1/2017	$0.00		No	N/A
78300	Bone and/or joint imaging; limited area	7/1/2018	$27.48	26	No	N/A
78300	Bone and/or joint imaging; limited area	7/1/2018	$199.06		No	N/A
78300	Bone and/or joint imaging; limited area	7/1/2018	$171.59	TC	No	N/A
78305	Bone and/or joint imaging; multiple areas	7/1/2018	$36.20	26	No	N/A
78305	Bone and/or joint imaging; multiple areas	7/1/2018	$242.73		No	N/A
78305	Bone and/or joint imaging; multiple areas	7/1/2018	$206.53	TC	No	N/A
78306	Bone and/or joint imaging; whole body	7/1/2018	$37.46	26	No	N/A
78306	Bone and/or joint imaging; whole body	7/1/2018	$261.82		No	N/A
78306	Bone and/or joint imaging; whole body	7/1/2018	$224.36	TC	No	N/A
78315	Bone and/or joint imaging; 3 phase study	7/1/2018	$44.11	26	No	N/A
78315	Bone and/or joint imaging; 3 phase study	7/1/2018	$298.73		No	N/A
78315	Bone and/or joint imaging; 3 phase study	7/1/2018	$254.63	TC	No	N/A
78320	Bone and/or joint imaging; tomographic (SPECT)	7/1/2018	$44.46	26	No	N/A
78320	Bone and/or joint imaging; tomographic (SPECT)	7/1/2018	$197.80		No	N/A
78320	Bone and/or joint imaging; tomographic (SPECT)	7/1/2018	$153.34	TC	No	N/A
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	7/1/2017	$0.00	26	No	N/A
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	7/1/2017	$0.00		No	N/A
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	7/1/2017	$0.00	TC	No	N/A
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	7/1/2017	$0.00		No	N/A
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	7/1/2017	$0.00		No	N/A

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78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	7/1/2018	$19.58	26	No	N/A
78428	Cardiac shunt detection	7/1/2018	$33.37	26	No	N/A
78428	Cardiac shunt detection	7/1/2018	$157.78		No	N/A
78428	Cardiac shunt detection	7/1/2018	$124.41	TC	No	N/A
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	7/1/2018	$21.51	26	No	N/A
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	7/1/2018	$160.53		No	N/A
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	7/1/2018	$139.02	TC	No	N/A
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	7/1/2018	$59.45	26	No	N/A
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	7/1/2018	$294.78		No	N/A
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	7/1/2018	$235.33	TC	No	N/A
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	7/1/2018	$70.01	26	No	N/A
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	7/1/2018	$409.73		No	N/A
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	7/1/2018	$339.71	TC	No	N/A
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	7/1/2018	$43.46	26	No	N/A
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	7/1/2018	$262.43		No	N/A
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	7/1/2018	$218.97	TC	No	N/A
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	7/1/2018	$58.61	26	No	N/A

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78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	7/1/2018	$377.10		No	N/A
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	7/1/2018	$318.50	TC	No	N/A
78456	Acute venous thrombosis imaging, peptide	7/1/2018	$43.00	26	No	N/A
78456	Acute venous thrombosis imaging, peptide	7/1/2018	$267.53		No	N/A
78456	Acute venous thrombosis imaging, peptide	7/1/2018	$224.52	TC	No	N/A
78457	Venous thrombosis imaging, venogram; unilateral	7/1/2018	$33.34	26	No	N/A
78457	Venous thrombosis imaging, venogram; unilateral	7/1/2018	$165.92		No	N/A
78457	Venous thrombosis imaging, venogram; unilateral	7/1/2018	$132.59	TC	No	N/A
78458	Venous thrombosis imaging, venogram; bilateral	7/1/2018	$39.64	26	No	N/A
78458	Venous thrombosis imaging, venogram; bilateral	7/1/2018	$176.61		No	N/A
78458	Venous thrombosis imaging, venogram; bilateral	7/1/2018	$136.98	TC	No	N/A
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	7/1/2018	$62.75	26	No	N/A
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	7/1/2011	$919.24	TC	No	N/A
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	7/1/2018	$31.03	26	No	N/A
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	7/1/2018	$170.35		No	N/A
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	7/1/2018	$139.31	TC	No	N/A
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	7/1/2018	$34.31	26	No	N/A
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	7/1/2018	$166.61		No	N/A
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	7/1/2018	$132.30	TC	No	N/A
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	7/1/2018	$39.95	26	No	N/A
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	7/1/2018	$198.26		No	N/A
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	7/1/2018	$158.31	TC	No	N/A
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	7/1/2018	$42.52	26	No	N/A
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	7/1/2018	$198.20		No	N/A
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	7/1/2018	$155.68	TC	No	N/A
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	7/1/2018	$62.95	26	No	N/A
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	7/1/2018	$250.64		No	N/A

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78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	7/1/2018	$187.70	TC	No	N/A
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	7/1/2018	$42.35	26	No	N/A
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	7/1/2018	$151.98		No	N/A
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	7/1/2018	$109.63	TC	No	N/A
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	7/1/2018	$62.95	26	No	N/A
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	7/1/2018	$209.85		No	N/A
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	7/1/2018	$146.92	TC	No	N/A
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	7/1/2018	$63.04	26	No	N/A
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	7/1/2011	$919.14	TC	No	N/A
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	7/1/2018	$79.58	26	No	N/A
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	7/1/2011	$919.30	TC	No	N/A
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	7/1/2018	$51.36	26	No	N/A
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	7/1/2018	$195.35		No	N/A
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	7/1/2018	$143.99	TC	No	N/A
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	7/1/2018	$21.50	26	No	N/A
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	7/1/2018	$38.32		No	N/A
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	7/1/2018	$16.82	TC	No	N/A
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	1/1/1979	$0.00		No	N/A
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	7/1/2018	$21.18	26	No	N/A
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	7/1/2018	$161.07		No	N/A

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78579	Pulmonary ventilation imaging (eg, aerosol or gas)	7/1/2018	$139.90	TC	No	N/A
78580	Pulmonary perfusion imaging (eg, particulate)	7/1/2018	$32.24	26	No	N/A
78580	Pulmonary perfusion imaging (eg, particulate)	7/1/2018	$206.04		No	N/A
78580	Pulmonary perfusion imaging (eg, particulate)	7/1/2018	$173.80	TC	No	N/A
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	7/1/2018	$46.48	26	No	N/A
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	7/1/2018	$288.53		No	N/A
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	7/1/2018	$242.06	TC	No	N/A
78597	Quantitative differential pulmonary perfusion, including imaging when performed	7/1/2018	$31.52	26	No	N/A
78597	Quantitative differential pulmonary perfusion, including imaging when performed	7/1/2018	$175.51		No	N/A
78597	Quantitative differential pulmonary perfusion, including imaging when performed	7/1/2018	$143.99	TC	No	N/A
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	7/1/2018	$36.39	26	No	N/A
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	7/1/2018	$262.95		No	N/A
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	7/1/2018	$226.57	TC	No	N/A
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	1/1/1979	$0.00		No	N/A
78600	Brain imaging, less than 4 static views;	7/1/2018	$19.43	26	No	N/A
78600	Brain imaging, less than 4 static views;	7/1/2018	$158.74		No	N/A
78600	Brain imaging, less than 4 static views;	7/1/2018	$139.31	TC	No	N/A
78601	Brain imaging, less than 4 static views; with vascular flow	7/1/2018	$21.99	26	No	N/A
78601	Brain imaging, less than 4 static views; with vascular flow	7/1/2018	$184.68		No	N/A
78601	Brain imaging, less than 4 static views; with vascular flow	7/1/2018	$162.69	TC	No	N/A
78605	Brain imaging, minimum 4 static views;	7/1/2018	$23.52	26	No	N/A
78605	Brain imaging, minimum 4 static views;	7/1/2017	$171.31		No	N/A
78605	Brain imaging, minimum 4 static views;	7/1/2018	$147.79	TC	No	N/A
78606	Brain imaging, minimum 4 static views; with vascular flow	7/1/2018	$27.67	26	No	N/A
78606	Brain imaging, minimum 4 static views; with vascular flow	7/1/2018	$283.46		No	N/A
78606	Brain imaging, minimum 4 static views; with vascular flow	7/1/2018	$255.79	TC	No	N/A
78607	Brain imaging, tomographic (SPECT)	7/1/2018	$52.25	26	No	N/A
78607	Brain imaging, tomographic (SPECT)	7/1/2018	$302.78		No	N/A
78607	Brain imaging, tomographic (SPECT)	7/1/2018	$250.53	TC	No	N/A
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	7/1/2018	$63.50	26	No	N/A
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	1/1/2017	$884.28	TC	No	N/A
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	7/1/2008	$79.37	26	No	N/A
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	7/1/2008	$1,133.81		No	N/A
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	7/1/2008	$1,054.44	TC	No	N/A
78610	Brain imaging, vascular flow only	7/1/2018	$13.27	26	No	N/A
78610	Brain imaging, vascular flow only	7/1/2018	$150.25		No	N/A
78610	Brain imaging, vascular flow only	7/1/2018	$136.98	TC	No	N/A
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	7/1/2018	$29.71	26	No	N/A
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	7/1/2018	$291.35		No	N/A
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	7/1/2018	$261.64	TC	No	N/A

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78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	7/1/2018	$27.15	26	No	N/A
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	7/1/2018	$291.42		No	N/A
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	7/1/2018	$264.27	TC	No	N/A
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	7/1/2018	$24.52	26	No	N/A
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	7/1/2018	$279.73		No	N/A
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	7/1/2018	$255.21	TC	No	N/A
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	7/1/2018	$39.92	26	No	N/A
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	7/1/2018	$302.73		No	N/A
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	7/1/2018	$262.81	TC	No	N/A
78650	Cerebrospinal fluid leakage detection and localization	7/1/2018	$22.85	26	No	N/A
78650	Cerebrospinal fluid leakage detection and localization	7/1/2018	$234.81		No	N/A
78650	Cerebrospinal fluid leakage detection and localization	7/1/2018	$211.96	TC	No	N/A
78660	Radiopharmaceutical dacryocystography	7/1/2018	$23.06	26	No	N/A
78660	Radiopharmaceutical dacryocystography	7/1/2018	$155.36		No	N/A
78660	Radiopharmaceutical dacryocystography	7/1/2018	$132.30	TC	No	N/A
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	1/1/1979	$0.00		No	N/A
78700	Kidney imaging morphology;	7/1/2018	$19.58	26	No	N/A
78700	Kidney imaging morphology;	7/1/2018	$148.38		No	N/A
78700	Kidney imaging morphology;	7/1/2018	$128.79	TC	No	N/A
78701	Kidney imaging morphology; with vascular flow	7/1/2018	$21.18	26	No	N/A
78701	Kidney imaging morphology; with vascular flow	7/1/2018	$184.74		No	N/A
78701	Kidney imaging morphology; with vascular flow	7/1/2018	$163.57	TC	No	N/A
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	7/1/2018	$41.00	26	No	N/A
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	7/1/2018	$201.06		No	N/A
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	7/1/2018	$160.07	TC	No	N/A
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	7/1/2018	$52.18	26	No	N/A
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	7/1/2018	$152.50		No	N/A
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	7/1/2018	$100.32	TC	No	N/A

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78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	7/1/2018	$60.29	26	No	N/A
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	7/1/2018	$316.96		No	N/A
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	7/1/2018	$256.67	TC	No	N/A
78710	Kidney imaging morphology; tomographic (SPECT)	7/1/2018	$26.81	26	No	N/A
78710	Kidney imaging morphology; tomographic (SPECT)	7/1/2018	$174.30		No	N/A
78710	Kidney imaging morphology; tomographic (SPECT)	7/1/2018	$147.50	TC	No	N/A
78725	Kidney function study, non-imaging radioisotopic study	7/1/2018	$16.16	26	No	N/A
78725	Kidney function study, non-imaging radioisotopic study	7/1/2018	$92.04		No	N/A
78725	Kidney function study, non-imaging radioisotopic study	7/1/2018	$75.90	TC	No	N/A
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	7/1/2018	$7.07	26	No	N/A
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	7/1/2018	$67.15		No	N/A
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	7/1/2018	$60.08	TC	No	N/A
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	7/1/2018	$24.35	26	No	N/A
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	7/1/2018	$187.92		No	N/A
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	7/1/2018	$163.57	TC	No	N/A
78761	Testicular imaging with vascular flow	7/1/2018	$31.27	26	No	N/A
78761	Testicular imaging with vascular flow	7/1/2018	$181.68		No	N/A
78761	Testicular imaging with vascular flow	7/1/2018	$150.42	TC	No	N/A
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	1/1/1979	$0.00		No	N/A
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	7/1/2018	$29.39	26	No	N/A
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	7/1/2018	$166.08		No	N/A
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	7/1/2018	$136.68	TC	No	N/A
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	7/1/2018	$34.48	26	No	N/A
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	7/1/2018	$223.77		No	N/A
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	7/1/2018	$189.29	TC	No	N/A
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	7/1/2018	$36.71	26	No	N/A
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	7/1/2018	$279.06		No	N/A
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	7/1/2018	$242.35	TC	No	N/A

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78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	7/1/2018	$45.79	26	No	N/A
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	7/1/2018	$295.74		No	N/A
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	7/1/2018	$249.95	TC	No	N/A
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	7/1/2018	$46.02	26	No	N/A
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	7/1/2018	$488.47		No	N/A
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	7/1/2018	$442.45	TC	No	N/A
78805	Radiopharmaceutical localization of inflammatory process; limited area	7/1/2018	$31.62	26	No	N/A
78805	Radiopharmaceutical localization of inflammatory process; limited area	7/1/2018	$158.08		No	N/A
78805	Radiopharmaceutical localization of inflammatory process; limited area	7/1/2018	$126.46	TC	No	N/A
78806	Radiopharmaceutical localization of inflammatory process; whole body	7/1/2018	$37.00	26	No	N/A
78806	Radiopharmaceutical localization of inflammatory process; whole body	7/1/2018	$287.83		No	N/A
78806	Radiopharmaceutical localization of inflammatory process; whole body	7/1/2018	$250.82	TC	No	N/A
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	7/1/2018	$46.08	26	No	N/A
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	7/1/2018	$296.33		No	N/A
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	7/1/2018	$250.25	TC	No	N/A
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	7/1/2018	$33.05		No	N/A
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	7/1/2018	$67.29	26	No	N/A
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	7/1/2011	$884.28	TC	No	N/A
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	7/1/2018	$82.44	26	No	N/A
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	7/1/2011	$884.29	TC	No	N/A
78813	Positron emission tomography (PET) imaging; whole body	7/1/2018	$85.28	26	No	N/A
78813	Positron emission tomography (PET) imaging; whole body	7/1/2011	$884.28	TC	No	N/A
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	7/1/2018	$94.73	26	No	N/A
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	7/1/2011	$884.28	TC	No	N/A
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	7/1/2018	$105.01	26	No	N/A
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	7/1/2011	$884.28	TC	No	N/A
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	7/1/2018	$106.37	26	No	N/A
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	7/1/2011	$884.28	TC	No	N/A
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	1/1/1979	$0.00		No	N/A
79005	Radiopharmaceutical therapy, by oral administration	7/1/2018	$77.77	26	No	N/A

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79005	Radiopharmaceutical therapy, by oral administration	7/1/2018	$118.43		No	N/A
79005	Radiopharmaceutical therapy, by oral administration	7/1/2018	$40.66	TC	No	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	7/1/2018	$85.28	26	No	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	7/1/2018	$125.49		No	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	7/1/2018	$40.20	TC	No	N/A
79200	Radiopharmaceutical therapy, by intracavitary administration	7/1/2018	$74.91	26	No	N/A
79200	Radiopharmaceutical therapy, by intracavitary administration	7/1/2018	$117.04		No	N/A
79200	Radiopharmaceutical therapy, by intracavitary administration	7/1/2018	$42.12	TC	No	N/A
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	7/1/2018	$70.70	26	No	N/A
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	7/1/2018	$97.07	26	No	N/A
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	7/1/2018	$165.94		No	N/A
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	7/1/2018	$68.89	TC	No	N/A
79440	Radiopharmaceutical therapy, by intra-articular administration	7/1/2018	$74.91	26	No	N/A
79440	Radiopharmaceutical therapy, by intra-articular administration	7/1/2018	$108.97		No	N/A
79440	Radiopharmaceutical therapy, by intra-articular administration	7/1/2018	$34.07	TC	No	N/A
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	7/1/2018	$101.38	26	No	N/A
79999	Radiopharmaceutical therapy, unlisted procedure	1/1/1979	$0.00		No	N/A
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	7/1/2018	$12.36		No	N/A
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	7/1/2018	$9.40		No	N/A
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	7/1/2018	$7.79		No	N/A
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	7/1/2018	$11.74		No	N/A
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	7/1/2018	$53.12		No	N/A
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	7/1/2018	$14.88		No	N/A

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80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	7/1/2018	$9.65		No	N/A
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	7/1/2018	$52.93		No	N/A
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	7/1/2018	$9.08		No	N/A
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	7/1/2018	$83.18		No	N/A
80150	Amikacin	7/1/2018	$16.75		No	N/A
80155	Caffeine	7/1/2018	$34.71		No	N/A
80156	Carbamazepine; total	7/1/2018	$16.18		No	N/A
80157	Carbamazepine; free	7/1/2018	$14.72		No	N/A
80158	Cyclosporine	7/1/2018	$20.05		No	N/A
80159	Clozapine	7/1/2018	$20.55		No	N/A
80162	Digoxin; total	7/1/2018	$14.75		No	N/A
80163	Digoxin; free	7/1/2018	$14.75		No	N/A
80164	Valproic acid (dipropylacetic acid); total	7/1/2018	$15.05		No	N/A
80165	Valproic acid (dipropylacetic acid); free	7/1/2018	$15.05		No	N/A
80168	Ethosuximide	7/1/2018	$18.15		No	N/A
80169	Everolimus	7/1/2018	$15.26		No	N/A
80170	Gentamicin	7/1/2018	$18.20		No	N/A
80171	Gabapentin, whole blood, serum, or plasma	7/1/2018	$19.50		No	N/A
80173	Haloperidol	7/1/2018	$16.18		No	N/A
80175	Lamotrigine	7/1/2018	$14.72		No	N/A
80176	Lidocaine	7/1/2018	$16.33		No	N/A
80177	Levetiracetam	7/1/2018	$14.72		No	N/A
80178	Lithium	7/1/2018	$7.34		No	N/A
80180	Mycophenolate (mycophenolic acid)	7/1/2018	$20.05		No	N/A
80183	Oxcarbazepine	7/1/2018	$14.72		No	N/A
80184	Phenobarbital	7/1/2018	$13.77		No	N/A
80185	Phenytoin; total	7/1/2018	$14.72		No	N/A
80186	Phenytoin; free	7/1/2018	$15.29		No	N/A
80188	Primidone	7/1/2018	$18.43		No	N/A
80190	Procainamide;	7/1/2018	$54.00		No	N/A
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	7/1/2018	$18.61		No	N/A
80194	Quinidine	7/1/2018	$16.23		No	N/A

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80195	Sirolimus	7/1/2018	$15.26		No	N/A
80197	Tacrolimus	7/1/2018	$15.26		No	N/A
80198	Theophylline	7/1/2018	$15.71		No	N/A
80199	Tiagabine	7/1/2018	$24.40		No	N/A
80200	Tobramycin	7/1/2018	$17.92		No	N/A
80201	Topiramate	7/1/2018	$13.25		No	N/A
80202	Vancomycin	7/1/2018	$15.05		No	N/A
80203	Zonisamide	7/1/2018	$14.72		No	N/A
80299	Quantitation of therapeutic drug, not elsewhere specified	7/1/2018	$16.78		No	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	7/1/2018	$12.11		No	N/A
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	7/1/2018	$16.16		No	N/A
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	7/1/2018	$64.65		No	N/A
80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	7/1/2018	$36.24		No	N/A
80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	7/1/2018	$96.62		No	N/A
80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	7/1/2018	$86.96		No	N/A
80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	7/1/2018	$139.45		No	N/A
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	7/1/2018	$29.77		No	N/A
80412	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)	7/1/2018	$721.46		No	N/A
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	7/1/2018	$57.38		No	N/A
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)	7/1/2018	$62.09		No	N/A
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	7/1/2018	$188.39		No	N/A
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	7/1/2018	$48.88		No	N/A

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80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)	7/1/2018	$643.89		No	N/A
80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	7/1/2018	$145.69		No	N/A
80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	7/1/2018	$51.19		No	N/A
80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	7/1/2018	$56.11		No	N/A
80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	7/1/2018	$164.90		No	N/A
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	7/1/2018	$74.12		No	N/A
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	7/1/2018	$116.40		No	N/A
80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	7/1/2018	$150.11		No	N/A
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	7/1/2018	$256.53		No	N/A
80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	7/1/2018	$114.46		No	N/A
80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	7/1/2018	$101.30		No	N/A
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	7/1/2018	$56.02		No	N/A
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	7/1/2018	$74.68		No	N/A
80500	Clinical pathology consultation; limited, without review of patient's history and medical records	7/1/2018	$20.21		No	N/A
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	7/1/2018	$64.71		No	N/A
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	7/1/2018	$3.62		No	N/A
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	7/1/2018	$3.53		No	N/A
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	7/1/2018	$3.13		No	N/A
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	7/1/2018	$2.49		No	N/A

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81005	Urinalysis; qualitative or semiquantitative, except immunoassays	7/1/2018	$2.40		No	N/A
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	7/1/2018	$26.98		No	N/A
81015	Urinalysis; microscopic only	7/1/2018	$3.38		No	N/A
81020	Urinalysis; 2 or 3 glass test	7/1/2018	$4.23		No	N/A
81025	Urine pregnancy test, by visual color comparison methods	7/1/2018	$7.75		No	N/A
81050	Volume measurement for timed collection, each	7/1/2018	$3.34		No	N/A
81099	Unlisted urinalysis procedure	1/1/1979	$0.00		No	N/A
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	1/1/2018	$135.80		Yes	Telligen
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	1/1/2018	$135.80		Yes	Telligen
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	7/1/2018	$135.80		Yes	Telligen
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	1/1/2018	$135.80		Yes	Telligen
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	1/1/2018	$135.80		Yes	Telligen
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	1/1/2018	$135.80		Yes	Telligen
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	1/1/2018	$135.80		Yes	Telligen
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	1/1/2018	$135.80		Yes	Telligen
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	1/1/2018	$173.93		Yes	Telligen
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	1/1/2018	$266.21		Yes	Telligen
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	7/1/2018	$251.10		No	N/A
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	7/1/2018	$2,027.64		Yes	Telligen
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019	$421.20		Yes	Telligen
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019	$525.81		Yes	Telligen

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81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019	$254.59		Yes	Telligen
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019	$271.22		Yes	Telligen
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019	$254.59		Yes	Telligen
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	7/1/2018	$270.00		Yes	Telligen
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	1/1/2019	$271.22		Yes	Telligen
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	1/1/2019	$166.68		Yes	Telligen
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	1/1/2018	$636.32		Yes	Telligen
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	1/1/2018	$268.78		Yes	Telligen
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	1/1/2019	$761.64		Yes	Telligen
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	1/1/2019	$166.68		Yes	Telligen
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	1/1/2019	$247.35		Yes	Telligen
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	1/1/2019	$166.68		Yes	Telligen
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	7/1/2018	$42.53		No	N/A

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81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	7/1/2018	$702.00		Yes	Telligen
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	7/1/2018	$252.00		Yes	Telligen
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	7/1/2018	$180.00		No	N/A
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	1/1/2019	$213.30		Yes	Telligen
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	7/1/2018	$85.49		No	N/A
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	7/1/2018	$182.18		Yes	Telligen
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	7/1/2018	$160.93		Yes	Telligen
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	7/1/2018	$193.16		No	N/A
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	7/1/2018	$35.38		No	N/A
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	7/1/2018	$157.86		Yes	Telligen
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	7/1/2018	$396.00		Yes	Telligen
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	7/1/2018	$337.73		Yes	Telligen
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	7/1/2018	$166.61		Yes	Telligen
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	7/1/2018	$337.73		Yes	Telligen
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	7/1/2018	$268.78		Yes	Telligen
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	7/1/2018	$135.14		Yes	Telligen
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	7/1/2018	$500.94		Yes	Telligen
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	7/1/2018	$87.50		No	N/A
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	7/1/2018	$391.56		No	N/A
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	7/1/2018	$449.10		Yes	Telligen
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	7/1/2018	$151.88		Yes	Telligen
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	7/1/2018	$262.22		Yes	Pharmacy

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81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	7/1/2018	$405.82		Yes	Pharmacy
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	7/1/2018	$157.33		Yes	Pharmacy
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	7/1/2018	$810.00		Yes	Telligen
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	1/1/2018	$1,044.00		Yes	Telligen
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	1/1/2019	$157.86		Yes	Telligen
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	7/1/2018	$292.12		Yes	Telligen
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	1/1/2019	$254.59		Yes	Telligen
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	1/1/2019	$157.86		Yes	Telligen
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	1/1/2018	$540.00		Yes	Telligen
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	1/1/2019	$247.35		Yes	Telligen
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	7/1/2018	$59.12		Yes	Telligen
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	7/1/2018	$67.90		Yes	Telligen
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	7/1/2018	$32.96		Yes	Telligen
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2018	$51.34		Yes	Telligen
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	7/1/2018	$40.40		No	N/A
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	7/1/2018	$148.96		Yes	Telligen
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	7/1/2018	$74.70		No	N/A
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	1/1/2018	$157.33		Yes	Telligen
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	7/1/2018	$337.73		Yes	Telligen
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	7/1/2018	$540.00		Yes	Telligen
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	7/1/2018	$91.01		Yes	Telligen

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81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	7/1/2018	$55.37		No	N/A
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	7/1/2018	$31.50		Yes	Telligen
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	7/1/2018	$72.62		Yes	Telligen
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	1/1/2018	$337.73		Yes	Telligen
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	1/1/2018	$540.00		Yes	Telligen
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	7/1/2018	$219.99		No	N/A
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	7/1/2018	$61.70		No	N/A
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	7/1/2018	$327.24		No	N/A
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	7/1/2018	$165.92		Yes	Telligen
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	7/1/2018	$230.51		Yes	Telligen
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	7/1/2018	$289.76		Yes	Telligen
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	1/1/2018	$182.16		Yes	Telligen
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	7/1/2018	$101.85		Yes	Telligen
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	7/1/2018	$296.56		Yes	Telligen
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	7/1/2018	$112.38		Yes	Telligen
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	7/1/2018	$173.93		Yes	Telligen
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	7/1/2018	$173.93		Yes	Telligen
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	1/1/2019	$247.35		Yes	Telligen
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	1/1/2019	$247.35		Yes	Telligen
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	7/1/2018	$112.18		No	N/A

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81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	7/1/2018	$173.09		No	N/A
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	1/1/2019	$166.68		Yes	Telligen
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	7/1/2018	$58.81		Yes	Telligen
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	7/1/2018	$607.86		Yes	Telligen
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	7/1/2018	$297.90		No	N/A
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	7/1/2018	$182.16		Yes	Telligen
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	7/1/2018	$343.53		Yes	Telligen
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	7/1/2018	$303.96		No	N/A
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	7/1/2018	$191.97		Yes	Telligen
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	7/1/2018	$577.67		Yes	Telligen
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	7/1/2018	$277.20		Yes	Telligen
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	7/1/2018	$214.20		Yes	Telligen
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	7/1/2018	$321.73		Yes	Telligen
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	7/1/2018	$475.08		Yes	Telligen
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	7/1/2018	$108.00		Yes	Telligen
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	7/1/2018	$135.00		Yes	Telligen
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	1/1/2019	$157.86		Yes	Telligen
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	7/1/2018	$221.87		Yes	Telligen
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	7/1/2018	$266.21		Yes	Telligen
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	7/1/2018	$296.56		Yes	Telligen
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	7/1/2018	$230.35		Yes	Telligen

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81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	7/1/2018	$230.35		No	N/A
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	7/1/2018	$636.32		Yes	Telligen
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	7/1/2018	$297.90		No	N/A
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	7/1/2018	$183.15		Yes	Telligen
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	7/1/2018	$540.00		Yes	Telligen
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	7/1/2018	$47.57		No	N/A
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	7/1/2018	$270.00		Yes	Telligen
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	7/1/2018	$682.52		Yes	Telligen
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	7/1/2018	$692.62		No	N/A
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	7/1/2018	$47.57		No	N/A
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	1/1/2019	$123.30		Yes	Telligen
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	7/1/2018	$45.96		Yes	Telligen
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	7/1/2018	$48.50		Yes	Telligen
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	1/1/2018	$296.56		Yes	Telligen
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	1/1/2019	$271.22		Yes	Telligen
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	1/1/2019	$166.68		Yes	Telligen
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	7/1/2018	$232.13		No	N/A
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	7/1/2018	$55.10		No	N/A
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	7/1/2018	$223.88		Yes	Telligen

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81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	$123.30		Yes	Telligen
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	7/1/2018	$79.38		Yes	MCU
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	1/1/2018	$157.33		Yes	Telligen
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	1/1/2018	$337.73		Yes	Telligen
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	1/1/2018	$182.16		Yes	Telligen
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	1/1/2018	$292.12		Yes	Telligen
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	7/1/2018	$446.81		No	N/A
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	7/1/2018	$364.07		No	N/A
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	7/1/2018	$363.23		Yes	Telligen
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	7/1/2018	$123.73		Yes	Telligen
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	7/1/2018	$80.83		Yes	Telligen
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	7/1/2018	$245.27		No	N/A
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	7/1/2018	$135.80		Yes	Telligen
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	7/1/2018	$102.02		Yes	Telligen
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	7/1/2018	$383.97		Yes	Telligen
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	7/1/2018	$372.65		Yes	Telligen
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	7/1/2018	$196.95		Yes	Telligen
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	7/1/2018	$152.91		Yes	Telligen
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	7/1/2018	$137.42		Yes	Telligen
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	7/1/2018	$121.26		Yes	Telligen

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81400	techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia	7/1/2018	$57.56		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81401	[typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-	7/1/2018	$123.30		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	7/1/2018	$135.30		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81403	analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate	7/1/2018	$166.68		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81404	mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), characterization of alleles (eg, expanded size and methylation status) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets),	7/1/2018	$247.35		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81405	mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia),	7/1/2018	$271.22		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81406	mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride	7/1/2018	$254.59		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81407	mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene	7/1/2018	$761.64		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence	7/1/2018	$1,800.00		Yes	Telligen
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	7/1/2018	$453.60		Yes	Telligen
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	7/1/2018	$1,215.17		Yes	Telligen
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	7/1/2018	$2,203.70		Yes	Telligen
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	7/1/2018	$649.89		Yes	Telligen
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	7/1/2018	$649.89		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	7/1/2018	$4,302.00		Yes	Telligen
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	7/1/2018	$10,800.00		Yes	Telligen
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	7/1/2018	$1,462.50		Yes	Telligen
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	7/1/2018	$611.61		Yes	Telligen
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	7/1/2018	$754.50		Yes	Telligen
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	7/1/2018	$487.70		Yes	Telligen
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	7/1/2018	$538.12		Yes	Telligen
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	7/1/2018	$487.70		Yes	Telligen
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	7/1/2018	$487.70		Yes	Telligen
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	7/1/2018	$649.89		Yes	Telligen
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	7/1/2018	$2,991.60		Yes	Telligen
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	7/1/2018	$1,929.24		Yes	Telligen
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	7/1/2018	$538.12		Yes	Telligen

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81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	1/1/2018	$649.89		Yes	Telligen
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	7/1/2018	$683.58		Yes	Telligen
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	7/1/2018	$1,158.30		Yes	Telligen
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	7/1/2018	$842.40		Yes	Telligen
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	4/1/2019	$822.60		Yes	Telligen
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	4/1/2019	$822.60		Yes	Telligen
81479	Unlisted molecular pathology procedure	1/1/2013	$0.00		Yes	Telligen
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	7/1/2018	$756.59		Yes	Telligen
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	7/1/2018	$945.00		Yes	Telligen
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	7/1/2018	$234.45		No	N/A
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	7/1/2018	$807.30		No	N/A
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	7/1/2018	$468.00		No	N/A
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	7/1/2018	$72.93		No	N/A
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	7/1/2018	$48.87		No	N/A
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	7/1/2018	$1,338.63		No	N/A
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	7/1/2018	$49.99		No	N/A

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81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	7/1/2018	$138.15		No	N/A
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	7/1/2018	$62.57		No	N/A
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	7/1/2018	$3,485.70		Yes	Telligen
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	7/1/2018	$2,804.40		Yes	Telligen
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	7/1/2018	$457.98		Yes	Telligen
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	7/1/2018	$521.51		Yes	Telligen
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	7/1/2018	$159.80		Yes	Telligen
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	7/1/2018	$2,583.90		Yes	Telligen
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	7/1/2018	$3,375.00		Yes	Telligen
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	7/1/2018	$3,240.00		Yes	Telligen
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	7/1/2018	$2,916.00		Yes	Telligen
81599	Unlisted multianalyte assay with algorithmic analysis	1/1/2013	$0.00		Yes	MCU
82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	7/1/2018	$5.02		No	N/A
82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	7/1/2018	$9.08		No	N/A
82013	Acetylcholinesterase	7/1/2018	$12.41		No	N/A
82016	Acylcarnitines; qualitative, each specimen	7/1/2018	$15.42		No	N/A
82017	Acylcarnitines; quantitative, each specimen	7/1/2018	$18.75		No	N/A
82024	Adrenocorticotropic hormone (ACTH)	7/1/2018	$42.91		No	N/A
82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	7/1/2018	$28.67		No	N/A
82040	Albumin; serum, plasma or whole blood	7/1/2018	$5.50		No	N/A
82042	Albumin; other source, quantitative, each specimen	7/1/2018	$7.00		No	N/A
82043	Albumin; urine (eg, microalbumin), quantitative	7/1/2018	$6.43		No	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	7/1/2018	$5.61		No	N/A
82045	Albumin; ischemia modified	7/1/2018	$37.71		No	N/A

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82075	Alcohol (ethanol), breath	7/1/2018	$27.00		No	N/A
82085	Aldolase	7/1/2018	$10.79		No	N/A
82088	Aldosterone	7/1/2018	$45.28		No	N/A
82103	Alpha-1-antitrypsin; total	7/1/2018	$14.93		No	N/A
82104	Alpha-1-antitrypsin; phenotype	7/1/2018	$16.07		No	N/A
82105	Alpha-fetoprotein (AFP); serum	7/1/2018	$18.64		No	N/A
82106	Alpha-fetoprotein (AFP); amniotic fluid	7/1/2018	$18.64		No	N/A
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	7/1/2018	$71.57		No	N/A
82108	Aluminum	7/1/2018	$28.31		No	N/A
82120	Amines, vaginal fluid, qualitative	7/1/2018	$5.39		No	N/A
82127	Amino acids; single, qualitative, each specimen	7/1/2018	$15.42		No	N/A
82128	Amino acids; multiple, qualitative, each specimen	7/1/2018	$15.42		No	N/A
82131	Amino acids; single, quantitative, each specimen	7/1/2018	$20.68		No	N/A
82135	Aminolevulinic acid, delta (ALA)	7/1/2018	$18.28		No	N/A
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	7/1/2018	$18.75		No	N/A
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	7/1/2018	$18.75		No	N/A
82140	Ammonia	7/1/2018	$16.19		No	N/A
82143	Amniotic fluid scan (spectrophotometric)	7/1/2018	$8.42		No	N/A
82150	Amylase	7/1/2018	$7.20		No	N/A
82154	Androstanediol glucuronide	7/1/2018	$32.04		No	N/A
82157	Androstenedione	7/1/2018	$32.53		No	N/A
82160	Androsterone	7/1/2018	$27.78		No	N/A
82163	Angiotensin II	7/1/2018	$22.81		No	N/A
82164	Angiotensin I - converting enzyme (ACE)	7/1/2018	$16.23		No	N/A
82172	Apolipoprotein, each	7/1/2018	$18.98		No	N/A
82175	Arsenic	7/1/2018	$21.08		No	N/A
82180	Ascorbic acid (Vitamin C), blood	7/1/2018	$10.98		No	N/A
82190	Atomic absorption spectroscopy, each analyte	7/1/2018	$16.57		No	N/A
82232	Beta-2 microglobulin	7/1/2018	$17.97		No	N/A
82239	Bile acids; total	7/1/2018	$19.03		No	N/A
82240	Bile acids; cholylglycine	7/1/2018	$29.53		No	N/A
82247	Bilirubin; total	7/1/2018	$5.57		No	N/A
82248	Bilirubin; direct	7/1/2018	$5.57		No	N/A
82252	Bilirubin; feces, qualitative	7/1/2018	$5.07		No	N/A
82261	Biotinidase, each specimen	7/1/2018	$18.75		No	N/A
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	7/1/2018	$3.94		No	N/A
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	7/1/2018	$4.79		No	N/A
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	7/1/2018	$3.81		No	N/A
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	7/1/2018	$17.68		No	N/A
82286	Bradykinin	7/1/2018	$5.73		No	N/A
82300	Cadmium	7/1/2018	$25.72		No	N/A
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	7/1/2018	$32.90		No	N/A
82308	Calcitonin	7/1/2018	$29.77		No	N/A

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82310	Calcium; total	7/1/2018	$5.73		No	N/A
82330	Calcium; ionized	7/1/2018	$15.19		No	N/A
82331	Calcium; after calcium infusion test	7/1/2018	$12.01		No	N/A
82340	Calcium; urine quantitative, timed specimen	7/1/2018	$6.70		No	N/A
82355	Calculus; qualitative analysis	7/1/2018	$12.86		No	N/A
82360	Calculus; quantitative analysis, chemical	7/1/2018	$14.30		No	N/A
82365	Calculus; infrared spectroscopy	7/1/2018	$14.33		No	N/A
82370	Calculus; x-ray diffraction	7/1/2018	$13.91		No	N/A
82373	Carbohydrate deficient transferrin	7/1/2018	$20.06		No	N/A
82374	Carbon dioxide (bicarbonate)	7/1/2018	$5.43		No	N/A
82375	Carboxyhemoglobin; quantitative	7/1/2018	$13.69		No	N/A
82376	Carboxyhemoglobin; qualitative	7/1/2018	$12.66		No	N/A
82378	Carcinoembryonic antigen (CEA)	7/1/2018	$21.07		No	N/A
82379	Carnitine (total and free), quantitative, each specimen	7/1/2018	$18.75		No	N/A
82380	Carotene	7/1/2018	$10.25		No	N/A
82382	Catecholamines; total urine	7/1/2018	$24.57		No	N/A
82383	Catecholamines; blood	7/1/2018	$27.84		No	N/A
82384	Catecholamines; fractionated	7/1/2018	$28.06		No	N/A
82387	Cathepsin-D	7/1/2018	$20.06		No	N/A
82390	Ceruloplasmin	7/1/2018	$11.93		No	N/A
82397	Chemiluminescent assay	7/1/2018	$15.69		No	N/A
82415	Chloramphenicol	7/1/2018	$14.08		No	N/A
82435	Chloride; blood	7/1/2018	$5.11		No	N/A
82436	Chloride; urine	7/1/2018	$5.59		No	N/A
82438	Chloride; other source	7/1/2018	$5.43		No	N/A
82441	Chlorinated hydrocarbons, screen	7/1/2018	$6.68		No	N/A
82465	Cholesterol, serum or whole blood, total	7/1/2018	$4.83		No	N/A
82480	Cholinesterase; serum	7/1/2018	$8.75		No	N/A
82482	Cholinesterase; RBC	7/1/2018	$8.83		No	N/A
82485	Chondroitin B sulfate, quantitative	7/1/2018	$22.95		No	N/A
82495	Chromium	7/1/2018	$22.54		No	N/A
82507	Citrate	7/1/2018	$30.90		No	N/A
82523	Collagen cross links, any method	7/1/2018	$20.76		No	N/A
82525	Copper	7/1/2018	$13.79		No	N/A
82528	Corticosterone	7/1/2018	$25.02		No	N/A
82530	Cortisol; free	7/1/2018	$18.57		No	N/A
82533	Cortisol; total	7/1/2018	$18.11		No	N/A
82540	Creatine	7/1/2018	$5.15		No	N/A
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	7/1/2018	$21.68		No	N/A
82550	Creatine kinase (CK), (CPK); total	7/1/2018	$7.24		No	N/A
82552	Creatine kinase (CK), (CPK); isoenzymes	7/1/2018	$14.88		No	N/A
82553	Creatine kinase (CK), (CPK); MB fraction only	7/1/2018	$12.83		No	N/A
82554	Creatine kinase (CK), (CPK); isoforms	7/1/2018	$13.19		No	N/A
82565	Creatinine; blood	7/1/2018	$5.70		No	N/A
82570	Creatinine; other source	7/1/2018	$5.75		No	N/A

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82575	Creatinine; clearance	7/1/2018	$10.50		No	N/A
82585	Cryofibrinogen	7/1/2018	$12.73		No	N/A
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	7/1/2018	$7.18		No	N/A
82600	Cyanide	7/1/2018	$21.56		No	N/A
82607	Cyanocobalamin (Vitamin B-12);	7/1/2018	$16.75		No	N/A
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	7/1/2018	$15.91		No	N/A
82610	Cystatin C	7/1/2018	$16.67		No	N/A
82615	Cystine and homocystine, urine, qualitative	7/1/2018	$9.07		No	N/A
82626	Dehydroepiandrosterone (DHEA)	7/1/2018	$28.08		No	N/A
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	7/1/2018	$24.71		No	N/A
82633	Desoxycorticosterone, 11-	7/1/2018	$34.43		No	N/A
82634	Deoxycortisol, 11-	7/1/2018	$32.53		No	N/A
82638	Dibucaine number	7/1/2018	$13.61		No	N/A
82642	Dihydrotestosterone (DHT)	1/1/2019	$29.28		No	N/A
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	7/1/2018	$42.78		No	N/A
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	7/1/2018	$12.82		No	N/A
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	7/1/2018	$20.06		No	N/A
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	7/1/2018	$39.63		No	N/A
82664	Electrophoretic technique, not elsewhere specified	7/1/2018	$55.35		No	N/A
82668	Erythropoietin	7/1/2018	$20.88		No	N/A
82670	Estradiol	7/1/2018	$31.04		No	N/A
82671	Estrogens; fractionated	7/1/2018	$35.89		No	N/A
82672	Estrogens; total	7/1/2018	$24.10		No	N/A
82677	Estriol	7/1/2018	$26.87		No	N/A
82679	Estrone	7/1/2018	$27.73		No	N/A
82693	Ethylene glycol	7/1/2018	$16.56		No	N/A
82696	Etiocholanolone	7/1/2018	$26.21		No	N/A
82705	Fat or lipids, feces; qualitative	7/1/2018	$5.66		No	N/A
82710	Fat or lipids, feces; quantitative	7/1/2018	$18.68		No	N/A
82715	Fat differential, feces, quantitative	7/1/2018	$20.67		No	N/A
82725	Fatty acids, nonesterified	7/1/2018	$16.89		No	N/A
82726	Very long chain fatty acids	7/1/2018	$20.06		No	N/A
82728	Ferritin	7/1/2018	$15.15		No	N/A
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	7/1/2018	$71.57		No	N/A
82735	Fluoride	7/1/2018	$20.60		No	N/A
82746	Folic acid; serum	7/1/2018	$16.34		No	N/A
82747	Folic acid; RBC	7/1/2018	$19.24		No	N/A
82757	Fructose, semen	7/1/2018	$19.26		No	N/A
82759	Galactokinase, RBC	7/1/2018	$23.87		No	N/A
82760	Galactose	7/1/2018	$12.44		No	N/A
82775	Galactose-1-phosphate uridyl transferase; quantitative	7/1/2018	$23.41		No	N/A
82776	Galactose-1-phosphate uridyl transferase; screen	7/1/2018	$10.57		No	N/A
82777	Galectin-3	7/1/2018	$39.83		No	N/A
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	7/1/2018	$10.33		No	N/A
82785	Gammaglobulin (immunoglobulin); IgE	7/1/2018	$18.29		No	N/A

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82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	7/1/2018	$8.91		No	N/A
82800	Gases, blood, pH only	7/1/2018	$9.90		No	N/A
82803	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	7/1/2018	$23.46		No	N/A
82805	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry	7/1/2018	$70.89		No	N/A
82810	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry	7/1/2018	$9.69		No	N/A
82820	Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen)	7/1/2018	$12.01		No	N/A
82930	Gastric acid analysis, includes pH if performed, each specimen	7/1/2018	$6.05		No	N/A
82938	Gastrin after secretin stimulation	7/1/2018	$19.66		No	N/A
82941	Gastrin	7/1/2018	$19.59		No	N/A
82943	Glucagon	7/1/2018	$15.88		No	N/A
82945	Glucose, body fluid, other than blood	7/1/2018	$4.37		No	N/A
82946	Glucagon tolerance test	7/1/2018	$16.75		No	N/A
82947	Glucose; quantitative, blood (except reagent strip)	7/1/2018	$4.37		No	N/A
82948	Glucose; blood, reagent strip	7/1/2018	$4.54		No	N/A
82950	Glucose; post glucose dose (includes glucose)	7/1/2018	$5.27		No	N/A
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	7/1/2018	$14.30		No	N/A
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	7/1/2018	$4.36		No	N/A
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	7/1/2018	$10.77		No	N/A
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	7/1/2018	$6.72		No	N/A
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	7/1/2018	$2.95		No	N/A
82963	Glucosidase, beta	7/1/2018	$23.87		No	N/A
82965	Glutamate dehydrogenase	7/1/2018	$11.84		No	N/A
82977	Glutamyltransferase, gamma (GGT)	7/1/2018	$8.00		No	N/A
82978	Glutathione	7/1/2018	$15.84		No	N/A
82979	Glutathione reductase, RBC	7/1/2018	$10.49		No	N/A
82985	Glycated protein	7/1/2018	$16.75		No	N/A
83001	Gonadotropin; follicle stimulating hormone (FSH)	7/1/2018	$20.65		No	N/A
83002	Gonadotropin; luteinizing hormone (LH)	7/1/2018	$20.57		No	N/A
83003	Growth hormone, human (HGH) (somatotropin)	7/1/2018	$18.52		No	N/A
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	7/1/2018	$74.84		No	N/A
83010	Haptoglobin; quantitative	7/1/2018	$13.98		No	N/A
83012	Haptoglobin; phenotypes	7/1/2018	$24.20		No	N/A
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	7/1/2018	$74.84		No	N/A
83014	Helicobacter pylori; drug administration	7/1/2018	$8.73		No	N/A
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	7/1/2018	$20.93		No	N/A
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	7/1/2018	$24.41		No	N/A
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	7/1/2018	$16.25	26	No	N/A
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	7/1/2018	$14.30		No	N/A

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83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	7/1/2018	$20.06		No	N/A
83026	Hemoglobin; by copper sulfate method, non-automated	7/1/2018	$3.61		No	N/A
83030	Hemoglobin; F (fetal), chemical	7/1/2018	$9.67		No	N/A
83033	Hemoglobin; F (fetal), qualitative	7/1/2018	$7.20		No	N/A
83036	Hemoglobin; glycosylated (A1C)	7/1/2018	$10.79		No	N/A
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	7/1/2018	$10.79		No	N/A
83045	Hemoglobin; methemoglobin, qualitative	7/1/2018	$5.84		No	N/A
83050	Hemoglobin; methemoglobin, quantitative	7/1/2018	$8.15		No	N/A
83051	Hemoglobin; plasma	7/1/2018	$8.13		No	N/A
83060	Hemoglobin; sulfhemoglobin, quantitative	7/1/2018	$9.19		No	N/A
83065	Hemoglobin; thermolabile	7/1/2018	$8.10		No	N/A
83068	Hemoglobin; unstable, screen	7/1/2018	$9.41		No	N/A
83069	Hemoglobin; urine	7/1/2018	$4.39		No	N/A
83070	Hemosiderin, qualitative	7/1/2018	$5.27		No	N/A
83080	b-Hexosaminidase, each assay	7/1/2018	$18.75		No	N/A
83088	Histamine	7/1/2018	$32.81		No	N/A
83090	Homocysteine	7/1/2018	$18.75		No	N/A
83150	Homovanillic acid (HVA)	7/1/2018	$21.50		No	N/A
83491	Hydroxycorticosteroids, 17- (17-OHCS)	7/1/2018	$19.48		No	N/A
83497	Hydroxyindolacetic acid, 5-(HIAA)	7/1/2018	$14.33		No	N/A
83498	Hydroxyprogesterone, 17-d	7/1/2018	$30.19		No	N/A
83500	Hydroxyproline; free	7/1/2018	$25.16		No	N/A
83505	Hydroxyproline; total	7/1/2018	$27.01		No	N/A
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	7/1/2018	$12.82		No	N/A
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	7/1/2018	$9.42		No	N/A
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	7/1/2018	$16.56		No	N/A
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	7/1/2018	$15.54		No	N/A
83525	Insulin; total	7/1/2018	$12.70		No	N/A
83527	Insulin; free	7/1/2018	$14.38		No	N/A
83528	Intrinsic factor	7/1/2018	$17.84		No	N/A
83540	Iron	7/1/2018	$7.19		No	N/A
83550	Iron binding capacity	7/1/2018	$9.71		No	N/A
83570	Isocitric dehydrogenase (IDH)	7/1/2018	$9.84		No	N/A
83582	Ketogenic steroids, fractionation	7/1/2018	$15.75		No	N/A
83586	Ketosteroids, 17- (17-KS); total	7/1/2018	$14.22		No	N/A
83593	Ketosteroids, 17- (17-KS); fractionation	7/1/2018	$29.22		No	N/A
83605	Lactate (lactic acid)	7/1/2018	$11.87		No	N/A
83615	Lactate dehydrogenase (LD), (LDH);	7/1/2018	$6.71		No	N/A
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	7/1/2018	$14.22		No	N/A
83630	Lactoferrin, fecal; qualitative	7/1/2018	$21.82		No	N/A
83631	Lactoferrin, fecal; quantitative	7/1/2018	$21.82		No	N/A
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin	7/1/2018	$22.47		No	N/A
83633	Lactose, urine, qualitative	7/1/2018	$10.13		No	N/A

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83655	Lead	7/1/2018	$13.46		No	N/A
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	7/1/2018	$24.43		No	N/A
83662	Fetal lung maturity assessment; foam stability test	7/1/2018	$21.02		No	N/A
83663	Fetal lung maturity assessment; fluorescence polarization	7/1/2018	$21.02		No	N/A
83664	Fetal lung maturity assessment; lamellar body density	7/1/2018	$21.02		No	N/A
83670	Leucine aminopeptidase (LAP)	7/1/2018	$10.18		No	N/A
83690	Lipase	7/1/2018	$7.66		No	N/A
83695	Lipoprotein (a)	7/1/2018	$14.38		No	N/A
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	7/1/2018	$41.68		No	N/A
83700	Lipoprotein, blood; electrophoretic separation and quantitation	7/1/2018	$12.51		No	N/A
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	7/1/2018	$30.47		No	N/A
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	7/1/2018	$35.06		No	N/A
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	7/1/2018	$9.11		No	N/A
83719	Lipoprotein, direct measurement; VLDL cholesterol	7/1/2018	$12.92		No	N/A
83721	Lipoprotein, direct measurement; LDL cholesterol	7/1/2018	$10.60		No	N/A
83727	Luteinizing releasing factor (LRH)	7/1/2018	$19.10		No	N/A
83735	Magnesium	7/1/2018	$7.44		No	N/A
83775	Malate dehydrogenase	7/1/2018	$8.19		No	N/A
83785	Manganese	7/1/2018	$27.33		No	N/A
83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	7/1/2018	$21.70		No	N/A
83825	Mercury, quantitative	7/1/2018	$18.06		No	N/A
83835	Metanephrines	7/1/2018	$18.83		No	N/A
83857	Methemalbumin	7/1/2018	$11.93		No	N/A
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	7/1/2018	$20.23		No	N/A
83864	Mucopolysaccharides, acid, quantitative	7/1/2018	$25.65		No	N/A
83872	Mucin, synovial fluid (Ropes test)	7/1/2018	$6.52		No	N/A
83873	Myelin basic protein, cerebrospinal fluid	7/1/2018	$19.12		No	N/A
83874	Myoglobin	7/1/2018	$14.36		No	N/A
83876	Myeloperoxidase (MPO)	7/1/2018	$45.77		No	N/A
83880	Natriuretic peptide	7/1/2018	$37.71		No	N/A
83883	Nephelometry, each analyte not elsewhere specified	7/1/2018	$15.11		No	N/A
83885	Nickel	7/1/2018	$27.23		No	N/A
83915	Nucleotidase 5'-	7/1/2018	$12.39		No	N/A
83916	Oligoclonal immune (oligoclonal bands)	7/1/2018	$24.65		No	N/A
83918	Organic acids; total, quantitative, each specimen	7/1/2018	$21.24		No	N/A
83919	Organic acids; qualitative, each specimen	7/1/2018	$18.28		No	N/A
83921	Organic acid, single, quantitative	7/1/2018	$19.09		No	N/A
83930	Osmolality; blood	7/1/2018	$7.34		No	N/A
83935	Osmolality; urine	7/1/2018	$7.58		No	N/A
83937	Osteocalcin (bone g1a protein)	7/1/2018	$33.17		No	N/A

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83945	Oxalate	7/1/2018	$14.30		No	N/A
83950	Oncoprotein; HER-2/neu	7/1/2018	$71.57		No	N/A
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	7/1/2018	$71.57		No	N/A
83970	Parathormone (parathyroid hormone)	7/1/2018	$45.86		No	N/A
83986	pH; body fluid, not otherwise specified	7/1/2018	$3.98		No	N/A
83987	pH; exhaled breath condensate	7/1/2018	$3.98		No	N/A
83992	Phencyclidine (PCP)	7/1/2017	$18.15		No	N/A
83993	Calprotectin, fecal	7/1/2018	$21.82		No	N/A
84030	Phenylalanine (PKU), blood	7/1/2018	$6.11		No	N/A
84035	Phenylketones, qualitative	7/1/2018	$4.07		No	N/A
84060	Phosphatase, acid; total	7/1/2018	$8.21		No	N/A
84066	Phosphatase, acid; prostatic	7/1/2018	$10.74		No	N/A
84075	Phosphatase, alkaline;	7/1/2018	$5.75		No	N/A
84078	Phosphatase, alkaline; heat stable (total not included)	7/1/2018	$8.11		No	N/A
84080	Phosphatase, alkaline; isoenzymes	7/1/2018	$16.43		No	N/A
84081	Phosphatidylglycerol	7/1/2018	$18.35		No	N/A
84085	Phosphogluconate, 6-, dehydrogenase, RBC	7/1/2018	$10.49		No	N/A
84087	Phosphohexose isomerase	7/1/2018	$11.47		No	N/A
84100	Phosphorus inorganic (phosphate);	7/1/2018	$5.27		No	N/A
84105	Phosphorus inorganic (phosphate); urine	7/1/2018	$5.75		No	N/A
84106	Porphobilinogen, urine; qualitative	7/1/2018	$5.24		No	N/A
84110	Porphobilinogen, urine; quantitative	7/1/2018	$9.38		No	N/A
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	7/1/2018	$88.30		No	N/A
84119	Porphyrins, urine; qualitative	7/1/2018	$12.02		No	N/A
84120	Porphyrins, urine; quantitation and fractionation	7/1/2018	$16.34		No	N/A
84126	Porphyrins, feces, quantitative	7/1/2018	$35.20		No	N/A
84132	Potassium; serum, plasma or whole blood	7/1/2018	$5.11		No	N/A
84133	Potassium; urine	7/1/2018	$4.79		No	N/A
84134	Prealbumin	7/1/2018	$16.21		No	N/A
84135	Pregnanediol	7/1/2018	$21.27		No	N/A
84138	Pregnanetriol	7/1/2018	$21.03		No	N/A
84140	Pregnenolone	7/1/2018	$22.97		No	N/A
84143	17-hydroxypregnenolone	7/1/2018	$25.34		No	N/A
84144	Progesterone	7/1/2018	$23.18		No	N/A
84145	Procalcitonin (PCT)	7/1/2018	$29.77		No	N/A
84146	Prolactin	7/1/2018	$21.53		No	N/A
84150	Prostaglandin, each	7/1/2018	$37.59		No	N/A
84152	Prostate specific antigen (PSA); complexed (direct measurement)	7/1/2018	$20.44		No	N/A
84153	Prostate specific antigen (PSA); total	7/1/2018	$20.44		No	N/A
84154	Prostate specific antigen (PSA); free	7/1/2018	$20.44		No	N/A
84155	Protein, total, except by refractometry; serum, plasma or whole blood	7/1/2018	$4.08		No	N/A
84156	Protein, total, except by refractometry; urine	7/1/2018	$4.08		No	N/A
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	7/1/2018	$4.08		No	N/A
84160	Protein, total, by refractometry, any source	7/1/2018	$5.75		No	N/A

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84163	Pregnancy-associated plasma protein-A (PAPP-A)	7/1/2018	$16.73		No	N/A
84165	Protein; electrophoretic fractionation and quantitation, serum	7/1/2018	$16.25	26	No	N/A
84165	Protein; electrophoretic fractionation and quantitation, serum	7/1/2018	$11.93		No	N/A
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	7/1/2018	$16.25	26	No	N/A
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	7/1/2018	$19.81		No	N/A
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	7/1/2018	$16.25	26	No	N/A
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	7/1/2018	$18.92		No	N/A
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	7/1/2018	$16.25	26	No	N/A
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	7/1/2018	$26.29		No	N/A
84202	Protoporphyrin, RBC; quantitative	7/1/2018	$15.94		No	N/A
84203	Protoporphyrin, RBC; screen	7/1/2018	$9.57		No	N/A
84206	Proinsulin	7/1/2018	$24.02		No	N/A
84207	Pyridoxal phosphate (Vitamin B-6)	7/1/2018	$31.22		No	N/A
84210	Pyruvate	7/1/2018	$13.03		No	N/A
84220	Pyruvate kinase	7/1/2018	$10.49		No	N/A
84228	Quinine	7/1/2018	$12.92		No	N/A
84233	Receptor assay; estrogen	7/1/2018	$79.09		No	N/A
84234	Receptor assay; progesterone	7/1/2018	$72.09		No	N/A
84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	7/1/2018	$64.11		No	N/A
84238	Receptor assay; non-endocrine (specify receptor)	7/1/2018	$40.63		No	N/A
84244	Renin	7/1/2018	$24.44		No	N/A
84252	Riboflavin (Vitamin B-2)	7/1/2018	$22.48		No	N/A
84255	Selenium	7/1/2018	$28.37		No	N/A
84260	Serotonin	7/1/2018	$34.43		No	N/A
84270	Sex hormone binding globulin (SHBG)	7/1/2018	$24.15		No	N/A
84275	Sialic acid	7/1/2018	$14.93		No	N/A
84285	Silica	7/1/2018	$26.15		No	N/A
84295	Sodium; serum, plasma or whole blood	7/1/2018	$5.35		No	N/A
84300	Sodium; urine	7/1/2018	$5.40		No	N/A
84302	Sodium; other source	7/1/2018	$5.40		No	N/A
84305	Somatomedin	7/1/2018	$23.63		No	N/A
84307	Somatostatin	7/1/2018	$20.30		No	N/A
84311	Spectrophotometry, analyte not elsewhere specified	7/1/2018	$7.77		No	N/A
84315	Specific gravity (except urine)	7/1/2018	$2.95		No	N/A
84375	Sugars, chromatographic, TLC or paper chromatography	7/1/2018	$35.10		No	N/A
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	7/1/2018	$6.11		No	N/A
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	7/1/2018	$6.11		No	N/A
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	7/1/2018	$12.81		No	N/A
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	7/1/2018	$12.81		No	N/A
84392	Sulfate, urine	7/1/2018	$5.27		No	N/A
84402	Testosterone; free	7/1/2018	$28.31		No	N/A
84403	Testosterone; total	7/1/2018	$28.68		No	N/A
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	7/1/2018	$56.99		No	N/A

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84425	Thiamine (Vitamin B-1)	7/1/2018	$23.59		No	N/A
84430	Thiocyanate	7/1/2018	$12.92		No	N/A
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	7/1/2018	$31.60		No	N/A
84432	Thyroglobulin	7/1/2018	$17.85		No	N/A
84436	Thyroxine; total	7/1/2018	$7.63		No	N/A
84437	Thyroxine; requiring elution (eg, neonatal)	7/1/2018	$7.18		No	N/A
84439	Thyroxine; free	7/1/2018	$10.02		No	N/A
84442	Thyroxine binding globulin (TBG)	7/1/2018	$16.43		No	N/A
84443	Thyroid stimulating hormone (TSH)	7/1/2018	$18.68		No	N/A
84445	Thyroid stimulating immune globulins (TSI)	7/1/2018	$56.50		No	N/A
84446	Tocopherol alpha (Vitamin E)	7/1/2018	$15.76		No	N/A
84449	Transcortin (cortisol binding globulin)	7/1/2018	$20.00		No	N/A
84450	Transferase; aspartate amino (AST) (SGOT)	7/1/2018	$5.75		No	N/A
84460	Transferase; alanine amino (ALT) (SGPT)	7/1/2018	$5.89		No	N/A
84466	Transferrin	7/1/2018	$14.18		No	N/A
84478	Triglycerides	7/1/2018	$6.38		No	N/A
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	7/1/2018	$7.18		No	N/A
84480	Triiodothyronine T3; total (TT-3)	7/1/2018	$15.76		No	N/A
84481	Triiodothyronine T3; free	7/1/2018	$18.83		No	N/A
84482	Triiodothyronine T3; reverse	7/1/2018	$17.51		No	N/A
84484	Troponin, quantitative	7/1/2018	$11.22		No	N/A
84485	Trypsin; duodenal fluid	7/1/2018	$8.00		No	N/A
84488	Trypsin; feces, qualitative	7/1/2018	$8.11		No	N/A
84490	Trypsin; feces, quantitative, 24-hour collection	7/1/2018	$8.94		No	N/A
84510	Tyrosine	7/1/2018	$11.56		No	N/A
84512	Troponin, qualitative	7/1/2018	$9.08		No	N/A
84520	Urea nitrogen; quantitative	7/1/2018	$4.39		No	N/A
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	7/1/2018	$4.62		No	N/A
84540	Urea nitrogen, urine	7/1/2018	$5.27		No	N/A
84545	Urea nitrogen, clearance	7/1/2018	$7.34		No	N/A
84550	Uric acid; blood	7/1/2018	$5.02		No	N/A
84560	Uric acid; other source	7/1/2018	$5.27		No	N/A
84577	Urobilinogen, feces, quantitative	7/1/2018	$18.68		No	N/A
84578	Urobilinogen, urine; qualitative	7/1/2018	$4.02		No	N/A
84580	Urobilinogen, urine; quantitative, timed specimen	7/1/2018	$9.07		No	N/A
84583	Urobilinogen, urine; semiquantitative	7/1/2018	$5.59		No	N/A
84585	Vanillylmandelic acid (VMA), urine	7/1/2018	$17.22		No	N/A
84586	Vasoactive intestinal peptide (VIP)	7/1/2018	$39.26		No	N/A
84588	Vasopressin (antidiuretic hormone, ADH)	7/1/2018	$37.71		No	N/A
84590	Vitamin A	7/1/2018	$12.90		No	N/A
84591	Vitamin, not otherwise specified	7/1/2018	$15.35		No	N/A
84597	Vitamin K	7/1/2018	$15.25		No	N/A
84600	Volatiles (eg, acetic anhydride, diethylether)	7/1/2018	$17.87		No	N/A
84620	Xylose absorption test, blood and/or urine	7/1/2018	$13.17		No	N/A
84630	Zinc	7/1/2018	$12.65		No	N/A
84681	C-peptide	7/1/2018	$23.13		No	N/A
84702	Gonadotropin, chorionic (hCG); quantitative	7/1/2018	$16.73		No	N/A

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84703	Gonadotropin, chorionic (hCG); qualitative	7/1/2018	$8.36		No	N/A
84704	Gonadotropin, chorionic (hCG); free beta chain	7/1/2018	$16.73		No	N/A
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	7/1/2018	$11.43		No	N/A
84999	Unlisted chemistry procedure	1/1/1979	$0.00		No	N/A
85002	Bleeding time	7/1/2018	$5.01		No	N/A
85004	Blood count; automated differential WBC count	7/1/2018	$7.18		No	N/A
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	7/1/2018	$3.82		No	N/A
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	7/1/2018	$3.82		No	N/A
85009	Blood count; manual differential WBC count, buffy coat	7/1/2018	$4.56		No	N/A
85013	Blood count; spun microhematocrit	7/1/2018	$6.30		No	N/A
85014	Blood count; hematocrit (Hct)	7/1/2018	$2.64		No	N/A
85018	Blood count; hemoglobin (Hgb)	7/1/2018	$2.64		No	N/A
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	7/1/2018	$8.63		No	N/A
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	7/1/2018	$7.18		No	N/A
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	7/1/2018	$4.79		No	N/A
85041	Blood count; red blood cell (RBC), automated	7/1/2018	$3.36		No	N/A
85044	Blood count; reticulocyte, manual	7/1/2018	$4.79		No	N/A
85045	Blood count; reticulocyte, automated	7/1/2018	$4.44		No	N/A
85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	7/1/2018	$6.19		No	N/A
85048	Blood count; leukocyte (WBC), automated	7/1/2018	$2.82		No	N/A
85049	Blood count; platelet, automated	7/1/2018	$4.98		No	N/A
85060	Blood smear, peripheral, interpretation by physician with written report	7/1/2018	$21.92		No	N/A
85097	Bone marrow, smear interpretation	7/1/2016	$30.09	26	No	N/A
85097	Bone marrow, smear interpretation	7/1/2018	$78.34		No	N/A
85130	Chromogenic substrate assay	7/1/2018	$13.21		No	N/A
85170	Clot retraction	7/1/2018	$14.67		No	N/A
85175	Clot lysis time, whole blood dilution	7/1/2018	$18.33		No	N/A
85210	Clotting; factor II, prothrombin, specific	7/1/2018	$14.43		No	N/A
85220	Clotting; factor V (AcG or proaccelerin), labile factor	7/1/2018	$19.61		No	N/A
85230	Clotting; factor VII (proconvertin, stable factor)	7/1/2018	$19.89		No	N/A
85240	Clotting; factor VIII (AHG), 1-stage	7/1/2018	$19.89		No	N/A
85244	Clotting; factor VIII related antigen	7/1/2018	$22.69		No	N/A
85245	Clotting; factor VIII, VW factor, ristocetin cofactor	7/1/2018	$25.49		No	N/A
85246	Clotting; factor VIII, VW factor antigen	7/1/2018	$25.49		No	N/A
85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis	7/1/2018	$25.49		No	N/A
85250	Clotting; factor IX (PTC or Christmas)	7/1/2018	$21.16		No	N/A
85260	Clotting; factor X (Stuart-Prower)	7/1/2018	$19.89		No	N/A
85270	Clotting; factor XI (PTA)	7/1/2018	$19.89		No	N/A
85280	Clotting; factor XII (Hageman)	7/1/2018	$21.50		No	N/A
85290	Clotting; factor XIII (fibrin stabilizing)	7/1/2018	$18.15		No	N/A
85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	7/1/2018	$9.88		No	N/A
85292	Clotting; prekallikrein assay (Fletcher factor assay)	7/1/2018	$21.03		No	N/A

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85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	7/1/2018	$21.03		No	N/A
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	7/1/2018	$13.17		No	N/A
85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	7/1/2018	$12.02		No	N/A
85302	Clotting inhibitors or anticoagulants; protein C, antigen	7/1/2018	$13.35		No	N/A
85303	Clotting inhibitors or anticoagulants; protein C, activity	7/1/2018	$15.37		No	N/A
85305	Clotting inhibitors or anticoagulants; protein S, total	7/1/2018	$12.90		No	N/A
85306	Clotting inhibitors or anticoagulants; protein S, free	7/1/2018	$17.03		No	N/A
85307	Activated Protein C (APC) resistance assay	7/1/2018	$17.03		No	N/A
85335	Factor inhibitor test	7/1/2018	$14.30		No	N/A
85337	Thrombomodulin	7/1/2018	$15.54		No	N/A
85345	Coagulation time; Lee and White	7/1/2018	$4.79		No	N/A
85347	Coagulation time; activated	7/1/2018	$4.73		No	N/A
85348	Coagulation time; other methods	7/1/2018	$4.14		No	N/A
85360	Euglobulin lysis	7/1/2018	$9.34		No	N/A
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	7/1/2018	$7.66		No	N/A
85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	7/1/2018	$72.41		No	N/A
85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	7/1/2018	$12.62		No	N/A
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	7/1/2018	$8.75		No	N/A
85379	Fibrin degradation products, D-dimer; quantitative	7/1/2018	$11.30		No	N/A
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	7/1/2018	$11.30		No	N/A
85384	Fibrinogen; activity	7/1/2018	$9.44		No	N/A
85385	Fibrinogen; antigen	7/1/2018	$13.01		No	N/A
85390	Fibrinolysins or coagulopathy screen, interpretation and report	7/1/2018	$16.25	26	No	N/A
85390	Fibrinolysins or coagulopathy screen, interpretation and report	7/1/2018	$13.93		No	N/A
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	7/1/2018	$27.77		No	N/A
85400	Fibrinolytic factors and inhibitors; plasmin	7/1/2018	$8.56		No	N/A
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	7/1/2018	$8.56		No	N/A
85415	Fibrinolytic factors and inhibitors; plasminogen activator	7/1/2018	$19.10		No	N/A
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	7/1/2018	$7.25		No	N/A
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	7/1/2018	$11.31		No	N/A
85441	Heinz bodies; direct	7/1/2018	$4.66		No	N/A
85445	Heinz bodies; induced, acetyl phenylhydrazine	7/1/2018	$7.58		No	N/A
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	7/1/2018	$8.60		No	N/A
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	7/1/2018	$8.42		No	N/A
85475	Hemolysin, acid	7/1/2018	$9.86		No	N/A
85520	Heparin assay	7/1/2018	$14.54		No	N/A
85525	Heparin neutralization	7/1/2018	$13.16		No	N/A
85530	Heparin-protamine tolerance test	7/1/2018	$14.54		No	N/A
85536	Iron stain, peripheral blood	7/1/2018	$7.18		No	N/A
85540	Leukocyte alkaline phosphatase with count	7/1/2018	$9.56		No	N/A
85547	Mechanical fragility, RBC	7/1/2018	$9.56		No	N/A
85549	Muramidase	7/1/2018	$20.84		No	N/A
85555	Osmotic fragility, RBC; unincubated	7/1/2018	$7.43		No	N/A

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85557	Osmotic fragility, RBC; incubated	7/1/2018	$14.84		No	N/A
85576	Platelet, aggregation (in vitro), each agent	7/1/2018	$16.25	26	No	N/A
85576	Platelet, aggregation (in vitro), each agent	7/1/2018	$23.87		No	N/A
85597	Phospholipid neutralization; platelet	7/1/2018	$19.97		No	N/A
85598	Phospholipid neutralization; hexagonal phospholipid	7/1/2018	$19.97		No	N/A
85610	Prothrombin time;	7/1/2018	$4.37		No	N/A
85611	Prothrombin time; substitution, plasma fractions, each	7/1/2018	$4.38		No	N/A
85612	Russell viper venom time (includes venom); undiluted	7/1/2018	$15.74		No	N/A
85613	Russell viper venom time (includes venom); diluted	7/1/2018	$10.65		No	N/A
85635	Reptilase test	7/1/2018	$10.94		No	N/A
85651	Sedimentation rate, erythrocyte; non-automated	7/1/2018	$3.94		No	N/A
85652	Sedimentation rate, erythrocyte; automated	7/1/2018	$3.00		No	N/A
85660	Sickling of RBC, reduction	7/1/2018	$6.12		No	N/A
85670	Thrombin time; plasma	7/1/2018	$6.41		No	N/A
85675	Thrombin time; titer	7/1/2018	$7.61		No	N/A
85705	Thromboplastin inhibition, tissue	7/1/2018	$10.70		No	N/A
85730	Thromboplastin time, partial (PTT); plasma or whole blood	7/1/2018	$6.68		No	N/A
85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	7/1/2018	$7.18		No	N/A
85810	Viscosity	7/1/2018	$12.97		No	N/A
85999	Unlisted hematology and coagulation procedure	1/1/1979	$0.00		No	N/A
86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	7/1/2018	$7.76		No	N/A
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	7/1/2018	$7.04		No	N/A
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	7/1/2018	$5.80		No	N/A
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	7/1/2018	$8.86		No	N/A
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	7/1/2018	$19.93		Yes	Telligen
86021	Antibody identification; leukocyte antibodies	7/1/2018	$16.73		No	N/A
86022	Antibody identification; platelet antibodies	7/1/2018	$20.41		No	N/A
86023	Antibody identification; platelet associated immunoglobulin assay	7/1/2018	$13.84		No	N/A
86038	Antinuclear antibodies (ANA);	7/1/2018	$13.43		No	N/A
86039	Antinuclear antibodies (ANA); titer	7/1/2018	$12.40		No	N/A
86060	Antistreptolysin 0; titer	7/1/2018	$8.11		No	N/A
86063	Antistreptolysin 0; screen	7/1/2018	$6.41		No	N/A
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	7/1/2018	$49.11		No	N/A
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	7/1/2018	$49.11		No	N/A
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	7/1/2018	$48.82		No	N/A
86140	C-reactive protein;	7/1/2018	$5.75		No	N/A
86141	C-reactive protein; high sensitivity (hsCRP)	7/1/2018	$14.38		No	N/A
86146	Beta 2 Glycoprotein I antibody, each	7/1/2018	$28.28		No	N/A
86147	Cardiolipin (phospholipid) antibody, each Ig class	7/1/2018	$28.28		No	N/A
86148	Anti-phosphatidylserine (phospholipid) antibody	7/1/2018	$17.86		No	N/A

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86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	7/1/2018	$273.01		No	N/A
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	8/19/2019	$30.61	26	No	N/A
86155	Chemotaxis assay, specify method	7/1/2018	$17.77		No	N/A
86156	Cold agglutinin; screen	7/1/2018	$7.44		No	N/A
86157	Cold agglutinin; titer	7/1/2018	$8.96		No	N/A
86160	Complement; antigen, each component	7/1/2018	$13.33		No	N/A
86161	Complement; functional activity, each component	7/1/2018	$13.33		No	N/A
86162	Complement; total hemolytic (CH50)	7/1/2018	$22.58		No	N/A
86171	Complement fixation tests, each antigen	7/1/2018	$11.12		No	N/A
86200	Cyclic citrullinated peptide (CCP), antibody	7/1/2018	$14.38		No	N/A
86215	Deoxyribonuclease, antibody	7/1/2018	$14.72		No	N/A
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	7/1/2018	$15.27		No	N/A
86226	Deoxyribonucleic acid (DNA) antibody; single stranded	7/1/2018	$13.46		No	N/A
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	7/1/2018	$19.93		No	N/A
86255	Fluorescent noninfectious agent antibody; screen, each antibody	7/1/2018	$16.25	26	No	N/A
86255	Fluorescent noninfectious agent antibody; screen, each antibody	7/1/2018	$13.39		No	N/A
86256	Fluorescent noninfectious agent antibody; titer, each antibody	7/1/2018	$16.25	26	No	N/A
86256	Fluorescent noninfectious agent antibody; titer, each antibody	7/1/2018	$13.39		No	N/A
86277	Growth hormone, human (HGH), antibody	7/1/2018	$17.49		No	N/A
86280	Hemagglutination inhibition test (HAI)	7/1/2018	$9.11		No	N/A
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	7/1/2018	$23.01		No	N/A
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	7/1/2018	$23.13		No	N/A
86301	Immunoassay for tumor antigen, quantitative; CA 19-9	7/1/2018	$23.13		No	N/A
86304	Immunoassay for tumor antigen, quantitative; CA 125	7/1/2018	$23.13		No	N/A
86305	Human epididymis protein 4 (HE4)	7/1/2018	$23.13		No	N/A
86308	Heterophile antibodies; screening	7/1/2018	$5.75		No	N/A
86309	Heterophile antibodies; titer	7/1/2018	$7.18		No	N/A
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	7/1/2018	$8.19		No	N/A
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	7/1/2018	$23.13		No	N/A
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	7/1/2018	$16.65		No	N/A
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	7/1/2018	$16.28		No	N/A
86320	Immunoelectrophoresis; serum	7/1/2018	$16.25	26	No	N/A
86320	Immunoelectrophoresis; serum	7/1/2018	$26.93		No	N/A
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	7/1/2018	$16.25	26	No	N/A
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	7/1/2018	$24.85		No	N/A
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	7/1/2018	$18.45	26	No	N/A
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	7/1/2018	$26.93		No	N/A
86329	Immunodiffusion; not elsewhere specified	7/1/2018	$15.61		No	N/A
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	7/1/2018	$13.31		No	N/A
86332	Immune complex assay	7/1/2018	$27.08		No	N/A
86334	Immunofixation electrophoresis; serum	7/1/2018	$16.25	26	No	N/A
86334	Immunofixation electrophoresis; serum	7/1/2018	$24.83		No	N/A

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86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	7/1/2018	$16.25	26	No	N/A
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	7/1/2018	$32.61		No	N/A
86336	Inhibin A	7/1/2018	$17.32		No	N/A
86337	Insulin antibodies	7/1/2018	$23.79		No	N/A
86340	Intrinsic factor antibodies	7/1/2018	$16.75		No	N/A
86341	Islet cell antibody	7/1/2018	$21.99		No	N/A
86343	Leukocyte histamine release test (LHR)	7/1/2018	$13.84		No	N/A
86344	Leukocyte phagocytosis	7/1/2018	$9.35		No	N/A
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	7/1/2018	$150.96		No	N/A
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	7/1/2018	$54.48		No	N/A
86355	B cells, total count	7/1/2018	$41.92		No	N/A
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	7/1/2018	$29.75		No	N/A
86357	Natural killer (NK) cells, total count	7/1/2018	$41.92		No	N/A
86359	T cells; total count	7/1/2018	$41.92		No	N/A
86360	T cells; absolute CD4 and CD8 count, including ratio	7/1/2018	$52.21		No	N/A
86361	T cells; absolute CD4 count	7/1/2018	$29.75		No	N/A
86367	Stem cells (ie, CD34), total count	7/1/2018	$70.00		No	N/A
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	7/1/2018	$16.16		No	N/A
86382	Neutralization test, viral	7/1/2018	$18.79		No	N/A
86384	Nitroblue tetrazolium dye test (NTD)	7/1/2018	$12.65		No	N/A
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	7/1/2018	$19.60		Yes	MCU
86403	Particle agglutination; screen, each antibody	7/1/2018	$11.32		No	N/A
86406	Particle agglutination; titer, each antibody	7/1/2018	$11.82		No	N/A
86430	Rheumatoid factor; qualitative	7/1/2018	$6.30		No	N/A
86431	Rheumatoid factor; quantitative	7/1/2018	$6.30		No	N/A
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	7/1/2018	$68.87		No	N/A
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	7/1/2018	$90.00		No	N/A
86485	Skin test; candida	7/1/2011	$8.42		No	N/A
86486	Skin test; unlisted antigen, each	7/1/2018	$3.97		No	N/A
86490	Skin test; coccidioidomycosis	7/1/2018	$74.11		No	N/A
86510	Skin test; histoplasmosis	7/1/2018	$5.13		No	N/A
86580	Skin test; tuberculosis, intradermal	7/1/2018	$6.60		No	N/A
86590	Streptokinase, antibody	7/1/2018	$12.28		No	N/A
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	7/1/2018	$4.74		No	N/A
86593	Syphilis test, non-treponemal antibody; quantitative	7/1/2018	$4.90		No	N/A
86602	Antibody; actinomyces	7/1/2018	$11.30		No	N/A
86603	Antibody; adenovirus	7/1/2018	$14.30		No	N/A
86606	Antibody; Aspergillus	7/1/2018	$16.73		No	N/A
86609	Antibody; bacterium, not elsewhere specified	7/1/2018	$14.31		No	N/A
86611	Antibody; Bartonella	7/1/2018	$11.30		No	N/A
86612	Antibody; Blastomyces	7/1/2018	$14.34		No	N/A
86615	Antibody; Bordetella	7/1/2018	$14.65		No	N/A

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86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	7/1/2018	$17.22		No	N/A
86618	Antibody; Borrelia burgdorferi (Lyme disease)	7/1/2018	$18.92		No	N/A
86619	Antibody; Borrelia (relapsing fever)	7/1/2018	$14.87		No	N/A
86622	Antibody; Brucella	7/1/2018	$9.93		No	N/A
86625	Antibody; Campylobacter	7/1/2018	$14.58		No	N/A
86628	Antibody; Candida	7/1/2018	$13.34		No	N/A
86631	Antibody; Chlamydia	7/1/2018	$13.14		No	N/A
86632	Antibody; Chlamydia, IgM	7/1/2018	$14.09		No	N/A
86635	Antibody; Coccidioides	7/1/2018	$12.75		No	N/A
86638	Antibody; Coxiella burnetii (Q fever)	7/1/2018	$13.47		No	N/A
86641	Antibody; Cryptococcus	7/1/2018	$16.01		No	N/A
86644	Antibody; cytomegalovirus (CMV)	7/1/2018	$15.99		No	N/A
86645	Antibody; cytomegalovirus (CMV), IgM	7/1/2018	$18.72		No	N/A
86648	Antibody; Diphtheria	7/1/2018	$16.89		No	N/A
86651	Antibody; encephalitis, California (La Crosse)	7/1/2018	$14.65		No	N/A
86652	Antibody; encephalitis, Eastern equine	7/1/2018	$14.65		No	N/A
86653	Antibody; encephalitis, St. Louis	7/1/2018	$14.65		No	N/A
86654	Antibody; encephalitis, Western equine	7/1/2018	$14.65		No	N/A
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	7/1/2018	$14.47		No	N/A
86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	7/1/2018	$14.58		No	N/A
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	7/1/2018	$16.99		No	N/A
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	7/1/2018	$20.16		No	N/A
86666	Antibody; Ehrlichia	7/1/2018	$11.30		No	N/A
86668	Antibody; Francisella tularensis	7/1/2018	$12.74		No	N/A
86671	Antibody; fungus, not elsewhere specified	7/1/2018	$13.62		No	N/A
86674	Antibody; Giardia lamblia	7/1/2018	$16.35		No	N/A
86677	Antibody; Helicobacter pylori	7/1/2018	$16.12		No	N/A
86682	Antibody; helminth, not elsewhere specified	7/1/2018	$14.45		No	N/A
86684	Antibody; Haemophilus influenza	7/1/2018	$17.60		No	N/A
86687	Antibody; HTLV-I	7/1/2018	$9.32		No	N/A
86688	Antibody; HTLV-II	7/1/2018	$15.56		No	N/A
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	7/1/2018	$21.51		No	N/A
86692	Antibody; hepatitis, delta agent	7/1/2018	$19.07		No	N/A
86694	Antibody; herpes simplex, non-specific type test	7/1/2018	$15.99		No	N/A
86695	Antibody; herpes simplex, type 1	7/1/2018	$14.65		No	N/A
86696	Antibody; herpes simplex, type 2	7/1/2018	$21.51		No	N/A
86698	Antibody; histoplasma	7/1/2018	$13.89		No	N/A
86701	Antibody; HIV-1	7/1/2018	$9.87		No	N/A
86702	Antibody; HIV-2	7/1/2018	$15.02		No	N/A
86703	Antibody; HIV-1 and HIV-2, single result	7/1/2018	$15.23		No	N/A
86704	Hepatitis B core antibody (HBcAb); total	7/1/2018	$13.39		No	N/A
86705	Hepatitis B core antibody (HBcAb); IgM antibody	7/1/2018	$13.09		No	N/A
86706	Hepatitis B surface antibody (HBsAb)	7/1/2018	$11.93		No	N/A
86707	Hepatitis Be antibody (HBeAb)	7/1/2018	$12.85		No	N/A
86708	Hepatitis A antibody (HAAb)	7/1/2018	$13.76		No	N/A
86709	Hepatitis A antibody (HAAb), IgM antibody	7/1/2018	$12.51		No	N/A

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86710	Antibody; influenza virus	7/1/2018	$15.06		No	N/A
86711	Antibody; JC (John Cunningham) virus	7/1/2018	$15.99		No	N/A
86713	Antibody; Legionella	7/1/2018	$17.00		No	N/A
86717	Antibody; Leishmania	7/1/2018	$13.61		No	N/A
86720	Antibody; Leptospira	7/1/2018	$14.65		No	N/A
86723	Antibody; Listeria monocytogenes	7/1/2018	$14.65		No	N/A
86727	Antibody; lymphocytic choriomeningitis	7/1/2018	$14.30		No	N/A
86732	Antibody; mucormycosis	7/1/2018	$14.65		No	N/A
86735	Antibody; mumps	7/1/2018	$14.50		No	N/A
86738	Antibody; mycoplasma	7/1/2018	$14.71		No	N/A
86741	Antibody; Neisseria meningitidis	7/1/2018	$14.65		No	N/A
86744	Antibody; Nocardia	7/1/2018	$14.65		No	N/A
86747	Antibody; parvovirus	7/1/2018	$16.70		No	N/A
86750	Antibody; Plasmodium (malaria)	7/1/2018	$14.65		No	N/A
86753	Antibody; protozoa, not elsewhere specified	7/1/2018	$13.76		No	N/A
86756	Antibody; respiratory syncytial virus	7/1/2018	$14.32		No	N/A
86757	Antibody; Rickettsia	7/1/2018	$21.51		No	N/A
86759	Antibody; rotavirus	7/1/2018	$16.41		No	N/A
86762	Antibody; rubella	7/1/2018	$15.99		No	N/A
86765	Antibody; rubeola	7/1/2018	$14.31		No	N/A
86768	Antibody; Salmonella	7/1/2018	$14.65		No	N/A
86771	Antibody; Shigella	7/1/2018	$22.03		No	N/A
86774	Antibody; tetanus	7/1/2018	$16.44		No	N/A
86777	Antibody; Toxoplasma	7/1/2018	$15.99		No	N/A
86778	Antibody; Toxoplasma, IgM	7/1/2018	$16.00		No	N/A
86780	Antibody; Treponema pallidum	7/1/2018	$14.71		No	N/A
86784	Antibody; Trichinella	7/1/2018	$13.96		No	N/A
86787	Antibody; varicella-zoster	7/1/2018	$14.31		No	N/A
86788	Antibody; West Nile virus, IgM	7/1/2018	$18.72		No	N/A
86789	Antibody; West Nile virus	7/1/2018	$15.99		No	N/A
86790	Antibody; virus, not elsewhere specified	7/1/2018	$14.31		No	N/A
86793	Antibody; Yersinia	7/1/2018	$14.65		No	N/A
86794	Antibody; Zika virus, IgM	7/1/2018	$18.72		Yes	Telligen
86800	Thyroglobulin antibody	7/1/2018	$17.68		No	N/A
86803	Hepatitis C antibody;	7/1/2018	$15.85		No	N/A
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	7/1/2018	$17.22		No	N/A
86805	Lymphocytotoxicity assay, visual crossmatch; with titration	7/1/2018	$170.56		No	N/A
86806	Lymphocytotoxicity assay, visual crossmatch; without titration	7/1/2018	$52.88		No	N/A
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	7/1/2018	$70.79		No	N/A
86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	7/1/2018	$32.98		No	N/A
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	7/1/2018	$28.67		No	N/A
86813	HLA typing; A, B, or C, multiple antigens	7/1/2018	$64.44		No	N/A
86816	HLA typing; DR/DQ, single antigen	7/1/2018	$30.95		No	N/A
86817	HLA typing; DR/DQ, multiple antigens	7/1/2018	$95.53		No	N/A
86821	HLA typing; lymphocyte culture, mixed (MLC)	7/1/2018	$40.63		No	N/A
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	7/1/2018	$98.54		No	N/A

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86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	7/1/2018	$32.88		No	N/A
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	7/1/2018	$57.77		No	N/A
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	7/1/2018	$57.77		No	N/A
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	7/1/2018	$89.71		No	N/A
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	7/1/2018	$76.90		No	N/A
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	7/1/2018	$291.38		No	N/A
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	7/1/2018	$293.22		No	N/A
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	7/1/2018	$397.29		No	N/A
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	7/1/2018	$358.85		No	N/A
86849	Unlisted immunology procedure	1/1/1993	$0.00		Yes	MCU
86850	Antibody screen, RBC, each serum technique	7/1/2018	$8.79		No	N/A
86860	Antibody elution (RBC), each elution	7/1/2008	$19.60		No	N/A
86870	Antibody identification, RBC antibodies, each panel for each serum technique	7/1/2008	$11.80		No	N/A
86880	Antihuman globulin test (Coombs test); direct, each antiserum	7/1/2018	$5.99		No	N/A
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	7/1/2018	$6.36		No	N/A
86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	7/1/2018	$5.75		No	N/A
86890	Autologous blood or component, collection processing and storage; predeposited	7/1/2008	$39.80		No	N/A
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	7/1/2008	$25.02		No	N/A
86900	Blood typing, serologic; ABO	7/1/2018	$3.32		No	N/A
86901	Blood typing, serologic; Rh (D)	7/1/2018	$3.32		No	N/A
86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	7/1/2018	$5.72		No	N/A
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	7/1/2018	$14.71		No	N/A
86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	7/1/2018	$4.26		No	N/A
86906	Blood typing, serologic; Rh phenotyping, complete	7/1/2018	$8.61		No	N/A
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	7/1/2008	$25.24		No	N/A
86911	Blood typing, for paternity testing, per individual; each additional antigen system	7/1/2008	$8.24		No	N/A
86920	Compatibility test each unit; immediate spin technique	7/1/2008	$19.18		No	N/A
86921	Compatibility test each unit; incubation technique	7/1/2008	$21.60		No	N/A

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86922	Compatibility test each unit; antiglobulin technique	7/1/2008	$22.60		No	N/A
86923	Compatibility test each unit; electronic	1/1/2006	$0.00		No	N/A
86927	Fresh frozen plasma, thawing, each unit	7/1/2008	$17.06		No	N/A
86930	Frozen blood, each unit; freezing (includes preparation)	7/1/2008	$25.02		No	N/A
86931	Frozen blood, each unit; thawing	7/1/2008	$25.02		No	N/A
86932	Frozen blood, each unit; freezing (includes preparation) and thawing	7/1/2008	$25.02		No	N/A
86940	Hemolysins and agglutinins; auto, screen, each	7/1/2018	$9.12		No	N/A
86941	Hemolysins and agglutinins; incubated	7/1/2018	$13.46		No	N/A
86945	Irradiation of blood product, each unit	1/1/1993	$0.00		No	N/A
86950	Leukocyte transfusion	1/1/1993	$0.00		No	N/A
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	1/1/2006	$0.00		No	N/A
86965	Pooling of platelets or other blood products	7/1/2008	$4.67		No	N/A
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	1/1/1993	$0.00		No	N/A
86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	1/1/1993	$0.00		No	N/A
86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	1/1/1993	$0.00		No	N/A
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	1/1/1993	$0.00		No	N/A
86976	Pretreatment of serum for use in RBC antibody identification; by dilution	1/1/1993	$0.00		No	N/A
86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	1/1/1993	$0.00		No	N/A
86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	1/1/1993	$0.00		No	N/A
86985	Splitting of blood or blood products, each unit	1/1/1993	$0.00		No	N/A
86999	Unlisted transfusion medicine procedure	1/1/1979	$0.00		No	N/A
87003	Animal inoculation, small animal, with observation and dissection	7/1/2018	$18.71		No	N/A
87015	Concentration (any type), for infectious agents	7/1/2018	$7.42		No	N/A
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	7/1/2018	$11.47		No	N/A
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	7/1/2018	$10.49		No	N/A
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	7/1/2018	$10.49		No	N/A
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	7/1/2018	$9.58		No	N/A
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	7/1/2018	$10.49		No	N/A
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	7/1/2018	$10.49		No	N/A
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	7/1/2018	$10.52		No	N/A
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	7/1/2018	$8.97		No	N/A
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	7/1/2018	$8.97		No	N/A

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87081	Culture, presumptive, pathogenic organisms, screening only;	7/1/2018	$7.36		No	N/A
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	7/1/2018	$24.36		No	N/A
87086	Culture, bacterial; quantitative colony count, urine	7/1/2018	$8.96		No	N/A
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	7/1/2018	$8.99		No	N/A
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	7/1/2018	$8.56		No	N/A
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	7/1/2018	$9.34		No	N/A
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	7/1/2018	$18.41		No	N/A
87106	Culture, fungi, definitive identification, each organism; yeast	7/1/2018	$11.47		No	N/A
87107	Culture, fungi, definitive identification, each organism; mold	7/1/2018	$11.47		No	N/A
87109	Culture, mycoplasma, any source	7/1/2018	$17.10		No	N/A
87110	Culture, chlamydia, any source	7/1/2018	$21.77		No	N/A
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	7/1/2018	$12.01		No	N/A
87118	Culture, mycobacterial, definitive identification, each isolate	7/1/2018	$13.15		No	N/A
87140	Culture, typing; immunofluorescent method, each antiserum	7/1/2018	$6.19		No	N/A
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	7/1/2018	$13.91		No	N/A
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	7/1/2018	$5.75		No	N/A
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	7/1/2018	$22.28		No	N/A
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	7/1/2018	$39.00		No	N/A
87152	Culture, typing; identification by pulse field gel typing	7/1/2018	$6.97		No	N/A
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	7/1/2018	$128.18		No	N/A
87158	Culture, typing; other methods	7/1/2018	$6.97		No	N/A
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	7/1/2018	$16.25	26	No	N/A
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	7/1/2018	$11.93		No	N/A
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	7/1/2018	$12.56		No	N/A
87168	Macroscopic examination; arthropod	7/1/2018	$4.74		No	N/A
87169	Macroscopic examination; parasite	7/1/2018	$4.74		No	N/A
87172	Pinworm exam (eg, cellophane tape prep)	7/1/2018	$4.74		No	N/A
87176	Homogenization, tissue, for culture	7/1/2018	$6.53		No	N/A
87177	Ova and parasites, direct smears, concentration and identification	7/1/2018	$9.89		No	N/A
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	7/1/2018	$5.27		No	N/A
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	7/1/2018	$7.66		No	N/A
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	7/1/2018	$5.27		No	N/A

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87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	7/1/2018	$9.60		No	N/A
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	7/1/2018	$36.15		No	N/A
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	7/1/2018	$7.38		No	N/A
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	7/1/2018	$6.58		No	N/A
87197	Serum bactericidal titer (Schlichter test)	7/1/2018	$16.70		No	N/A
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	7/1/2018	$4.74		No	N/A
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	7/1/2018	$5.99		No	N/A
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	7/1/2018	$16.25	26	No	N/A
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	7/1/2018	$6.66		No	N/A
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	7/1/2018	$19.97		No	N/A
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	7/1/2018	$5.24		No	N/A
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	7/1/2018	$4.74		No	N/A
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	7/1/2018	$21.93		No	N/A
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	7/1/2018	$21.74		No	N/A
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	7/1/2018	$28.96		No	N/A
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	7/1/2018	$22.45		No	N/A
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	7/1/2018	$21.74		No	N/A
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	7/1/2018	$37.63		No	N/A
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	7/1/2018	$13.32		No	N/A
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	7/1/2018	$13.32		No	N/A
87269	Infectious agent antigen detection by immunofluorescent technique; giardia	7/1/2018	$13.32		No	N/A
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	7/1/2018	$13.32		No	N/A
87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	7/1/2018	$13.32		No	N/A
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	7/1/2018	$13.32		No	N/A
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	7/1/2018	$13.32		No	N/A
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	7/1/2018	$13.32		No	N/A

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87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	7/1/2018	$13.32		No	N/A
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	7/1/2018	$14.46		No	N/A
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	7/1/2018	$14.04		No	N/A
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	7/1/2018	$14.79		No	N/A
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	7/1/2018	$13.32		No	N/A
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	7/1/2018	$13.32		No	N/A
87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola	7/1/2018	$54.72		No	N/A
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	7/1/2018	$13.32		No	N/A
87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	7/1/2018	$13.32		No	N/A
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	7/1/2018	$14.49		No	N/A
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	7/1/2018	$13.32		No	N/A
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41	7/1/2018	$13.32		No	N/A
87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Aspergillus	7/1/2018	$13.32		No	N/A
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	7/1/2018	$13.50		No	N/A
87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin(s)	7/1/2018	$13.32		No	N/A
87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Cryptococcus neoformans	7/1/2018	$13.32		No	N/A
87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cryptosporidium	7/1/2018	$13.32		No	N/A
87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; giardia	7/1/2018	$13.32		No	N/A

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87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cytomegalovirus	7/1/2018	$13.32		No	N/A
87335	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Escherichia coli 0157	7/1/2018	$13.32		No	N/A
87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Entamoeba histolytica dispar group	7/1/2018	$14.40		No	N/A
87337	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Entamoeba histolytica group	7/1/2018	$13.32		No	N/A
87338	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool	7/1/2018	$15.98		No	N/A
87339	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Helicobacter pylori	7/1/2018	$14.40		No	N/A
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	7/1/2018	$11.48		No	N/A
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	7/1/2018	$11.48		No	N/A
87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)	7/1/2018	$12.81		No	N/A
87380	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis, delta agent	7/1/2018	$18.23		No	N/A
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Histoplasma capsulatum	7/1/2018	$13.32		No	N/A

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87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	7/1/2018	$26.76		No	N/A
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1	7/1/2018	$21.65		No	N/A
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2	7/1/2018	$19.71		No	N/A
87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each	7/1/2018	$13.32		No	N/A
87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; respiratory syncytial virus	7/1/2018	$13.32		No	N/A
87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; rotavirus	7/1/2018	$13.32		No	N/A
87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Shiga-like toxin	7/1/2018	$13.32		No	N/A
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A	7/1/2018	$15.13		No	N/A
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple-step method, not otherwise specified, each organism	7/1/2018	$13.32		No	N/A
87450	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; single step method, not otherwise specified, each organism	7/1/2018	$10.66		No	N/A
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum	7/1/2018	$10.66		No	N/A
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	7/1/2018	$39.00		No	N/A

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87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	7/1/2018	$47.59		No	N/A
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	7/1/2018	$22.28		No	N/A
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	7/1/2018	$39.00		No	N/A
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	7/1/2018	$22.28		No	N/A
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	7/1/2018	$39.00		No	N/A
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	7/1/2018	$50.17		No	N/A
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	7/1/2018	$463.10		No	N/A
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	7/1/2018	$22.28		No	N/A
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	7/1/2018	$39.00		No	N/A
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	7/1/2018	$47.59		No	N/A
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	7/1/2018	$22.28		No	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	7/1/2018	$39.00		No	N/A
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	7/1/2018	$48.12		No	N/A
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	7/1/2018	$39.00		No	N/A
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	7/1/2018	$27.03		No	N/A
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	7/1/2018	$39.00		No	N/A
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	7/1/2018	$47.59		No	N/A
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	7/1/2018	$39.00		No	N/A
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	7/1/2018	$39.00		No	N/A
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	7/1/2018	$57.02		No	N/A

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87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	7/1/2018	$94.55		No	N/A
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	7/1/2018	$26.30		No	N/A
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	7/1/2018	$142.54		No	N/A
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	7/1/2018	$237.14		No	N/A
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	7/1/2018	$463.10		No	N/A
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	7/1/2018	$22.28		No	N/A
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	7/1/2018	$39.00		No	N/A
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	7/1/2018	$46.40		No	N/A
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	7/1/2018	$39.00		No	N/A
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	7/1/2018	$47.59		No	N/A
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	7/1/2018	$28.10		No	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	7/1/2018	$39.00		No	N/A
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	7/1/2018	$47.59		No	N/A
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	7/1/2018	$26.82		No	N/A
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	7/1/2018	$39.00		No	N/A
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	7/1/2018	$46.40		No	N/A
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	7/1/2018	$22.28		No	N/A
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	7/1/2018	$39.00		No	N/A
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	7/1/2018	$47.59		No	N/A

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87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	7/1/2018	$52.20		No	N/A
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	7/1/2018	$39.00		No	N/A
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	7/1/2018	$46.40		No	N/A
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	7/1/2018	$22.28		No	N/A
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	7/1/2018	$39.00		No	N/A
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	7/1/2018	$94.55		No	N/A
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	7/1/2018	$22.28		No	N/A
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	7/1/2018	$39.00		No	N/A
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	7/1/2018	$52.76		No	N/A
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	7/1/2018	$22.28		No	N/A
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	7/1/2018	$39.00		No	N/A
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	7/1/2018	$46.40		No	N/A
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	7/1/2018	$22.28		No	N/A
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	7/1/2018	$43.42		No	N/A
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	7/1/2018	$47.59		No	N/A
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	7/1/2018	$24.19		No	N/A
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	7/1/2018	$39.00		No	N/A
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	7/1/2018	$47.59		No	N/A
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	7/1/2018	$24.56		No	N/A
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	7/1/2018	$39.00		No	N/A
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	7/1/2018	$47.59		No	N/A
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	7/1/2018	$22.28		No	N/A
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	7/1/2018	$39.00		No	N/A
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	7/1/2018	$272.36		No	N/A
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	7/1/2018	$24.19		No	N/A

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87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	7/1/2018	$39.00		No	N/A
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	7/1/2018	$47.59		No	N/A
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	7/1/2018	$39.00		No	N/A
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	7/1/2018	$39.00		No	N/A
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	7/1/2018	$39.00		No	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	7/1/2018	$142.54		No	N/A
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	7/1/2018	$237.14		No	N/A
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	7/1/2018	$463.10		No	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	1/1/2018	$77.99		Yes	Telligen
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	7/1/2018	$39.00		No	N/A
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	7/1/2018	$39.00		No	N/A
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	7/1/2018	$22.28		No	N/A
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	7/1/2018	$39.00		No	N/A
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	7/1/2018	$46.40		No	N/A
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	7/1/2018	$39.00		No	N/A
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	7/1/2018	$22.28		No	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	7/1/2018	$39.00		No	N/A
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	1/1/2018	$57.02		Yes	Telligen
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	7/1/2018	$27.03		No	N/A

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87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	7/1/2018	$39.00		No	N/A
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	7/1/2018	$47.59		No	N/A
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	7/1/2018	$44.58		No	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	7/1/2018	$77.99		No	N/A
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B	7/1/2018	$13.32		No	N/A
87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A	7/1/2018	$14.40		No	N/A
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	7/1/2018	$14.90		No	N/A
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	7/1/2018	$29.49		No	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	7/1/2018	$13.32		No	N/A
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis	7/1/2018	$13.76		No	N/A
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	7/1/2018	$19.58		No	N/A
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	7/1/2018	$31.76		No	N/A
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	7/1/2018	$22.10		No	N/A
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	7/1/2018	$14.88		No	N/A
87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	7/1/2018	$14.46		No	N/A
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	7/1/2018	$144.83		No	N/A
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	7/1/2018	$286.06		No	N/A
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	7/1/2018	$286.06		No	N/A
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	7/1/2018	$542.95		Yes	MCU
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	7/1/2018	$28.96		Yes	MCU
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	7/1/2018	$13.57		No	N/A
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	7/1/2018	$143.03		No	N/A
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	7/1/2018	$286.06		No	N/A
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	7/1/2018	$286.06		No	N/A
87999	Unlisted microbiology procedure	1/1/1979	$0.00		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	7/1/2018	$25.91	26	No	N/A
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	7/1/2018	$61.73		No	N/A
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	7/1/2018	$35.82	TC	No	N/A
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	7/1/2018	$17.70	26	No	N/A
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	7/1/2018	$54.41		No	N/A
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	7/1/2018	$36.69	TC	No	N/A
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	7/1/2018	$20.56	26	No	N/A
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	7/1/2018	$51.71		No	N/A
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	7/1/2018	$31.14	TC	No	N/A
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	7/1/2018	$25.61	26	No	N/A
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	7/1/2018	$58.51		No	N/A
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	7/1/2018	$32.90	TC	No	N/A
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	7/1/2018	$52.82	26	No	N/A
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	7/1/2018	$530.68		No	N/A
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	7/1/2018	$477.86	TC	No	N/A
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	7/1/2018	$45.30	26	No	N/A
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	7/1/2018	$442.62		No	N/A
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	7/1/2018	$397.32	TC	No	N/A
88125	Cytopathology, forensic (eg, sperm)	7/1/2018	$12.68	26	No	N/A
88125	Cytopathology, forensic (eg, sperm)	7/1/2018	$22.78		No	N/A
88125	Cytopathology, forensic (eg, sperm)	7/1/2018	$10.10	TC	No	N/A
88130	Sex chromatin identification; Barr bodies	7/1/2018	$19.97		No	N/A
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	7/1/2018	$8.87		No	N/A
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	7/1/2018	$27.96		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	7/1/2018	$22.51		No	N/A
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	7/1/2018	$22.51		No	N/A
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	7/1/2018	$45.50		No	N/A
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	7/1/2018	$16.88		No	N/A
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	7/1/2018	$13.19		No	N/A
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	7/1/2018	$24.88		No	N/A
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	7/1/2018	$21.63		No	N/A
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	7/1/2018	$13.19		No	N/A
88160	Cytopathology, smears, any other source; screening and interpretation	7/1/2018	$23.67	26	No	N/A
88160	Cytopathology, smears, any other source; screening and interpretation	7/1/2018	$61.53		No	N/A
88160	Cytopathology, smears, any other source; screening and interpretation	7/1/2018	$37.86	TC	No	N/A
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	7/1/2018	$22.80	26	No	N/A
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	7/1/2018	$55.99		No	N/A
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	7/1/2018	$33.19	TC	No	N/A
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	7/1/2018	$35.18	26	No	N/A
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	7/1/2018	$82.28		No	N/A
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	7/1/2018	$47.09	TC	No	N/A
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	7/1/2018	$13.19		No	N/A
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	7/1/2018	$38.00		No	N/A
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	7/1/2018	$13.19		No	N/A
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	7/1/2018	$13.19		No	N/A
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	7/1/2018	$32.91	26	No	N/A
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	7/1/2018	$49.74		No	N/A
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	7/1/2018	$16.82	TC	No	N/A
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	7/1/2018	$64.82	26	No	N/A
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	7/1/2018	$132.08		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	7/1/2018	$67.26	TC	No	N/A
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	7/1/2018	$23.74		No	N/A
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	7/1/2018	$29.44		No	N/A
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	7/1/2018	$20.21	26	No	N/A
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	7/1/2018	$26.63		No	N/A
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	7/1/2018	$6.43	TC	No	N/A
88182	Flow cytometry, cell cycle or DNA analysis	7/1/2018	$35.22	26	No	N/A
88182	Flow cytometry, cell cycle or DNA analysis	7/1/2018	$110.53		No	N/A
88182	Flow cytometry, cell cycle or DNA analysis	7/1/2018	$75.31	TC	No	N/A
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	7/1/2018	$54.98		No	N/A
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	7/1/2018	$24.84		No	N/A
88187	Flow cytometry, interpretation; 2 to 8 markers	7/1/2018	$41.00		No	N/A
88188	Flow cytometry, interpretation; 9 to 15 markers	7/1/2018	$57.11		No	N/A
88189	Flow cytometry, interpretation; 16 or more markers	7/1/2018	$76.57		No	N/A
88199	Unlisted cytopathology procedure	1/1/1979	$0.00		No	N/A
88230	Tissue culture for non-neoplastic disorders; lymphocyte	7/1/2018	$129.44		No	N/A
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	7/1/2018	$156.37		No	N/A
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	7/1/2018	$163.63		No	N/A
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	7/1/2018	$140.34		No	N/A
88239	Tissue culture for neoplastic disorders; solid tumor	7/1/2018	$163.91		No	N/A
88240	Cryopreservation, freezing and storage of cells, each cell line	7/1/2018	$11.76		No	N/A
88241	Thawing and expansion of frozen cells, each aliquot	7/1/2018	$11.22		No	N/A
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	7/1/2018	$192.42		Yes	Telligen
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	7/1/2018	$192.42		Yes	Telligen
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	7/1/2018	$192.42		Yes	Telligen
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	7/1/2018	$237.91		Yes	Telligen
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	7/1/2018	$138.49		Yes	Telligen
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	7/1/2018	$166.99		No	N/A
88264	Chromosome analysis; analyze 20-25 cells	7/1/2018	$138.49		Yes	Telligen
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	7/1/2018	$199.76		Yes	Telligen

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	7/1/2018	$184.81		Yes	Telligen
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	7/1/2018	$23.80		Yes	Telligen
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	7/1/2018	$36.63		No	N/A
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	7/1/2018	$35.69		Yes	Telligen
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	7/1/2018	$38.68		Yes	Telligen
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	7/1/2018	$46.07		Yes	Telligen
88280	Chromosome analysis; additional karyotypes, each study	7/1/2018	$30.12		No	N/A
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	7/1/2018	$76.22		No	N/A
88285	Chromosome analysis; additional cells counted, each study	7/1/2018	$24.22		No	N/A
88289	Chromosome analysis; additional high resolution study	7/1/2018	$38.26		No	N/A
88291	Cytogenetics and molecular cytogenetics, interpretation and report	7/1/2017	$28.17		Yes	Telligen
88299	Unlisted cytogenetic study	1/1/1979	$0.00		No	N/A
88300	Level I - Surgical pathology, gross examination only	7/1/2017	$3.92	26	No	N/A
88300	Level I - Surgical pathology, gross examination only	7/1/2018	$13.73		No	N/A
88300	Level I - Surgical pathology, gross examination only	7/1/2018	$9.81	TC	No	N/A
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	7/1/2018	$6.43	26	No	N/A
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	7/1/2018	$25.88		No	N/A
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	7/1/2018	$19.46	TC	No	N/A
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	7/1/2018	$10.51	26	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	7/1/2018	$34.34		No	N/A
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	7/1/2018	$23.84	TC	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy	7/1/2018	$34.57	26	No	N/A
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy	7/1/2018	$58.99		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy	7/1/2018	$24.43	TC	No	N/A
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	7/1/2017	$75.85	26	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	7/1/2018	$223.47		No	N/A
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	7/1/2018	$147.63	TC	No	N/A
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	7/1/2018	$134.55	26	No	N/A
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	7/1/2018	$340.50		No	N/A

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88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	7/1/2018	$205.95	TC	No	N/A
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	7/1/2018	$11.45	26	No	N/A
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	7/1/2018	$18.92		No	N/A
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	7/1/2018	$7.47	TC	No	N/A
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	7/1/2018	$24.38	26	No	N/A
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	7/1/2018	$82.13		No	N/A
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	7/1/2018	$57.74	TC	No	N/A
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	7/1/2018	$10.86	26	No	N/A
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	7/1/2018	$58.96		No	N/A
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	7/1/2018	$48.10	TC	No	N/A
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	7/1/2018	$20.59	26	No	N/A
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	7/1/2018	$71.90		No	N/A
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	7/1/2018	$51.31	TC	No	N/A
88319	Special stain including interpretation and report; Group III, for enzyme constituents	7/1/2018	$24.35	26	No	N/A
88319	Special stain including interpretation and report; Group III, for enzyme constituents	7/1/2018	$74.49		No	N/A
88319	Special stain including interpretation and report; Group III, for enzyme constituents	7/1/2018	$50.14	TC	No	N/A
88321	Consultation and report on referred slides prepared elsewhere	7/1/2018	$89.50		No	N/A
88323	Consultation and report on referred material requiring preparation of slides	7/1/2018	$79.66	26	No	N/A
88323	Consultation and report on referred material requiring preparation of slides	7/1/2018	$106.71		No	N/A
88323	Consultation and report on referred material requiring preparation of slides	7/1/2018	$27.05	TC	No	N/A
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	7/1/2018	$161.29		No	N/A
88329	Pathology consultation during surgery;	7/1/2018	$44.87		No	N/A

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88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	7/1/2018	$57.47	26	No	N/A
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	7/1/2018	$84.22		No	N/A
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	7/1/2018	$26.76	TC	No	N/A
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	7/1/2018	$28.34	26	No	N/A
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	7/1/2018	$45.75		No	N/A
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	7/1/2018	$17.41	TC	No	N/A
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	7/1/2018	$57.49	26	No	N/A
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	7/1/2018	$77.82		No	N/A
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	7/1/2018	$20.33	TC	No	N/A
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	7/1/2018	$35.09	26	No	N/A
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	7/1/2018	$48.24		No	N/A
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	7/1/2018	$13.15	TC	No	N/A
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$25.91	26	No	N/A
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$78.52		No	N/A
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$52.61	TC	No	N/A
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	7/1/2018	$32.36	26	No	N/A
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	7/1/2018	$92.44		No	N/A
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	7/1/2018	$60.08	TC	No	N/A
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	7/1/2018	$35.51	26	No	N/A
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	7/1/2018	$147.02		No	N/A
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	7/1/2018	$111.51	TC	No	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	7/1/2018	$32.91	26	No	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	7/1/2018	$79.83		No	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	7/1/2018	$46.93	TC	No	N/A
88348	Electron microscopy, diagnostic	7/1/2018	$69.29	26	No	N/A
88348	Electron microscopy, diagnostic	7/1/2018	$291.35		No	N/A

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88348	Electron microscopy, diagnostic	7/1/2018	$222.06	TC	No	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$26.30	26	No	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$61.66		No	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$35.36	TC	No	N/A
88355	Morphometric analysis; skeletal muscle	7/1/2018	$75.30	26	No	N/A
88355	Morphometric analysis; skeletal muscle	7/1/2018	$114.63		No	N/A
88355	Morphometric analysis; skeletal muscle	7/1/2018	$39.33	TC	No	N/A
88356	Morphometric analysis; nerve	7/1/2018	$113.46	26	No	N/A
88356	Morphometric analysis; nerve	7/1/2018	$190.83		No	N/A
88356	Morphometric analysis; nerve	7/1/2018	$77.36	TC	No	N/A
88358	Morphometric analysis; tumor (eg, DNA ploidy)	7/1/2018	$42.51	26	No	N/A
88358	Morphometric analysis; tumor (eg, DNA ploidy)	7/1/2018	$81.25		No	N/A
88358	Morphometric analysis; tumor (eg, DNA ploidy)	7/1/2018	$38.75	TC	No	N/A
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	7/1/2018	$40.44	26	No	N/A
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	7/1/2018	$113.09		No	N/A
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	7/1/2018	$72.64	TC	No	N/A
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	7/1/2018	$43.09	26	No	N/A
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	7/1/2018	$123.04		No	N/A
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	7/1/2018	$79.95	TC	No	N/A
88362	Nerve teasing preparations	7/1/2018	$100.11	26	No	N/A
88362	Nerve teasing preparations	7/1/2018	$179.06		No	N/A
88362	Nerve teasing preparations	7/1/2018	$78.95	TC	No	N/A
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	7/1/2018	$20.80		No	N/A
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$31.78	26	No	N/A
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$111.44		No	N/A
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$79.66	TC	No	N/A
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	7/1/2018	$40.24	26	No	N/A
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	7/1/2018	$151.46		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	7/1/2018	$111.22	TC	No	N/A
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	7/1/2018	$56.75	26	No	N/A
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	7/1/2018	$221.16		No	N/A
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	7/1/2018	$164.40	TC	No	N/A
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	7/1/2018	$31.71	26	No	N/A
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	7/1/2018	$90.91		No	N/A
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	7/1/2018	$59.20	TC	No	N/A
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	7/1/2018	$37.90	26	No	N/A
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	7/1/2018	$102.65		No	N/A
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	7/1/2018	$64.76	TC	No	N/A
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$29.57	26	No	N/A
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$92.57		No	N/A
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$63.00	TC	No	N/A
88371	Protein analysis of tissue by Western Blot, with interpretation and report;	7/1/2018	$16.25	26	No	N/A
88371	Protein analysis of tissue by Western Blot, with interpretation and report;	7/1/2017	$27.44		No	N/A
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	7/1/2018	$16.25	26	No	N/A
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	7/1/2017	$28.08		No	N/A
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$25.09	26	No	N/A
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$66.89		No	N/A
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	7/1/2018	$41.79	TC	No	N/A
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	7/1/2018	$40.23	26	No	N/A
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	7/1/2018	$287.93		No	N/A
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	7/1/2018	$247.70	TC	No	N/A

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88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	7/1/2018	$44.63		No	N/A
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	7/1/2018	$58.55	26	No	N/A
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	7/1/2018	$342.95		No	N/A
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	7/1/2018	$284.39	TC	No	N/A
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	7/1/2018	$116.79		No	N/A
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	7/1/2018	$66.67	TC	No	N/A
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	7/1/2018	$22.89	26	No	N/A
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	7/1/2018	$102.72		No	N/A
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	7/1/2018	$79.82	TC	No	N/A
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	7/1/2018	$25.68	26	No	N/A
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	7/1/2018	$30.52		No	N/A
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	7/1/2018	$4.84	TC	No	N/A
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	7/1/2018	$21.76	26	No	N/A
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	7/1/2018	$29.82		No	N/A
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	7/1/2018	$8.06	TC	No	N/A
88399	Unlisted surgical pathology procedure	1/1/1979	$0.00		No	N/A
88720	Bilirubin, total, transcutaneous	7/1/2018	$5.57		No	N/A
88738	Hemoglobin (Hgb), quantitative, transcutaneous	7/1/2018	$5.57		No	N/A
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	7/1/2018	$8.43		No	N/A
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	7/1/2018	$8.43		No	N/A
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	1/1/2011	$0.00		No	N/A
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	7/1/2018	$204.16		No	N/A
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	7/1/2018	$5.25		No	N/A

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89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	7/1/2018	$6.12		No	N/A
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	7/1/2018	$4.74		No	N/A
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	7/1/2018	$16.25	26	No	N/A
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	7/1/2018	$7.95		No	N/A
89125	Fat stain, feces, urine, or respiratory secretions	7/1/2018	$5.29		No	N/A
89160	Meat fibers, feces	7/1/2018	$4.37		No	N/A
89190	Nasal smear for eosinophils	7/1/2018	$5.27		No	N/A
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	7/1/2018	$13.32		No	N/A
89230	Sweat collection by iontophoresis	7/1/2018	$2.80		No	N/A
89321	Semen analysis; sperm presence and motility of sperm, if performed	7/1/2018	$13.39		No	N/A
89398	Unlisted reproductive medicine laboratory procedure	1/1/2010	$0.00		Yes	MCU
90281	Immune globulin (Ig), human, for intramuscular use	1/1/2008	$28.00		No	N/A
90283	Immune globulin (IgIV), human, for intravenous use	1/1/1999	$0.00		Yes	Pharmacy
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	1/1/2008	$0.00		Yes	Pharmacy
90287	Botulinum antitoxin, equine, any route	1/1/1999	$0.00		No	N/A
90288	Botulism immune globulin, human, for intravenous use	1/1/1999	$0.00		No	N/A
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	1/1/1999	$0.00		No	N/A
90296	Diphtheria antitoxin, equine, any route	1/1/1999	$0.00		No	N/A
90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use	7/1/2018	$104.40		No	N/A
90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use	7/1/2018	$272.22		No	N/A
90376	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use	7/1/2018	$299.19		No	N/A
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	11/1/2018	$1,475.83		Yes	Pharmacy
90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use	1/1/2008	$113.05		No	N/A
90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use	7/1/2014	$22.37		No	N/A
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use	1/1/1999	$0.00		No	N/A
90389	Tetanus immune globulin (TIg), human, for intramuscular use	1/1/1999	$0.00		No	N/A
90393	Vaccinia immune globulin, human, for intramuscular use	1/1/1999	$0.00		No	N/A
90396	Varicella-zoster immune globulin, human, for intramuscular use	1/1/2008	$109.82		No	N/A
90399	Unlisted immune globulin	1/1/1999	$0.00		Yes	Pharmacy
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	7/1/2018	$19.29		No	N/A
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	7/1/2018	$12.08		No	N/A
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	7/1/2018	$19.29		No	N/A
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	7/1/2018	$12.08		No	N/A

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90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	7/1/2018	$19.29		No	N/A
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	7/1/2018	$12.08		No	N/A
90476	Adenovirus vaccine, type 4, live, for oral use	1/1/1999	$0.00		No	N/A
90477	Adenovirus vaccine, type 7, live, for oral use	1/1/1999	$0.00		No	N/A
90581	Anthrax vaccine, for subcutaneous or intramuscular use	9/1/2018	$113.17		No	N/A
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	7/1/2018	$119.51		No	N/A
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	7/1/2018	$119.51		No	N/A
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	9/1/2018	$149.06		No	N/A
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	9/1/2018	$120.50		No	N/A
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	1/1/2016	$0.00		No	N/A
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	9/1/2016	$18.31		No	N/A
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	7/1/2018	$46.24		No	N/A
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	1/1/2009	$25.15		No	N/A
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	1/1/2008	$24.28		No	N/A
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	1/1/2008	$85.00		No	N/A
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	9/1/2018	$22.75		No	N/A
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	1/1/2009	$23.34		No	N/A
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	1/1/2009	$21.78		No	N/A
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	1/1/2008	$131.73		No	N/A
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	4/1/2010	$128.75		No	N/A
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	9/1/2018	$216.81		No	N/A
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	9/1/2018	$49.20		No	N/A
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	7/1/2015	$17.03		No	N/A
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	7/1/2014	$15.52		No	N/A
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	9/1/2018	$17.79		No	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	7/1/2016	$5.42		No	N/A
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	1/1/2008	$13.22		No	N/A
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	11/1/2012	$21.11		No	N/A

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90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	7/1/2016	$20.06		No	N/A
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	9/1/2018	$48.03		No	N/A
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	7/1/2010	$0.00		No	N/A
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	7/1/2010	$0.00		No	N/A
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	7/1/2018	$173.37		No	N/A
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	7/1/2017	$24.19		No	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	9/1/2016	$36.55		No	N/A
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	9/1/2017	$21.65		No	N/A
90675	Rabies vaccine, for intramuscular use	7/1/2018	$256.48		No	N/A
90676	Rabies vaccine, for intradermal use	1/1/1999	$0.00		No	N/A
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	1/1/2008	$68.75		No	N/A
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	1/1/2008	$0.00		No	N/A
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	9/1/2018	$48.03		No	N/A
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	9/1/2018	$19.63		No	N/A
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	9/1/2016	$17.13		No	N/A
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	7/1/2017	$8.46		No	N/A
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	9/1/2016	$16.06		No	N/A
90690	Typhoid vaccine, live, oral	1/1/2008	$30.00		No	N/A
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	7/1/2018	$98.26		No	N/A
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	1/1/2008	$0.00		No	N/A
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	1/1/2009	$56.64		No	N/A
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	1/1/2009	$17.58		No	N/A
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	1/1/2009	$24.96		No	N/A
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	5/1/2018	$70.19		No	N/A
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	9/1/2013	$99.63		No	N/A
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	1/1/2009	$26.52		No	N/A
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	7/1/2018	$23.22		No	N/A
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	7/1/2018	$27.86		No	N/A
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	1/1/2009	$77.33		No	N/A
90717	Yellow fever vaccine, live, for subcutaneous use	6/1/2017	$140.66		No	N/A

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90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	1/1/2008	$75.53		No	N/A
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	7/1/2018	$96.97		No	N/A
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	7/1/2014	$95.84		No	N/A
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	1/1/2008	$90.20		No	N/A
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	8/1/2012	$159.16		No	N/A
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	1/1/1990	$0.00		No	N/A
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	7/1/2018	$117.99		No	N/A
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	7/1/2018	$113.94		No	N/A
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	7/1/2017	$23.52		No	N/A
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	7/1/2017	$23.52		No	N/A
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	7/1/2018	$56.97		No	N/A
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	7/1/2018	$113.94		No	N/A
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	1/1/2008	$39.75		No	N/A
90749	Unlisted vaccine/toxoid	1/1/1979	$0.00		No	N/A
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	8/1/2018	$0.00		No	N/A
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	1/1/2018	$20.51		No	N/A
90785	Interactive complexity (List separately in addition to the code for primary procedure)	7/1/2018	$12.91		No	N/A
90791	Psychiatric diagnostic evaluation	7/1/2019	$121.95		No	N/A
90792	Psychiatric diagnostic evaluation with medical services	7/1/2017	$128.66		No	N/A
90832	Psychotherapy, 30 minutes with patient	7/1/2019	$59.72		No	N/A
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	7/1/2018	$59.99		No	N/A
90834	Psychotherapy, 45 minutes with patient	7/1/2019	$79.49		No	N/A
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	7/1/2018	$75.74		No	N/A
90837	Psychotherapy, 60 minutes with patient	7/1/2019	$119.32		No	N/A
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	7/1/2018	$100.06		No	N/A
90839	Psychotherapy for crisis; first 60 minutes	7/1/2018	$121.06		No	N/A
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	7/1/2018	$57.91		No	N/A
90845	Psychoanalysis	7/1/2018	$82.81		No	N/A
90846	Family psychotherapy (without the patient present), 50 minutes	7/1/2019	$96.01		No	N/A
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	7/1/2019	$99.85		No	N/A
90849	Multiple-family group psychotherapy	7/1/2018	$31.89		No	N/A
90853	Group psychotherapy (other than of a multiple-family group)	7/1/2019	$23.86		No	N/A

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90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	1/1/2013	$50.22		No	N/A
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	7/1/2018	$146.15		No	N/A
90870	Electroconvulsive therapy (includes necessary monitoring)	7/1/2018	$151.63		No	N/A
90880	Hypnotherapy	7/1/2018	$91.57		No	N/A
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	7/1/2008	$34.50		No	N/A
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	7/1/2008	$48.59		No	N/A
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	7/1/2008	$48.55		No	N/A
90899	Unlisted psychiatric service or procedure	3/6/2018	$0.00		Yes	Telligen
90901	Biofeedback training by any modality	7/1/2018	$33.78		No	N/A
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	7/1/2018	$73.96		No	N/A
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	7/1/2018	$63.77		No	N/A
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	7/1/2018	$91.11		No	N/A
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	1/1/2001	$0.00		No	N/A
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	7/1/2018	$74.54		No	N/A
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	7/1/2018	$108.40		No	N/A
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	7/1/2018	$823.83		No	N/A
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	1/1/2009	$689.88		No	N/A
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	1/1/2009	$229.96		No	N/A

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90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	7/1/2018	$710.65		No	N/A
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	7/1/2018	$398.75		No	N/A
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	7/1/2018	$276.74		No	N/A
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	7/1/2018	$561.87		No	N/A
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	7/1/2018	$380.92		No	N/A
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	7/1/2018	$258.32		No	N/A
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	7/1/2018	$246.87		No	N/A
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	7/1/2018	$207.34		No	N/A
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	7/1/2018	$159.98		No	N/A
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	7/1/2018	$476.51		No	N/A
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	7/1/2018	$415.73		No	N/A
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	7/1/2018	$395.51		No	N/A
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	7/1/2018	$206.88		No	N/A
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	7/1/2018	$15.76		No	N/A

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90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	7/1/2018	$13.56		No	N/A
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	7/1/2018	$13.24		No	N/A
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	7/1/2018	$6.75		No	N/A
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	7/1/2008	$518.25		No	N/A
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	7/1/2008	$20.73		No	N/A
90999	Unlisted dialysis procedure, inpatient or outpatient	7/1/2008	$151.18		No	N/A
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	7/1/2018	$58.87	26	No	N/A
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	7/1/2018	$149.92		No	N/A
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	7/1/2018	$91.05	TC	No	N/A
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	7/1/2018	$8.33	26	No	N/A
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	7/1/2018	$21.48		No	N/A
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	7/1/2018	$13.15	TC	No	N/A
91020	Gastric motility (manometric) studies	7/1/2018	$66.36	26	No	N/A
91020	Gastric motility (manometric) studies	7/1/2018	$199.37		No	N/A
91020	Gastric motility (manometric) studies	7/1/2018	$133.01	TC	No	N/A
91022	Duodenal motility (manometric) study	7/1/2018	$66.36	26	No	N/A
91022	Duodenal motility (manometric) study	7/1/2018	$144.42		No	N/A
91022	Duodenal motility (manometric) study	7/1/2018	$78.07	TC	No	N/A
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	7/1/2018	$42.13	26	No	N/A
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	7/1/2018	$116.24		No	N/A
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	7/1/2018	$74.11	TC	No	N/A
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	7/1/2018	$44.57	26	No	N/A
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	7/1/2018	$158.42		No	N/A
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	7/1/2018	$113.85	TC	No	N/A
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	7/1/2018	$73.38	26	No	N/A

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91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	7/1/2018	$404.07		No	N/A
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	7/1/2018	$330.70	TC	No	N/A
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	7/1/2018	$44.53	26	No	N/A
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	7/1/2018	$136.46		No	N/A
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	7/1/2018	$91.94	TC	No	N/A
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	7/1/2018	$50.66	26	No	N/A
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	7/1/2018	$375.52		No	N/A
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	7/1/2018	$324.85	TC	No	N/A
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	7/1/2018	$43.20	26	No	N/A
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	7/1/2018	$374.77		No	N/A
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	7/1/2018	$331.57	TC	No	N/A
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	7/1/2018	$8.98	26	No	N/A
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	7/1/2018	$60.29		No	N/A
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	7/1/2018	$51.31	TC	No	N/A
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	7/1/2018	$114.35	26	No	N/A
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	7/1/2018	$717.71		No	N/A
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	7/1/2018	$603.36	TC	No	N/A
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	7/1/2018	$46.09	26	No	N/A
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	7/1/2018	$621.97		No	N/A
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	7/1/2018	$575.89	TC	No	N/A
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	7/1/2018	$96.42	26	No	N/A
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	7/1/2018	$897.34		No	N/A
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	7/1/2018	$800.92	TC	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	7/1/2018	$121.94		No	N/A
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	7/1/2017	$43.82	26	No	N/A
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	7/1/2018	$355.82		No	N/A
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	7/1/2018	$311.99	TC	No	N/A
91122	Anorectal manometry	7/1/2018	$79.51	26	No	N/A
91122	Anorectal manometry	7/1/2018	$195.27		No	N/A
91122	Anorectal manometry	7/1/2018	$115.77	TC	No	N/A
91132	Electrogastrography, diagnostic, transcutaneous;	7/1/2018	$23.90	26	No	N/A
91132	Electrogastrography, diagnostic, transcutaneous;	7/1/2018	$126.35		No	N/A
91132	Electrogastrography, diagnostic, transcutaneous;	7/1/2018	$102.46	TC	No	N/A
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	7/1/2018	$30.36	26	No	N/A
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	7/1/2018	$145.38		No	N/A
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	7/1/2018	$115.02	TC	No	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	7/1/2018	$12.42	26	No	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	7/1/2018	$33.92		No	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	7/1/2018	$21.50	TC	No	N/A
91299	Unlisted diagnostic gastroenterology procedure	1/1/1979	$0.00		No	N/A
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	7/1/2018	$71.39		No	N/A
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	7/1/2018	$129.68		No	N/A
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	7/1/2018	$74.89		No	N/A
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	7/1/2018	$108.08		No	N/A
92015	Determination of refractive state	7/1/2008	$17.80		No	N/A
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	7/1/2018	$127.24		No	N/A
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited	7/1/2018	$63.73		No	N/A
92020	Gonioscopy (separate procedure)	7/1/2018	$23.26		No	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	7/1/2018	$17.64	26	No	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	7/1/2018	$32.42		No	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	7/1/2018	$14.78	TC	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	7/1/2018	$33.92	26	No	N/A
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	7/1/2018	$55.71		No	N/A
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	7/1/2018	$21.79	TC	No	N/A
92071	Fitting of contact lens for treatment of ocular surface disease	7/1/2018	$32.96		No	N/A
92072	Fitting of contact lens for management of keratoconus, initial fitting	7/1/2018	$115.55		No	N/A
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	7/1/2018	$14.56	26	No	N/A
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	7/1/2018	$29.34		No	N/A
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	7/1/2018	$14.78	TC	No	N/A
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	7/1/2018	$19.26	26	No	N/A
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	7/1/2018	$41.06		No	N/A
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	7/1/2018	$21.79	TC	No	N/A
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	7/1/2018	$24.55	26	No	N/A
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	7/1/2018	$54.52		No	N/A
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	7/1/2018	$29.98	TC	No	N/A

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92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	7/1/2018	$68.90		No	N/A
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	7/1/2018	$14.56	26	No	N/A
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	7/1/2018	$26.71		No	N/A
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	7/1/2018	$12.15	TC	No	N/A
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	7/1/2018	$19.85	26	No	N/A
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	7/1/2018	$32.29		No	N/A
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	7/1/2018	$12.44	TC	No	N/A
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	7/1/2018	$22.93	26	No	N/A
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	7/1/2018	$35.66		No	N/A
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	7/1/2018	$12.74	TC	No	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	7/1/2018	$27.59	26	No	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	7/1/2018	$66.64		No	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	7/1/2018	$39.03	TC	No	N/A
92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	7/1/2018	$23.58		No	N/A
92226	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	7/1/2018	$21.67		No	N/A
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	7/1/2018	$12.15		No	N/A
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	7/1/2018	$18.00	26	No	N/A
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	7/1/2018	$28.98		No	N/A
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	7/1/2018	$10.98	TC	No	N/A
92230	Fluorescein angioscopy with interpretation and report	7/1/2018	$49.46		No	N/A
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	7/1/2018	$38.49	26	No	N/A
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	7/1/2018	$73.44		No	N/A
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	7/1/2018	$34.95	TC	No	N/A

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92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	7/1/2018	$41.16	26	No	N/A
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	7/1/2018	$176.05		No	N/A
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	7/1/2018	$134.89	TC	No	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	7/1/2018	$48.48	26	No	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	7/1/2018	$192.14		No	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	7/1/2018	$143.66	TC	No	N/A
92250	Fundus photography with interpretation and report	7/1/2018	$19.26	26	No	N/A
92250	Fundus photography with interpretation and report	7/1/2018	$48.36		No	N/A
92250	Fundus photography with interpretation and report	7/1/2018	$29.10	TC	No	N/A
92260	Ophthalmodynamometry	7/1/2018	$15.71		No	N/A
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	7/1/2018	$41.61	26	No	N/A
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	7/1/2018	$75.38		No	N/A
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	7/1/2018	$33.78	TC	No	N/A
92270	Electro-oculography with interpretation and report	7/1/2018	$36.51	26	No	N/A
92270	Electro-oculography with interpretation and report	7/1/2018	$79.34		No	N/A
92270	Electro-oculography with interpretation and report	7/1/2018	$42.83	TC	No	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	1/1/2019	$33.08	26	No	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	1/1/2019	$112.53		No	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	1/1/2019	$79.45	TC	No	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	1/1/2019	$29.31	26	No	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	1/1/2019	$76.58		No	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	1/1/2019	$47.27	TC	No	N/A
92283	Color vision examination, extended, eg, anomaloscope or equivalent	7/1/2018	$8.01	26	No	N/A
92283	Color vision examination, extended, eg, anomaloscope or equivalent	7/1/2018	$45.87		No	N/A
92283	Color vision examination, extended, eg, anomaloscope or equivalent	7/1/2018	$37.86	TC	No	N/A
92284	Dark adaptation examination with interpretation and report	7/1/2018	$11.16	26	No	N/A
92284	Dark adaptation examination with interpretation and report	7/1/2018	$52.53		No	N/A
92284	Dark adaptation examination with interpretation and report	7/1/2018	$41.37	TC	No	N/A
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	7/1/2017	$2.66	26	No	N/A

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92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	7/1/2018	$17.15		No	N/A
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	7/1/2018	$14.49	TC	No	N/A
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	7/1/2018	$19.56	26	No	N/A
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	7/1/2018	$32.87		No	N/A
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	7/1/2018	$13.32	TC	No	N/A
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	7/1/2018	$117.05		No	N/A
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	7/1/2008	$81.55		Yes	MCU
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	7/1/2018	$87.38		Yes	MCU
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	7/1/2018	$101.39		Yes	MCU
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	7/1/2018	$82.62		Yes	MCU
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	7/1/2008	$81.55		Yes	MCU
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye	7/1/2018	$63.42		Yes	MCU
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	7/1/2018	$79.64		Yes	MCU
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	7/1/2018	$66.35		Yes	MCU
92340	Fitting of spectacles, except for aphakia; monofocal	7/1/2008	$23.62		No	N/A
92341	Fitting of spectacles, except for aphakia; bifocal	7/1/2008	$23.62		No	N/A
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	7/1/2008	$23.62		No	N/A
92352	Fitting of spectacle prosthesis for aphakia; monofocal	7/1/2008	$20.90		No	N/A
92353	Fitting of spectacle prosthesis for aphakia; multifocal	7/1/2008	$28.18		No	N/A
92354	Fitting of spectacle mounted low vision aid; single element system	7/1/2008	$264.64		No	N/A
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	7/1/2008	$128.20		No	N/A
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	7/1/2008	$30.10		No	N/A
92370	Repair and refitting spectacles; except for aphakia	7/1/2008	$4.37		No	N/A
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	7/1/2008	$18.95		No	N/A
92499	Unlisted ophthalmological service or procedure	1/1/1979	$0.00		No	N/A
92502	Otolaryngologic examination under general anesthesia	7/1/2018	$83.48		No	N/A
92504	Binocular microscopy (separate diagnostic procedure)	7/1/2018	$24.71		No	N/A

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92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	7/1/2019	$68.74		No	N/A
92511	Nasopharyngoscopy with endoscope (separate procedure)	7/1/2018	$91.74		No	N/A
92512	Nasal function studies (eg, rhinomanometry)	7/1/2018	$50.34		No	N/A
92516	Facial nerve function studies (eg, electroneuronography)	7/1/2018	$57.68		No	N/A
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	7/1/2018	$65.46		No	N/A
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	7/1/2019	$98.72		No	N/A
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	7/1/2019	$79.82		No	N/A
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	7/1/2019	$170.23		No	N/A
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	7/1/2019	$85.11	UC	No	N/A
92524	Behavioral and qualitative analysis of voice and resonance	7/1/2019	$77.32		No	N/A
92526	Treatment of swallowing dysfunction and/or oral function for feeding	7/1/2018	$74.64		No	N/A
92531	Spontaneous nystagmus, including gaze	7/1/2008	$34.94		No	N/A
92532	Positional nystagmus test	7/1/2008	$53.91		No	N/A
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	7/1/2008	$12.15		No	N/A
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	7/1/2008	$12.15	TC	No	N/A
92534	Optokinetic nystagmus test	7/1/2008	$34.94		No	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	7/1/2018	$27.95	26	No	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	7/1/2018	$35.14		No	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	7/1/2018	$7.18	TC	No	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	7/1/2018	$13.98	26	No	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	7/1/2018	$17.95		No	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	7/1/2018	$3.97	TC	No	N/A
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	7/1/2018	$70.06	26	No	N/A
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	7/1/2018	$88.05		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	7/1/2018	$17.99	TC	No	N/A
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	7/1/2018	$18.68	26	No	N/A
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	7/1/2018	$21.47		No	N/A
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	7/1/2018	$2.80	TC	No	N/A
92542	Positional nystagmus test, minimum of 4 positions, with recording	7/1/2018	$22.02	26	No	N/A
92542	Positional nystagmus test, minimum of 4 positions, with recording	7/1/2018	$24.53		No	N/A
92542	Positional nystagmus test, minimum of 4 positions, with recording	7/1/2018	$2.50	TC	No	N/A
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	7/1/2018	$12.72	26	No	N/A
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	7/1/2018	$14.63		No	N/A
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	7/1/2018	$1.92	TC	No	N/A
92545	Oscillating tracking test, with recording	7/1/2018	$11.77	26	No	N/A
92545	Oscillating tracking test, with recording	7/1/2018	$13.69		No	N/A
92545	Oscillating tracking test, with recording	7/1/2018	$1.92	TC	No	N/A
92546	Sinusoidal vertical axis rotational testing	7/1/2018	$13.37	26	No	N/A
92546	Sinusoidal vertical axis rotational testing	7/1/2018	$87.05		No	N/A
92546	Sinusoidal vertical axis rotational testing	7/1/2018	$73.68	TC	No	N/A
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	7/1/2018	$4.97		No	N/A
92548	Computerized dynamic posturography	7/1/2018	$22.96	26	No	N/A
92548	Computerized dynamic posturography	7/1/2018	$83.03		No	N/A
92548	Computerized dynamic posturography	7/1/2018	$60.08	TC	No	N/A
92550	Tympanometry and reflex threshold measurements	7/1/2018	$18.68		No	N/A
92551	Screening test, pure tone, air only	7/1/2008	$14.59		No	N/A
92552	Pure tone audiometry (threshold); air only	7/1/2018	$26.17		No	N/A
92553	Pure tone audiometry (threshold); air and bone	7/1/2018	$31.44		No	N/A
92555	Speech audiometry threshold;	7/1/2018	$19.75		No	N/A
92556	Speech audiometry threshold; with speech recognition	7/1/2018	$31.44		No	N/A
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	7/1/2018	$32.80		No	N/A
92560	Bekesy audiometry; screening	7/1/2008	$21.86		No	N/A
92561	Bekesy audiometry; diagnostic	7/1/2018	$32.18		No	N/A
92562	Loudness balance test, alternate binaural or monaural	7/1/2018	$38.45		No	N/A
92563	Tone decay test	7/1/2018	$25.59		No	N/A
92564	Short increment sensitivity index (SISI)	7/1/2018	$21.50		No	N/A
92565	Stenger test, pure tone	7/1/2018	$12.74		No	N/A
92567	Tympanometry (impedance testing)	7/1/2018	$12.49		No	N/A
92568	Acoustic reflex testing, threshold	7/1/2018	$13.82		No	N/A
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	7/1/2018	$27.96		No	N/A
92571	Filtered speech test	7/1/2018	$22.67		No	N/A
92572	Staggered spondaic word test	7/1/2018	$43.71		No	N/A
92575	Sensorineural acuity level test	7/1/2018	$38.91		No	N/A

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92576	Synthetic sentence identification test	7/1/2018	$31.14		No	N/A
92577	Stenger test, speech	7/1/2018	$11.85		No	N/A
92579	Visual reinforcement audiometry (VRA)	7/1/2018	$39.83		No	N/A
92582	Conditioning play audiometry	7/1/2018	$56.15		No	N/A
92583	Select picture audiometry	7/1/2018	$40.79		No	N/A
92584	Electrocochleography	7/1/2018	$61.12		No	N/A
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	7/1/2018	$23.54	26	No	N/A
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	7/1/2018	$113.30		No	N/A
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	7/1/2018	$89.76	TC	No	N/A
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	7/1/2018	$73.68		No	N/A
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	7/1/2018	$16.18	26	No	N/A
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	7/1/2018	$18.68		No	N/A
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	7/1/2018	$2.50	TC	No	N/A
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	7/1/2018	$25.59	26	No	N/A
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	7/1/2018	$28.67		No	N/A
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	7/1/2018	$3.09	TC	No	N/A
92590	Hearing aid examination and selection; monaural	7/1/2008	$48.58		No	N/A
92591	Hearing aid examination and selection; binaural	7/1/2008	$97.15		No	N/A
92592	Hearing aid check; monaural	7/1/2008	$24.26		No	N/A
92593	Hearing aid check; binaural	7/1/2008	$48.58		No	N/A
92594	Electroacoustic evaluation for hearing aid; monaural	7/1/2008	$17.72		No	N/A
92595	Electroacoustic evaluation for hearing aid; binaural	6/1/2019	$22.34		No	N/A
92596	Ear protector attenuation measurements	7/1/2018	$56.57		No	N/A
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	7/1/2018	$62.73		No	N/A
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	7/1/2018	$143.06		No	N/A
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	7/1/2018	$88.37		No	N/A
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	7/1/2018	$132.84		No	N/A
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	7/1/2018	$78.44		No	N/A

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92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	7/1/2018	$113.41		No	N/A
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	7/1/2018	$45.51		No	N/A
92609	Therapeutic services for the use of speech-generating device, including programming and modification	7/1/2018	$95.02		No	N/A
92610	Evaluation of oral and pharyngeal swallowing function	7/1/2017	$74.08		No	N/A
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	7/1/2018	$75.72		No	N/A
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	7/1/2018	$161.25		No	N/A
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	7/1/2018	$122.55		No	N/A
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	7/1/2018	$175.71		No	N/A
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/2012	$0.00		No	N/A
92620	Evaluation of central auditory function, with report; initial 60 minutes	7/1/2018	$82.32		No	N/A
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	7/1/2018	$19.69		No	N/A
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	7/1/2018	$61.17		No	N/A
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	7/1/2018	$100.10		No	N/A
92700	Unlisted otorhinolaryngological service or procedure	1/1/2013	$0.00		Yes	MCU
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	7/1/2018	$455.20		No	N/A
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	1/1/2013	$0.00		No	N/A
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	7/1/2018	$542.31		No	N/A
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	1/1/2013	$0.00		No	N/A
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	7/1/2018	$506.29		No	N/A
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	1/1/2013	$0.00		No	N/A
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	7/1/2018	$567.51		No	N/A
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	1/1/2013	$0.00		No	N/A
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	7/1/2018	$505.67		No	N/A

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92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	1/1/2013	$0.00		No	N/A
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	7/1/2018	$568.61		No	N/A
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	7/1/2018	$568.74		No	N/A
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	1/1/2013	$0.00		No	N/A
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	7/1/2018	$260.78		No	N/A
92953	Temporary transcutaneous pacing	7/1/2018	$0.78		No	N/A
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	7/1/2018	$136.97		No	N/A
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	7/1/2018	$213.70		No	N/A
92970	Cardioassist-method of circulatory assist; internal	7/1/2018	$168.53		No	N/A
92971	Cardioassist-method of circulatory assist; external	7/1/2017	$85.73		No	N/A
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	7/1/2018	$151.44		No	N/A
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	7/1/2018	$138.62		No	N/A
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	7/1/2018	$322.79		No	N/A
92977	Thrombolysis, coronary; by intravenous infusion	7/1/2018	$46.41		No	N/A
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	7/1/2018	$82.24	26	No	N/A
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	7/1/2018	$66.08	26	No	N/A
92986	Percutaneous balloon valvuloplasty; aortic valve	7/1/2018	$1,126.85		No	N/A
92987	Percutaneous balloon valvuloplasty; mitral valve	7/1/2018	$1,162.93		No	N/A
92990	Percutaneous balloon valvuloplasty; pulmonary valve	7/1/2018	$927.13		No	N/A
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	1/1/1994	$0.00		No	N/A
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	1/1/1994	$0.00		No	N/A
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	7/1/2018	$559.39		No	N/A

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92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	7/1/2018	$277.25		No	N/A
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	7/1/2018	$14.32		No	N/A
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	7/1/2018	$6.89		No	N/A
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	7/1/2018	$7.43		No	N/A
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	7/1/2018	$60.91		No	N/A
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	7/1/2018	$19.58		No	N/A
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	7/1/2018	$28.22		No	N/A
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	7/1/2018	$13.10		No	N/A
93024	Ergonovine provocation test	7/1/2018	$50.55	26	No	N/A
93024	Ergonovine provocation test	7/1/2018	$95.31		No	N/A
93024	Ergonovine provocation test	7/1/2018	$44.76	TC	No	N/A
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	7/1/2018	$32.69	26	No	N/A
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	7/1/2018	$137.19		No	N/A
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	7/1/2018	$104.50	TC	No	N/A
93040	Rhythm ECG, 1-3 leads; with interpretation and report	7/1/2018	$10.75		No	N/A
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	7/1/2018	$4.55		No	N/A
93042	Rhythm ECG, 1-3 leads; interpretation and report only	7/1/2018	$6.19		No	N/A
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	7/1/2018	$7.43	26	No	N/A
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	7/1/2018	$14.02		No	N/A
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	7/1/2018	$6.60	TC	No	N/A
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	7/1/2018	$76.55		No	N/A
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	7/1/2018	$21.79		No	N/A
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	7/1/2018	$31.14		No	N/A

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93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	7/1/2018	$23.61		No	N/A
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	7/1/2018	$22.90		No	N/A
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	7/1/2018	$602.73		No	N/A
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	7/1/2018	$38.27	26	No	N/A
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	7/1/2018	$56.26		No	N/A
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	7/1/2018	$17.99	TC	No	N/A
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	7/1/2018	$33.24	26	No	N/A
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	7/1/2018	$50.94		No	N/A
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	7/1/2018	$17.70	TC	No	N/A
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	7/1/2018	$171.52		No	N/A
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	7/1/2018	$7.47		No	N/A

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93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	7/1/2018	$141.62		No	N/A
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	7/1/2018	$22.44		No	N/A
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	7/1/2018	$11.19	26	No	N/A
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	7/1/2018	$26.26		No	N/A
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	7/1/2018	$15.07	TC	No	N/A
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	7/1/2018	$28.70	26	No	N/A
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	7/1/2018	$42.60		No	N/A
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	7/1/2018	$13.91	TC	No	N/A
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	7/1/2018	$33.92	26	No	N/A
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	7/1/2018	$50.16		No	N/A
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	7/1/2018	$16.24	TC	No	N/A
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	7/1/2018	$37.97	26	No	N/A
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	7/1/2018	$54.50		No	N/A

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93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	7/1/2018	$16.53	TC	No	N/A
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	7/1/2018	$37.68	26	No	N/A
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	7/1/2018	$52.75		No	N/A
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	7/1/2018	$15.07	TC	No	N/A
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	7/1/2018	$51.08	26	No	N/A
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	7/1/2018	$67.61		No	N/A
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	7/1/2018	$16.53	TC	No	N/A
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	7/1/2018	$55.65	26	No	N/A
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	7/1/2018	$73.64		No	N/A
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	7/1/2018	$17.99	TC	No	N/A
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	7/1/2018	$23.32	26	No	N/A

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93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	7/1/2018	$36.63		No	N/A
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	7/1/2018	$13.32	TC	No	N/A
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	7/1/2018	$13.39	26	No	N/A
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	7/1/2018	$25.54		No	N/A
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	7/1/2018	$12.15	TC	No	N/A
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	7/1/2018	$20.47	26	No	N/A
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	7/1/2018	$32.62		No	N/A
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	7/1/2018	$12.15	TC	No	N/A
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	7/1/2018	$18.94	26	No	N/A
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	7/1/2018	$32.84		No	N/A
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	7/1/2018	$13.91	TC	No	N/A

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93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	7/1/2018	$32.98	26	No	N/A
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	7/1/2018	$46.88		No	N/A
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	7/1/2018	$13.91	TC	No	N/A
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	7/1/2018	$19.23	26	No	N/A
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	7/1/2018	$31.38		No	N/A
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	7/1/2018	$12.15	TC	No	N/A
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	7/1/2018	$16.25	26	No	N/A
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	7/1/2018	$28.10		No	N/A
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	7/1/2018	$11.85	TC	No	N/A
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	7/1/2018	$18.94	26	No	N/A

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93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	7/1/2018	$31.38		No	N/A
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	7/1/2018	$12.44	TC	No	N/A
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	7/1/2018	$13.43	26	No	N/A
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	7/1/2018	$44.87		No	N/A
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	7/1/2018	$31.44	TC	No	N/A
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	7/1/2018	$26.83		No	N/A
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	7/1/2018	$47.30		No	N/A
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	7/1/2018	$21.79		No	N/A
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	7/1/2018	$23.19		No	N/A
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	7/1/2018	$23.48		No	N/A
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	1/1/1990	$0.00		No	N/A
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	7/1/2018	$56.39	26	No	N/A
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	7/1/2018	$203.43		No	N/A
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	7/1/2018	$147.04	TC	No	N/A
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	7/1/2018	$32.40	26	No	N/A
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	7/1/2018	$135.14		No	N/A

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93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	7/1/2018	$102.74	TC	No	N/A
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	7/1/2018	$64.92	26	No	N/A
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	7/1/2018	$177.47		No	N/A
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	7/1/2018	$112.55	TC	No	N/A
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	7/1/2018	$39.95	26	No	N/A
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	7/1/2018	$120.48		No	N/A
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	7/1/2018	$80.53	TC	No	N/A
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	7/1/2018	$22.76	26	No	N/A
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	7/1/2018	$88.97		No	N/A
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	7/1/2018	$66.21	TC	No	N/A
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	7/1/2018	$97.06	26	No	N/A
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	7/1/2018	$211.37		No	N/A
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	7/1/2018	$114.31	TC	No	N/A
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	7/1/2018	$10.22		No	N/A
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	7/1/2018	$80.00	26	No	N/A
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	7/1/2018	$201.91		No	N/A
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	7/1/2018	$121.91	TC	No	N/A
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	7/1/2018	$114.41	26	No	N/A
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	7/1/2018	$24.07		No	N/A

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93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	7/1/2018	$81.14	26	No	N/A
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	7/1/2018	$92.19	26	No	N/A
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	7/1/2018	$16.28	26	No	N/A
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	7/1/2018	$46.09		No	N/A
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	7/1/2018	$29.81	TC	No	N/A
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	7/1/2018	$6.49	26	No	N/A
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	7/1/2018	$23.15		No	N/A
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	7/1/2018	$16.66	TC	No	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	7/1/2018	$2.85	26	No	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	7/1/2018	$21.56		No	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	7/1/2018	$18.70	TC	No	N/A
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	7/1/2018	$63.04	26	No	N/A
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	7/1/2018	$175.89		No	N/A
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	7/1/2018	$112.84	TC	No	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	7/1/2018	$75.52	26	No	N/A

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93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	7/1/2018	$198.47		No	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	7/1/2018	$122.95	TC	No	N/A
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	7/1/2018	$28.40		No	N/A
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcathether pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	7/1/2018	$200.55		No	N/A
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	7/1/2018	$112.54	26	No	N/A
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	7/1/2018	$606.18		No	N/A
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	7/1/2018	$493.64	TC	No	N/A
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2018	$205.79	26	No	N/A
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2018	$690.82		No	N/A
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2018	$485.04	TC	No	N/A
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2018	$274.60	26	No	N/A
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2018	$897.17		No	N/A
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2018	$622.56	TC	No	N/A
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	7/1/2018	$207.45	26	No	N/A
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	7/1/2018	$700.38		No	N/A
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	7/1/2018	$492.93	TC	No	N/A

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93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	7/1/2018	$242.00	26	No	N/A
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	7/1/2018	$819.68		No	N/A
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	7/1/2018	$577.68	TC	No	N/A
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	7/1/2018	$270.02	26	No	N/A
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	7/1/2018	$886.86		No	N/A
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	7/1/2018	$616.84	TC	No	N/A
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	7/1/2018	$303.66	26	No	N/A
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	7/1/2018	$1,003.96		No	N/A
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	7/1/2018	$700.30	TC	No	N/A
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	7/1/2018	$256.26	26	No	N/A
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	7/1/2018	$844.33		No	N/A

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93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	7/1/2018	$588.08	TC	No	N/A
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7/1/2018	$290.39	26	No	N/A
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7/1/2018	$935.75		No	N/A
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7/1/2018	$645.35	TC	No	N/A
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	7/1/2018	$325.07	26	No	N/A
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	7/1/2018	$1,008.41		No	N/A
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	7/1/2018	$683.34	TC	No	N/A
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7/1/2018	$359.12	26	No	N/A
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7/1/2018	$1,154.40		No	N/A

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93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7/1/2018	$795.28	TC	No	N/A
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	7/1/2018	$179.54		No	N/A
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	7/1/2018	$86.83		No	N/A
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	7/1/2018	$77.60	26	No	N/A
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	7/1/2018	$216.87		No	N/A
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	7/1/2018	$139.28	TC	No	N/A
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	7/1/2018	$91.58		No	N/A
93505	Endomyocardial biopsy	7/1/2018	$188.25	26	No	N/A
93505	Endomyocardial biopsy	7/1/2018	$586.63		No	N/A
93505	Endomyocardial biopsy	7/1/2018	$398.37	TC	No	N/A
93530	Right heart catheterization, for congenital cardiac anomalies	7/1/2018	$179.16	26	No	N/A
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	7/1/2018	$373.50	26	No	N/A
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	7/1/2018	$448.76	26	No	N/A
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	7/1/2018	$301.39	26	No	N/A
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	7/1/2018	$10.90	26	No	N/A
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	7/1/2018	$0.78	26	No	N/A
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	7/1/2018	$50.39		No	N/A

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93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	7/1/2018	$52.33		No	N/A
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	7/1/2018	$39.12		No	N/A
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	7/1/2018	$135.35		No	N/A
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	7/1/2018	$113.99		No	N/A
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	7/1/2018	$121.09		No	N/A
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	7/1/2018	$82.24	26	No	N/A
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	7/1/2018	$66.08	26	No	N/A
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	7/1/2018	$838.09		No	N/A
93582	Percutaneous transcatheter closure of patent ductus arteriosus	7/1/2018	$568.74		No	N/A
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	7/1/2018	$636.16		Yes	MCU
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	7/1/2018	$958.20		No	N/A
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	7/1/2018	$795.38		No	N/A
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	7/1/2018	$350.02		No	N/A
93600	Bundle of His recording	7/1/2018	$102.29	26	No	N/A
93602	Intra-atrial recording	7/1/2018	$99.75	26	No	N/A
93603	Right ventricular recording	7/1/2018	$99.75	26	No	N/A
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	7/1/2018	$239.51	26	No	N/A
93610	Intra-atrial pacing	7/1/2018	$141.25	26	No	N/A
93612	Intraventricular pacing	7/1/2018	$140.33	26	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	7/1/2018	$275.45		No	N/A
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	7/1/2018	$34.12	26	No	N/A
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	7/1/2018	$55.04	26	No	N/A
93618	Induction of arrhythmia by electrical pacing	7/1/2018	$190.80	26	No	N/A
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	7/1/2018	$336.63	26	No	N/A
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	7/1/2018	$540.90	26	No	N/A
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	7/1/2018	$100.89	26	No	N/A
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	7/1/2018	$148.42	26	No	N/A
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	7/1/2018	$136.86	26	No	N/A
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	7/1/2018	$214.83	26	No	N/A
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	7/1/2018	$340.88	26	No	N/A
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	7/1/2018	$154.11	26	No	N/A
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	7/1/2018	$269.25	26	No	N/A
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	7/1/2018	$220.97	26	No	N/A
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	7/1/2018	$289.68		No	N/A

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93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	7/1/2018	$68.72	TC	No	N/A
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	7/1/2018	$133.05	26	No	N/A
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	7/1/2018	$177.93		No	N/A
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	7/1/2018	$44.88	TC	No	N/A
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	7/1/2018	$505.61		No	N/A
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	7/1/2018	$715.16		No	N/A
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	7/1/2018	$958.02		No	N/A
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	7/1/2018	$364.34		No	N/A
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	7/1/2018	$960.59		No	N/A
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	7/1/2018	$363.92		No	N/A

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93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	7/1/2018	$83.14	26	No	N/A
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	7/1/2018	$137.55		No	N/A
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	7/1/2018	$54.40	TC	No	N/A
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	7/1/2018	$126.86	26	No	N/A
93668	Peripheral arterial disease (PAD) rehabilitation, per session	7/1/2018	$15.95		No	N/A
93701	Bioimpedance-derived physiologic cardiovascular analysis	7/1/2018	$20.04		No	N/A
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	7/1/2018	$102.03		No	N/A
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	7/1/2018	$215.16	26	No	N/A
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	7/1/2018	$239.00		No	N/A
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	7/1/2018	$23.84	TC	No	N/A
93740	Temperature gradient studies	7/1/2008	$15.12	26	No	N/A
93740	Temperature gradient studies	7/1/2008	$19.90		No	N/A
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	7/1/2008	$72.23		No	N/A
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	7/1/2018	$47.96		No	N/A
93770	Determination of venous pressure	7/1/2008	$17.27	26	No	N/A
93770	Determination of venous pressure	7/1/2008	$18.77		No	N/A
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report	7/1/2018	$45.25		No	N/A
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	7/1/2018	$24.43		No	N/A
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	7/1/2018	$4.26		No	N/A
93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report	7/1/2018	$16.57		No	N/A

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93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	1/1/2018	$44.46		No	N/A
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	7/1/2018	$10.38		No	N/A
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	7/1/2018	$13.89		No	N/A
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	7/1/2018	$21.38		No	N/A
93799	Unlisted cardiovascular service or procedure	1/1/1979	$0.00		No	N/A
93880	Duplex scan of extracranial arteries; complete bilateral study	7/1/2018	$34.97	26	No	N/A
93880	Duplex scan of extracranial arteries; complete bilateral study	7/1/2018	$171.20		No	N/A
93880	Duplex scan of extracranial arteries; complete bilateral study	7/1/2018	$136.22	TC	No	N/A
93882	Duplex scan of extracranial arteries; unilateral or limited study	7/1/2018	$21.74	26	No	N/A
93882	Duplex scan of extracranial arteries; unilateral or limited study	7/1/2018	$109.30		No	N/A
93882	Duplex scan of extracranial arteries; unilateral or limited study	7/1/2018	$87.54	TC	No	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	7/1/2018	$41.29	26	No	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	7/1/2018	$134.10		No	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	7/1/2018	$92.81	TC	No	N/A
93888	Transcranial Doppler study of the intracranial arteries; limited study	7/1/2018	$22.58	26	No	N/A
93888	Transcranial Doppler study of the intracranial arteries; limited study	7/1/2018	$115.39		No	N/A
93888	Transcranial Doppler study of the intracranial arteries; limited study	7/1/2018	$92.81	TC	No	N/A
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	7/1/2018	$45.08	26	No	N/A
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	7/1/2018	$233.33		No	N/A
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	7/1/2018	$188.24	TC	No	N/A
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	7/1/2018	$52.49	26	No	N/A
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	7/1/2018	$145.30		No	N/A
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	7/1/2018	$92.81	TC	No	N/A
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	7/1/2018	$52.45	26	No	N/A
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	7/1/2018	$145.26		No	N/A
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	7/1/2018	$92.81	TC	No	N/A
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	1/1/2015	$0.00		No	N/A

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93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	7/1/2018	$10.94	26	No	N/A
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	7/1/2018	$73.64		No	N/A
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	7/1/2018	$62.70	TC	No	N/A
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	7/1/2018	$19.21	26	No	N/A
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	7/1/2018	$114.23		No	N/A

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93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	7/1/2018	$95.02	TC	No	N/A
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	7/1/2018	$21.41	26	No	N/A
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	7/1/2018	$142.15		No	N/A
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	7/1/2018	$120.74	TC	No	N/A
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	7/1/2018	$34.68	26	No	N/A
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	7/1/2018	$219.00		No	N/A
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	7/1/2018	$184.32	TC	No	N/A
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	7/1/2018	$21.12	26	No	N/A
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	7/1/2018	$113.81		No	N/A
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	7/1/2018	$92.68	TC	No	N/A
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	7/1/2018	$34.85	26	No	N/A
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	7/1/2018	$175.74		No	N/A
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	7/1/2018	$140.90	TC	No	N/A

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93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	7/1/2018	$21.41	26	No	N/A
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	7/1/2018	$109.25		No	N/A
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	7/1/2018	$87.84	TC	No	N/A
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	7/1/2018	$30.11	26	No	N/A
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	7/1/2018	$165.16		No	N/A
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	7/1/2018	$135.05	TC	No	N/A
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	7/1/2018	$19.63	26	No	N/A
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	7/1/2018	$101.33		No	N/A
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	7/1/2018	$81.70	TC	No	N/A
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	7/1/2018	$50.64	26	No	N/A
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	7/1/2018	$238.18		No	N/A
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	7/1/2018	$187.53	TC	No	N/A
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	7/1/2018	$34.93	26	No	N/A
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	7/1/2018	$127.74		No	N/A
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	7/1/2018	$92.81	TC	No	N/A
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	7/1/2018	$34.43	26	No	N/A
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	7/1/2018	$161.30		No	N/A
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	7/1/2018	$126.87	TC	No	N/A
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	7/1/2018	$21.58	26	No	N/A
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	7/1/2018	$101.82		No	N/A
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	7/1/2018	$80.24	TC	No	N/A
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	7/1/2018	$54.77	26	No	N/A
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	7/1/2018	$108.13		No	N/A
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	7/1/2018	$53.35	TC	No	N/A
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	7/1/2018	$19.13	26	No	N/A

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93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	7/1/2018	$64.89		No	N/A
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	7/1/2018	$45.76	TC	No	N/A
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	7/1/2018	$21.03	26	No	N/A
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	7/1/2018	$113.72		No	N/A
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	7/1/2018	$92.68	TC	No	N/A
93998	Unlisted noninvasive vascular diagnostic study	1/1/2012	$0.00		No	N/A
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	7/1/2018	$81.15		No	N/A
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	7/1/2018	$58.49		No	N/A
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	7/1/2018	$43.08		No	N/A
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	7/1/2018	$7.43	26	No	N/A
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	7/1/2018	$30.10		No	N/A
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	7/1/2018	$22.67	TC	No	N/A
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	7/1/2018	$76.35		No	N/A
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	7/1/2018	$124.25		No	N/A
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	7/1/2018	$16.99		No	N/A
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional	7/1/2018	$48.03		No	N/A
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	7/1/2018	$25.59		No	N/A
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	7/1/2018	$22.44		No	N/A
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	7/1/2018	$11.55	26	No	N/A
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	7/1/2018	$50.87		No	N/A
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	7/1/2018	$39.33	TC	No	N/A

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94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	7/1/2018	$25.49	26	No	N/A
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	7/1/2018	$51.67		No	N/A
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	7/1/2018	$26.17	TC	No	N/A
94150	Vital capacity, total (separate procedure)	7/1/2008	$7.09	26	No	N/A
94150	Vital capacity, total (separate procedure)	7/1/2008	$9.71		No	N/A
94200	Maximum breathing capacity, maximal voluntary ventilation	7/1/2018	$4.90	26	No	N/A
94200	Maximum breathing capacity, maximal voluntary ventilation	7/1/2018	$22.90		No	N/A
94200	Maximum breathing capacity, maximal voluntary ventilation	7/1/2018	$17.99	TC	No	N/A
94250	Expired gas collection, quantitative, single procedure (separate procedure)	7/1/2018	$4.90	26	No	N/A
94250	Expired gas collection, quantitative, single procedure (separate procedure)	7/1/2018	$23.47		No	N/A
94250	Expired gas collection, quantitative, single procedure (separate procedure)	7/1/2018	$18.58	TC	No	N/A
94375	Respiratory flow volume loop	7/1/2018	$13.13	26	No	N/A
94375	Respiratory flow volume loop	7/1/2018	$33.76		No	N/A
94375	Respiratory flow volume loop	7/1/2018	$20.62	TC	No	N/A
94400	Breathing response to CO2 (CO2 response curve)	7/1/2018	$17.38	26	No	N/A
94400	Breathing response to CO2 (CO2 response curve)	7/1/2018	$48.82		No	N/A
94400	Breathing response to CO2 (CO2 response curve)	7/1/2018	$31.44	TC	No	N/A
94450	Breathing response to hypoxia (hypoxia response curve)	7/1/2018	$17.68	26	No	N/A
94450	Breathing response to hypoxia (hypoxia response curve)	7/1/2018	$60.09		No	N/A
94450	Breathing response to hypoxia (hypoxia response curve)	7/1/2018	$42.42	TC	No	N/A
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	7/1/2018	$49.01		No	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	7/1/2018	$80.50		No	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	7/1/2018	$29.49		No	N/A
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	7/1/2018	$61.03	26	No	N/A
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	7/1/2018	$140.27		No	N/A
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	7/1/2018	$79.24	TC	No	N/A
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	7/1/2018	$15.36		No	N/A
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	7/1/2008	$37.37		No	N/A
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	7/1/2017	$36.21		No	N/A
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	7/1/2018	$13.32		No	N/A
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	7/1/2018	$55.43		No	N/A
94662	Continuous negative pressure ventilation (CNP), initiation and management	7/1/2018	$31.75		No	N/A

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94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	7/1/2018	$14.19		No	N/A
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	7/1/2018	$21.96		No	N/A
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	7/1/2018	$26.34		No	N/A
94669	Mechanical chest wall oscillation to facilitate lung function, per session	7/1/2018	$26.80		No	N/A
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	7/1/2018	$11.22	26	No	N/A
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	7/1/2018	$49.09		No	N/A
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	7/1/2018	$37.86	TC	No	N/A
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	7/1/2018	$8.98	26	No	N/A
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	7/1/2018	$47.73		No	N/A
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	7/1/2018	$38.75	TC	No	N/A
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	7/1/2018	$3.31	26	No	N/A
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	7/1/2018	$46.14		No	N/A
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	7/1/2018	$42.83	TC	No	N/A
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	7/1/2018	$10.93	26	No	N/A
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	7/1/2018	$46.16		No	N/A
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	7/1/2018	$35.24	TC	No	N/A
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	7/1/2018	$10.93	26	No	N/A
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	7/1/2018	$37.11		No	N/A
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	7/1/2018	$26.17	TC	No	N/A
94728	Airway resistance by impulse oscillometry	7/1/2018	$11.22	26	No	N/A
94728	Airway resistance by impulse oscillometry	7/1/2018	$34.77		No	N/A
94728	Airway resistance by impulse oscillometry	7/1/2018	$23.54	TC	No	N/A
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	7/1/2018	$8.07	26	No	N/A
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	7/1/2018	$45.65		No	N/A
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	7/1/2018	$37.58	TC	No	N/A
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	7/1/2018	$9.67	26	No	N/A
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	7/1/2018	$68.86		No	N/A
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	7/1/2018	$59.20	TC	No	N/A
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	7/1/2018	$2.21		No	N/A

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94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	7/1/2018	$3.67		No	N/A
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	7/1/2018	$20.33		No	N/A
94770	Carbon dioxide, expired gas determination by infrared analyzer	7/1/2018	$6.49		No	N/A
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	7/1/2008	$106.65	26	No	N/A
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	7/1/2008	$205.09		No	N/A
94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	7/1/2018	$44.40		No	N/A
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)	7/1/2018	$17.66		No	N/A
94799	Unlisted pulmonary service or procedure	1/1/1979	$0.00		No	N/A
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	7/1/2018	$4.29		No	N/A
95012	Nitric oxide expired gas determination	7/1/2018	$16.53		No	N/A
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	7/1/2018	$6.53		No	N/A
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	7/1/2018	$17.86		No	N/A
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	7/1/2018	$6.62		No	N/A
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	7/1/2018	$3.71		No	N/A
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	7/1/2018	$10.68		No	N/A
95044	Patch or application test(s) (specify number of tests)	7/1/2018	$4.55		No	N/A
95052	Photo patch test(s) (specify number of tests)	7/1/2018	$5.43		No	N/A
95056	Photo tests	7/1/2018	$37.74		No	N/A
95060	Ophthalmic mucous membrane tests	7/1/2018	$29.10		No	N/A
95065	Direct nasal mucous membrane test	7/1/2018	$20.62		No	N/A
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	7/1/2018	$25.46		No	N/A
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	7/1/2018	$29.10		No	N/A
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	7/1/2018	$103.08		No	N/A

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95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	7/1/2018	$73.31		No	N/A
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	7/1/2018	$7.18		No	N/A
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	7/1/2018	$8.35		No	N/A
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	7/1/2008	$18.03		No	N/A
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	7/1/2008	$24.05		No	N/A
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	7/1/2008	$18.03		No	N/A
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	7/1/2008	$24.05		No	N/A
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	7/1/2008	$30.04		No	N/A
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	7/1/2008	$36.04		No	N/A
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	7/1/2008	$42.07		No	N/A
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	7/1/2018	$11.17		No	N/A
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	7/1/2018	$21.40		No	N/A
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	7/1/2018	$39.22		No	N/A
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	7/1/2018	$41.86		No	N/A
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	7/1/2018	$59.68		No	N/A
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	7/1/2018	$78.39		No	N/A
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	7/1/2018	$10.88		No	N/A
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	7/1/2018	$8.24		No	N/A
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	7/1/2018	$118.18		No	N/A
95199	Unlisted allergy/clinical immunologic service or procedure	1/1/1979	$0.00		No	N/A

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95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	1/1/2018	$45.21		No	N/A
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	7/1/2018	$126.62		No	N/A
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	7/1/2018	$31.53		No	N/A
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	7/1/2018	$112.03	26	No	N/A
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	7/1/2018	$764.51		No	N/A
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	7/1/2018	$652.48	TC	No	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	7/1/2018	$121.99	26	No	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	7/1/2018	$815.55		No	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	7/1/2018	$693.56	TC	No	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	7/1/2018	$45.95	26	No	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	7/1/2018	$149.28		No	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	7/1/2018	$103.33	TC	No	N/A
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	7/1/2018	$43.59	26	No	N/A
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	7/1/2018	$77.65		No	N/A
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	7/1/2018	$34.07	TC	No	N/A
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	7/1/2018	$38.88	26	No	N/A
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	7/1/2018	$120.88		No	N/A
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	7/1/2018	$81.99	TC	No	N/A
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	7/1/2018	$52.27	26	No	N/A

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95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	7/1/2018	$360.00		No	N/A
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	7/1/2018	$307.73	TC	No	N/A
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	7/1/2018	$54.19	26	No	N/A
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	7/1/2018	$144.07		No	N/A
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	7/1/2018	$89.88	TC	No	N/A
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	7/1/2018	$55.04	26	No	N/A
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	7/1/2018	$383.81		No	N/A
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	7/1/2018	$328.77	TC	No	N/A
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	7/1/2018	$78.16	26	No	N/A
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	7/1/2018	$583.90		No	N/A
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	7/1/2018	$505.75	TC	No	N/A
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	7/1/2018	$107.67	26	No	N/A
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	7/1/2018	$524.02		No	N/A
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	7/1/2018	$416.36	TC	No	N/A
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	7/1/2018	$111.95	26	No	N/A
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	7/1/2018	$550.22		No	N/A
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	7/1/2018	$438.27	TC	No	N/A
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	7/1/2018	$50.90	26	No	N/A
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	7/1/2018	$270.12		No	N/A
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	7/1/2018	$219.22	TC	No	N/A
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	7/1/2017	$76.22	26	No	N/A
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	7/1/2018	$340.03		No	N/A
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	7/1/2018	$263.81	TC	No	N/A
95816	Electroencephalogram (EEG); including recording awake and drowsy	7/1/2018	$50.90	26	No	N/A
95816	Electroencephalogram (EEG); including recording awake and drowsy	7/1/2018	$304.18		No	N/A

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95816	Electroencephalogram (EEG); including recording awake and drowsy	7/1/2018	$253.29	TC	No	N/A
95819	Electroencephalogram (EEG); including recording awake and asleep	7/1/2018	$50.90	26	No	N/A
95819	Electroencephalogram (EEG); including recording awake and asleep	7/1/2018	$353.15		No	N/A
95819	Electroencephalogram (EEG); including recording awake and asleep	7/1/2018	$302.26	TC	No	N/A
95822	Electroencephalogram (EEG); recording in coma or sleep only	7/1/2018	$50.90	26	No	N/A
95822	Electroencephalogram (EEG); recording in coma or sleep only	7/1/2018	$318.50		No	N/A
95822	Electroencephalogram (EEG); recording in coma or sleep only	7/1/2018	$267.61	TC	No	N/A
95824	Electroencephalogram (EEG); cerebral death evaluation only	7/1/2018	$34.87	26	No	N/A
95827	Electroencephalogram (EEG); all night recording	7/1/2018	$49.73	26	No	N/A
95827	Electroencephalogram (EEG); all night recording	7/1/2018	$521.18		No	N/A
95827	Electroencephalogram (EEG); all night recording	7/1/2018	$471.47	TC	No	N/A
95829	Electrocorticogram at surgery (separate procedure)	7/1/2018	$294.29	26	No	N/A
95829	Electrocorticogram at surgery (separate procedure)	7/1/2018	$1,598.12		No	N/A
95829	Electrocorticogram at surgery (separate procedure)	7/1/2018	$1,303.82	TC	No	N/A
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	7/1/2018	$197.97		No	N/A
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	7/1/2018	$27.69		No	N/A
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	7/1/2018	$27.18		No	N/A
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	7/1/2018	$35.14		No	N/A
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	7/1/2018	$46.40		No	N/A
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	1/1/2019	$94.11		No	N/A
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	7/1/2018	$17.04		No	N/A
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	7/1/2018	$15.42		No	N/A
95857	Cholinesterase inhibitor challenge test for myasthenia gravis	7/1/2018	$45.89		No	N/A
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	7/1/2018	$45.79	26	No	N/A
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	7/1/2018	$104.71		No	N/A
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	7/1/2018	$58.91	TC	No	N/A
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	7/1/2018	$72.72	26	No	N/A
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	7/1/2018	$148.58		No	N/A
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	7/1/2018	$75.86	TC	No	N/A
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	7/1/2018	$88.09	26	No	N/A
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	7/1/2018	$189.67		No	N/A
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	7/1/2018	$101.57	TC	No	N/A
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	7/1/2018	$93.77	26	No	N/A
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	7/1/2018	$211.72		No	N/A
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	7/1/2018	$117.95	TC	No	N/A
95865	Needle electromyography; larynx	7/1/2018	$73.69	26	No	N/A
95865	Needle electromyography; larynx	7/1/2018	$125.88		No	N/A
95865	Needle electromyography; larynx	7/1/2018	$52.18	TC	No	N/A

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95866	Needle electromyography; hemidiaphragm	7/1/2018	$59.45	26	No	N/A
95866	Needle electromyography; hemidiaphragm	7/1/2018	$115.14		No	N/A
95866	Needle electromyography; hemidiaphragm	7/1/2018	$55.69	TC	No	N/A
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	7/1/2018	$37.24	26	No	N/A
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	7/1/2018	$86.21		No	N/A
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	7/1/2018	$48.97	TC	No	N/A
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	7/1/2018	$55.59	26	No	N/A
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	7/1/2018	$115.38		No	N/A
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	7/1/2018	$59.79	TC	No	N/A
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	7/1/2018	$17.58	26	No	N/A
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	7/1/2018	$78.53		No	N/A
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	7/1/2018	$60.96	TC	No	N/A
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	7/1/2018	$17.58	26	No	N/A
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	7/1/2018	$79.70		No	N/A
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	7/1/2018	$62.12	TC	No	N/A
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	7/1/2018	$135.62	26	No	N/A
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	7/1/2018	$170.57		No	N/A
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	7/1/2018	$34.95	TC	No	N/A
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	7/1/2018	$17.70	26	No	N/A
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	7/1/2018	$62.13		No	N/A
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	7/1/2018	$44.42	TC	No	N/A
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	7/1/2018	$17.58	26	No	N/A
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	7/1/2018	$63.17		No	N/A
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	7/1/2018	$45.59	TC	No	N/A
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	7/1/2018	$52.13	26	No	N/A
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	7/1/2018	$111.03		No	N/A
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	7/1/2018	$58.90	TC	No	N/A

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95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	7/1/2018	$16.64	26	No	N/A
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	7/1/2018	$49.96		No	N/A
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	7/1/2018	$33.32	TC	No	N/A
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	7/1/2018	$40.81	26	No	N/A
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	7/1/2018	$78.21		No	N/A
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	7/1/2018	$37.40	TC	No	N/A
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	7/1/2018	$33.61	26	No	N/A
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	7/1/2018	$68.97		No	N/A
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	7/1/2018	$35.36	TC	No	N/A
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	7/1/2018	$2.37	26	No	N/A
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	7/1/2018	$60.11		No	N/A
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	7/1/2018	$57.74	TC	No	N/A
95907	Nerve conduction studies; 1-2 studies	7/1/2018	$47.26	26	No	N/A
95907	Nerve conduction studies; 1-2 studies	7/1/2018	$83.66		No	N/A
95907	Nerve conduction studies; 1-2 studies	7/1/2018	$36.41	TC	No	N/A
95908	Nerve conduction studies; 3-4 studies	7/1/2018	$59.62	26	No	N/A
95908	Nerve conduction studies; 3-4 studies	7/1/2018	$108.30		No	N/A
95908	Nerve conduction studies; 3-4 studies	7/1/2018	$48.68	TC	No	N/A
95909	Nerve conduction studies; 5-6 studies	7/1/2018	$71.09	26	No	N/A
95909	Nerve conduction studies; 5-6 studies	7/1/2018	$129.12		No	N/A

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95909	Nerve conduction studies; 5-6 studies	7/1/2018	$58.03	TC	No	N/A
95910	Nerve conduction studies; 7-8 studies	7/1/2018	$94.81	26	No	N/A
95910	Nerve conduction studies; 7-8 studies	7/1/2018	$170.08		No	N/A
95910	Nerve conduction studies; 7-8 studies	7/1/2018	$75.28	TC	No	N/A
95911	Nerve conduction studies; 9-10 studies	7/1/2018	$118.35	26	No	N/A
95911	Nerve conduction studies; 9-10 studies	7/1/2018	$203.27		No	N/A
95911	Nerve conduction studies; 9-10 studies	7/1/2018	$84.92	TC	No	N/A
95912	Nerve conduction studies; 11-12 studies	7/1/2018	$140.60	26	No	N/A
95912	Nerve conduction studies; 11-12 studies	7/1/2018	$226.11		No	N/A
95912	Nerve conduction studies; 11-12 studies	7/1/2018	$85.50	TC	No	N/A
95913	Nerve conduction studies; 13 or more studies	7/1/2018	$166.55	26	No	N/A
95913	Nerve conduction studies; 13 or more studies	7/1/2018	$261.11		No	N/A
95913	Nerve conduction studies; 13 or more studies	7/1/2018	$94.56	TC	No	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	7/1/2018	$78.34	26	No	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	7/1/2018	$129.35		No	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	7/1/2018	$51.01	TC	No	N/A
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	7/1/2018	$24.43	26	No	N/A
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	7/1/2018	$110.97		No	N/A
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	7/1/2018	$86.54	TC	No	N/A
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	7/1/2018	$24.13	26	No	N/A
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	7/1/2018	$108.92		No	N/A
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	7/1/2018	$84.79	TC	No	N/A
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	7/1/2018	$24.13	26	No	N/A
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	7/1/2018	$114.06		No	N/A
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	7/1/2018	$89.93	TC	No	N/A
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	7/1/2018	$70.38	26	No	N/A
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	7/1/2018	$180.43		No	N/A
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	7/1/2018	$110.05	TC	No	N/A
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	7/1/2018	$70.97	26	No	N/A
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	7/1/2018	$185.40		No	N/A
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	7/1/2018	$114.44	TC	No	N/A
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	7/1/2018	$16.77	26	No	N/A
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	7/1/2018	$58.73		No	N/A

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95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	7/1/2018	$41.96	TC	No	N/A
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	7/1/2018	$27.79	26	No	N/A
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	7/1/2018	$66.25		No	N/A
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	7/1/2018	$38.45	TC	No	N/A
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	7/1/2018	$30.32	26	No	N/A
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	7/1/2018	$69.65		No	N/A
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	7/1/2018	$39.33	TC	No	N/A
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	7/1/2018	$40.67	26	No	N/A
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	7/1/2018	$288.12		No	N/A
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	7/1/2018	$247.45	TC	No	N/A
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	7/1/2018	$105.58	26	No	N/A
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	7/1/2018	$425.95		No	N/A
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	7/1/2018	$320.38	TC	No	N/A
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	7/1/2018	$28.45		No	N/A
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	9/1/2016	$113.00		No	N/A
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	1/1/2013	$0.00		No	N/A
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	7/1/2018	$70.70	26	No	N/A
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	7/1/2018	$287.76		No	N/A
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	7/1/2018	$217.05	TC	No	N/A

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95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	7/1/2018	$281.80	26	No	N/A
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	7/1/2011	$1,161.20	TC	No	N/A
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	7/1/2018	$144.41	26	No	N/A
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	7/1/2018	$366.71		No	N/A
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	7/1/2018	$222.31	TC	No	N/A
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	7/1/2018	$106.67	26	No	N/A
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	7/1/2018	$359.70		No	N/A
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	7/1/2018	$253.04	TC	No	N/A
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	7/1/2018	$47.58	26	No	N/A
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	7/1/2018	$180.42		No	N/A
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	7/1/2018	$132.85	TC	No	N/A
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	7/1/2018	$168.25	26	No	N/A
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	7/1/2018	$1,328.40		No	N/A
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	7/1/2018	$1,160.15	TC	No	N/A
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	7/1/2018	$91.69	26	No	N/A
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	7/1/2018	$243.28		No	N/A
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	7/1/2018	$151.59	TC	No	N/A
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	7/1/2018	$199.22	26	No	N/A
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	7/1/2018	$491.58		No	N/A
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	7/1/2018	$292.37	TC	No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	7/1/2018	$140.87	26	No	N/A
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	7/1/2018	$258.81		No	N/A
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	7/1/2018	$117.95	TC	No	N/A
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	7/1/2018	$151.95	26	No	N/A
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	7/1/2018	$225.47		No	N/A
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	7/1/2018	$73.52	TC	No	N/A
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	7/1/2018	$372.55	26	No	N/A
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	7/1/2018	$187.18	26	No	N/A
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	7/1/2018	$163.63	26	No	N/A
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	7/1/2018	$58.50		No	N/A
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	7/1/2018	$43.97		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	7/1/2018	$50.34		No	N/A
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	1/1/2019	$35.37		No	N/A
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	1/1/2019	$47.00		No	N/A
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	7/1/2018	$38.97		No	N/A
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	7/1/2018	$28.21		No	N/A
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	7/1/2018	$45.64		No	N/A
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	1/1/2019	$44.34		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	1/1/2019	$38.69		No	N/A
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	7/1/2018	$77.07		No	N/A
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	7/1/2018	$100.76		No	N/A
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	7/1/2018	$37.82		No	N/A
95999	Unlisted neurological or neuromuscular diagnostic procedure	1/1/1979	$0.00		No	N/A
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	7/1/2018	$84.56		No	N/A
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	7/1/2018	$108.98		No	N/A
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	7/1/2018	$19.33		No	N/A
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	7/1/2018	$15.37		No	N/A
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	7/1/2018	$100.38		No	N/A
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	7/1/2018	$94.39		No	N/A
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	7/1/2011	$6.80		No	N/A
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	1/1/2019	$118.42		No	N/A
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/2019	$52.83		No	N/A

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	7/1/2018	$82.22		No	N/A
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	7/1/2019	$95.80		Yes	MCU
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	7/1/2018	$5.13		No	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	1/1/2019	$103.42		No	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1/1/2019	$78.78		No	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	1/1/2019	$74.39		No	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	1/1/2019	$88.14		No	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	1/1/2019	$40.28		No	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/2019	$37.20		No	N/A
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	1/1/2019	$31.47		No	N/A
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/2019	$31.47		No	N/A
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	1/1/2019	$1.63		No	N/A

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96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	7/1/2018	$19.75		No	N/A
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	7/1/2018	$19.10		No	N/A
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	7/1/2018	$18.16		No	N/A
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	7/1/2018	$3.99		No	N/A
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	7/1/2018	$17.54		No	N/A
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	7/1/2018	$38.86		No	N/A
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	7/1/2018	$11.56		No	N/A
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	7/1/2018	$60.36		No	N/A
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	7/1/2018	$18.57		No	N/A
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	7/1/2018	$26.36		No	N/A
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	7/1/2018	$17.66		No	N/A
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	7/1/2018	$143.78		No	N/A
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	7/1/2018	$13.30		No	N/A
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	7/1/2018	$52.61		No	N/A
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	7/1/2018	$17.36		No	N/A
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	7/1/2018	$16.19		No	N/A
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	7/1/2018	$38.60		No	N/A
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	7/1/2018	$15.09		No	N/A
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	7/1/2018	$17.36		No	N/A
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	1/1/2009	$0.00		No	N/A
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	7/1/2018	$66.38		No	N/A
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	7/1/2018	$25.90		No	N/A

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96405	Chemotherapy administration; intralesional, up to and including 7 lesions	7/1/2018	$68.19		No	N/A
96406	Chemotherapy administration; intralesional, more than 7 lesions	7/1/2018	$99.97		No	N/A
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	7/1/2018	$90.48		No	N/A
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	7/1/2018	$48.77		No	N/A
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	7/1/2018	$117.36		No	N/A
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	7/1/2018	$26.06		No	N/A
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	7/1/2018	$119.19		No	N/A
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	7/1/2018	$56.57		No	N/A
96420	Chemotherapy administration, intra-arterial; push technique	7/1/2018	$87.20		No	N/A
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	7/1/2018	$152.16		No	N/A
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	7/1/2018	$69.34		No	N/A
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	7/1/2018	$158.92		No	N/A
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	7/1/2018	$653.00		No	N/A
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	7/1/2018	$170.02		No	N/A
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	7/1/2018	$155.02		No	N/A
96521	Refilling and maintenance of portable pump	7/1/2018	$121.52		No	N/A
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	7/1/2018	$98.31		No	N/A
96523	Irrigation of implanted venous access device for drug delivery systems	7/1/2018	$22.96		No	N/A
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	7/1/2018	$112.26		No	N/A
96549	Unlisted chemotherapy procedure	9/1/1982	$0.00		No	N/A
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	7/1/2018	$94.56		No	N/A
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	7/1/2018	$45.74		No	N/A
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	7/1/2018	$25.79		No	N/A

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96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	7/1/2018	$158.08		No	N/A
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	7/1/2018	$204.80		No	N/A
96900	Actinotherapy (ultraviolet light)	7/1/2018	$17.12		No	N/A
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	7/1/2008	$9.71		No	N/A
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	7/1/2018	$93.56		No	N/A
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	7/1/2018	$78.95		No	N/A
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	7/1/2018	$110.09		No	N/A
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	7/1/2018	$139.37		No	N/A
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	7/1/2018	$152.87		No	N/A
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	7/1/2018	$208.97		No	N/A
96999	Unlisted special dermatological service or procedure	1/1/1979	$0.00		Yes	Telligen
97012	Application of a modality to 1 or more areas; traction, mechanical	7/1/2018	$12.94		No	N/A
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	6/1/2008	$13.50		No	N/A
97016	Application of a modality to 1 or more areas; vasopneumatic devices	7/1/2018	$13.60		No	N/A
97018	Application of a modality to 1 or more areas; paraffin bath	7/1/2018	$7.37		No	N/A
97022	Application of a modality to 1 or more areas; whirlpool	7/1/2018	$16.19		No	N/A
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	7/1/2018	$5.91		No	N/A
97026	Application of a modality to 1 or more areas; infrared	7/1/2018	$5.33		No	N/A
97028	Application of a modality to 1 or more areas; ultraviolet	7/1/2018	$6.85		No	N/A
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	7/1/2018	$13.53		No	N/A
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	7/1/2018	$17.95		No	N/A
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	7/1/2018	$13.10		No	N/A
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	7/1/2018	$11.65		No	N/A
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	7/1/2018	$30.28		No	N/A
97039	Unlisted modality (specify type and time if constant attendance)	7/1/2014	$10.12		Yes	MCU
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	7/1/2019	$26.63		No	N/A
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	7/1/2018	$30.27		No	N/A
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	7/1/2018	$33.71		No	N/A
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/1/2018	$26.31		No	N/A

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97139	Unlisted therapeutic procedure (specify)	7/1/2014	$15.32		Yes	MCU
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	7/1/2018	$24.33		No	N/A
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$73.40		No	N/A
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$73.40		No	N/A
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$73.40		No	N/A
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$49.69		No	N/A
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$78.66		No	N/A

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97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$78.66		No	N/A
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$78.66		No	N/A
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	7/1/2019	$53.79		No	N/A
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	7/1/2019	$34.21		No	N/A
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	7/1/2018	$29.82		No	N/A
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	7/1/2018	$28.75		No	N/A
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	7/1/2018	$29.03		No	N/A

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97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	7/1/2018	$70.63		No	N/A
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	7/1/2018	$23.72		No	N/A
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	7/1/2018	$38.03		No	N/A
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	7/1/2018	$44.90		No	N/A
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	11/1/2017	$38.46		Yes	MCU
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	11/1/2017	$39.36		Yes	MCU
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	7/1/2018	$111.62		Yes	MCU
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	7/1/2018	$32.45		No	N/A
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	7/1/2018	$40.20		No	N/A
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	7/1/2018	$34.95		No	N/A
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	7/1/2018	$41.31		No	N/A
97799	Unlisted physical medicine/rehabilitation service or procedure	1/1/1979	$0.00		Yes	MCU
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	7/1/2018	$27.39		No	N/A
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	7/1/2018	$39.74		No	N/A
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	7/1/2018	$52.10		No	N/A
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	7/1/2018	$63.29		No	N/A
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	7/1/2018	$75.65		No	N/A

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98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	7/1/2018	$24.88		No	N/A
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	7/1/2018	$35.90		No	N/A
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	7/1/2018	$46.80		No	N/A
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	7/1/2008	$8.09		No	N/A
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	7/1/2008	$13.59		No	N/A
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	7/1/2008	$6.33		No	N/A
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	7/1/2008	$10.93		No	N/A
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	7/1/2018	$50.25		No	N/A
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	7/1/2018	$65.25		No	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	7/1/2018	$43.08		No	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	7/1/2018	$8.94		No	N/A
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	7/1/2018	$84.34		No	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	7/1/2018	$66.18		No	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	7/1/2018	$50.51		No	N/A

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99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	7/1/2018	$135.39		No	N/A
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)	1/1/2001	$0.00		No	N/A
99173	Screening test of visual acuity, quantitative, bilateral	7/1/2008	$26.32		No	N/A
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	4/1/2014	$5.96		No	N/A
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	7/1/2018	$21.20		No	N/A
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	1/1/2016	$5.26		No	N/A
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	7/1/2017	$94.94		No	N/A
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	7/1/2018	$195.33		No	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	1/1/2015	$14.26		No	N/A
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	7/1/2008	$97.15		No	N/A
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	7/1/2018	$37.72		No	N/A
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	7/1/2018	$63.90		No	N/A
99195	Phlebotomy, therapeutic (separate procedure)	7/1/2018	$83.70		No	N/A
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$41.91		No	N/A
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$71.00		No	N/A

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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$101.94		No	N/A
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$156.48		No	N/A
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$197.07		No	N/A
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	7/1/2018	$20.30		No	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$41.40		No	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$69.33		No	N/A

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99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$102.60		No	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$138.47		No	N/A
99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from 'observation status' if the discharge is on other than the initial date of 'observation status.' To report services to a patient designated as 'observation status' or 'inpatient status' and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])	7/1/2018	$63.42		No	N/A
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to 'observation status' are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$86.78		No	N/A
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to 'observation status' are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$118.37		No	N/A
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to 'observation status' are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$162.16		No	N/A

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99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$87.57		No	N/A
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2017	$118.29		No	N/A
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$176.34		No	N/A
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$34.68		No	N/A
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$63.77		No	N/A

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99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$91.50		No	N/A
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$34.09		No	N/A
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$63.35		No	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$90.79		No	N/A
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$115.78		No	N/A

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99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$147.37		No	N/A
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	7/1/2018	$190.28		No	N/A
99238	Hospital discharge day management; 30 minutes or less	7/1/2018	$63.42		No	N/A
99239	Hospital discharge day management; more than 30 minutes	7/1/2018	$93.65		No	N/A
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	7/1/2018	$18.46		No	N/A
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	7/1/2018	$35.97		No	N/A
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	7/1/2018	$53.88		No	N/A
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	7/1/2018	$102.25		No	N/A

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99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	7/1/2018	$150.68		No	N/A
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	7/1/2008	$57.59		No	N/A
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	7/1/2018	$236.27		No	N/A
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	7/1/2018	$106.03		No	N/A
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$79.22		No	N/A
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$113.41		No	N/A
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$145.25		No	N/A
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$38.60		No	N/A

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99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$59.95		No	N/A
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$79.23		No	N/A
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$117.95		No	N/A
99315	Nursing facility discharge day management; 30 minutes or less	7/1/2018	$63.25		No	N/A
99316	Nursing facility discharge day management; more than 30 minutes	7/1/2018	$92.06		No	N/A
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	7/1/2018	$83.53		No	N/A
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$47.92		No	N/A

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99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$69.90		No	N/A
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$121.35		No	N/A
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$162.09		No	N/A
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$190.02		No	N/A
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$52.19		No	N/A
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$82.40		No	N/A

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99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$117.59		No	N/A
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	7/1/2018	$168.19		No	N/A
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	1/1/2006	$0.00		No	N/A
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$47.62		No	N/A
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$69.19		No	N/A

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99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$113.60		No	N/A
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$158.91		No	N/A
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$192.85		No	N/A
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$47.88		No	N/A
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$73.12		No	N/A
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$111.75		No	N/A

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99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	7/1/2018	$155.39		No	N/A
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	7/1/2018	$113.21		No	N/A
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	7/1/2018	$85.64		No	N/A
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	7/1/2018	$80.32		No	N/A
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	7/1/2018	$80.60		No	N/A
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	7/1/2008	$38.88		No	N/A
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	7/1/2019	$25.82		Yes	MCU
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	7/1/2008	$108.25		No	N/A
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	7/1/2008	$121.50		No	N/A
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	7/1/2008	$120.72		No	N/A
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	7/1/2008	$134.65		No	N/A

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99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	7/1/2008	$134.65		No	N/A
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	7/1/2008	$134.65		No	N/A
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	7/1/2008	$134.65		No	N/A
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	7/1/2008	$89.46		No	N/A
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	7/1/2008	$102.99		No	N/A
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	7/1/2008	$102.60		No	N/A
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	7/1/2008	$116.24		No	N/A
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	7/1/2008	$116.63		No	N/A
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	7/1/2008	$116.63		No	N/A
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	7/1/2008	$116.63		No	N/A
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	7/1/2008	$41.90		No	N/A

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99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	7/1/2008	$70.86		No	N/A
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	7/1/2008	$97.94		No	N/A
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	7/1/2008	$126.13		No	N/A
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	7/1/2018	$12.49		No	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	7/1/2018	$24.17		No	N/A
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	1/1/2009	$30.01		No	N/A
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	1/1/2009	$58.62		No	N/A
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	7/1/2018	$8.06		No	N/A
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	7/1/2018	$3.80		No	N/A
99429	Unlisted preventive medicine service	1/1/1992	$0.00		No	N/A
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with 'chain of custody' protocols; and Completion of necessary documentation/certificates.	7/1/2008	$47.50		No	N/A
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	1/1/2019	$15.67		No	N/A
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	1/1/2019	$51.95		No	N/A
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	7/1/2018	$83.78		No	N/A
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	7/1/2018	$78.09		No	N/A
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	7/1/2018	$36.52		No	N/A
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	7/1/2018	$96.76		No	N/A
99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	7/1/2018	$65.46		No	N/A
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	7/1/2018	$127.60		No	N/A
99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	7/1/2018	$208.98		No	N/A

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99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	7/1/2018	$104.51		No	N/A
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	7/1/2018	$804.83		No	N/A
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	7/1/2018	$348.28		No	N/A
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	7/1/2018	$696.70		No	N/A
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	7/1/2018	$357.53		No	N/A
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	7/1/2018	$490.42		No	N/A
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	7/1/2018	$300.56		No	N/A
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	7/1/2018	$305.28		No	N/A
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	7/1/2018	$119.84		No	N/A
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	7/1/2018	$108.78		No	N/A
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	7/1/2018	$104.80		No	N/A
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	7/1/2018	$204.79		No	N/A
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	1/1/2013	$0.00		No	N/A

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99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/2013	$0.00		No	N/A
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	7/1/2018	$140.66		No	N/A
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	7/1/2018	$199.16		No	N/A
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	7/1/2018	$73.35		No	N/A
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	7/1/2018	$64.97		No	N/A
99499	Unlisted evaluation and management service	1/1/1992	$0.00		No	N/A
A0140	NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR INTER STATE (Not payable by Medicare)	1/1/1985	$0.00		Yes	MCU
A0170	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER (Not payable by Medicare)	1/1/1982	$0.00		No	N/A
A0190	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT (Not payable by Medicare)	1/1/2008	$7.00		Yes	MCU
A0210	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT (Not payable by Medicare)	1/1/2008	$7.00		Yes	MCU
A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY (Not payable by Medicare)	1/1/2008	$146.47		Yes	MCU
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS (Not payable by Medicare)	1/1/2008	$4.42		Yes	MCU
A0424	EXTRA AMBULANCE ATTENDANT, GROUND (ALS OR BLS) OR AIR (FIXED OR ROTARY WINGED); (REQUIRES MEDICAL REVIEW) (Not payable by Medicare)	1/1/2008	$145.21		Yes	MCU
A0425	GROUND MILEAGE, PER STATUTE MILE	7/1/2018	$6.63		No	N/A
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	7/1/2018	$242.55		Yes	MCU
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS1-EMERGENCY)	7/1/2018	$384.03		No	N/A
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	7/1/2018	$202.12		Yes	MCU
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	7/1/2018	$323.40		No	N/A
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	7/1/2018	$2,704.92		Yes	MCU

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A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	7/1/2018	$3,144.88		Yes	MCU
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	7/1/2018	$555.84		No	N/A
A0434	SPECIALTY CARE TRANSPORT (SCT)	7/1/2018	$656.90		Yes	MCU
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	7/1/2018	$7.79		Yes	MCU
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	7/1/2018	$20.78		Yes	MCU
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT (Not payable by Medicare)	1/1/2006	$0.00		Yes	MCU
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT (Not payable by Medicare)	7/1/2017	$189.77	II	No	N/A
A0999	UNLISTED AMBULANCE SERVICE (Special coverage instructions apply. See MCM: 2120.1, 2125)	1/1/1987	$0.00		Yes	MCU
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	1/1/2008	$0.21		No	N/A
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	1/1/2008	$0.14		No	N/A
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	1/1/2008	$0.14		No	N/A
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	1/1/2008	$0.28		No	N/A
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$38.40		No	N/A
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	1/1/2008	$12.50		No	N/A
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	1/1/2008	$0.60		No	N/A
A4215	NEEDLE, STERILE, ANY SIZE, EACH	1/1/2008	$0.25		No	N/A
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$0.38		No	N/A
A4217	STERILE WATER/SALINE, 500 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$2.66		No	N/A
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML (Special Coverage Instructions Apply)	1/1/2006	$0.00		No	N/A
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP (Special coverage instructions apply. See CIM: 60-14)	1/1/1994	$0.00		No	N/A
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	7/1/2017	$19.81		No	N/A
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	7/1/2019	*		No	N/A
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	1/1/2008	$42.13		No	N/A
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	4/1/2019	$18.24		No	N/A
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH (Special coverage instructions apply. See MCM: 60-14)	4/1/2019	$2.45		No	N/A
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC (Not payable by Medicare. See CIM: 60-14)	1/1/2008	$2.49		No	N/A
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	7/1/2019	*		No	N/A
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	7/1/2017	$2.25		No	N/A
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	7/1/2017	$0.95		No	N/A
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	7/1/2017	$1.07		No	N/A
A4244	ALCOHOL OR PEROXIDE, PER PINT	1/1/2008	$0.86		No	N/A
A4245	ALCOHOL WIPES, PER BOX	1/1/2008	$1.65		No	N/A

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A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	1/1/2008	$10.91		No	N/A
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	1/1/2008	$10.98		No	N/A
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS) (Non-covered by Medicare. See MCM: 2100)	1/1/2008	$33.00		No	N/A
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH (Non-covered by Medicare. Statute reference: 1861(n))	6/1/2019	$6.66		Yes	MCU
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS (Special coverage instructions apply. See CIM: 60-11)	7/1/2019	*		No	N/A
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS (Special coverage instructions apply. See CIM: 60-11)	7/1/2019	*		No	N/A
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH (Special coverage instructions apply. See CIM: 60-11)	7/1/2019	*		No	N/A
A4259	LANCETS, PER BOX OF 100 (Special coverage instructions apply. See CIM: 60-11)	7/1/2019	*		No	N/A
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE (Non-covered by Medicare. Statute reference: 1862a1)	1/1/1999	$0.00		No	N/A
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH (Special Coverage Instructions Apply)	1/1/1994	$0.00		No	N/A
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH (Special coverage instructions apply. See MCM: 15030)	1/1/2008	$31.59		No	N/A
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM (Not payable by Medicare)	1/1/2010	$0.00		No	N/A
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE (Not payable by Medicare)	1/1/2008	$25.07		No	N/A
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	7/1/2017	$5.17		No	N/A
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	1/1/2008	$7.50		Yes	MCU
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	1/1/2008	$1.12		Yes	MCU
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	1/1/2008	$17.25		Yes	MCU
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	1/1/2008	$3.50		Yes	MCU
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	1/1/2003	$0.00		Yes	MCU
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	1/1/2001	$0.00		No	N/A
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS (Special coverage instructions apply. See MCM: 2130)	1/1/1986	$0.00		No	N/A
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, ETC.)	1/1/1996	$0.00		No	N/A
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	1/1/2008	$8.80		No	N/A
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	1/1/2008	$8.80		No	N/A
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY) (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$6.53		No	N/A
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$12.54		No	N/A
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$15.26		No	N/A
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$15.67		No	N/A

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A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$21.38		No	N/A
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$22.31		No	N/A
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$24.01		No	N/A
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.31		No	N/A
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.64		No	N/A
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$10.74		No	N/A
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$44.38		No	N/A
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$9.83		No	N/A
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$3.17		No	N/A
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$0.12		No	N/A
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.20		No	N/A
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.90		No	N/A
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS (Special coverage instructions apply. See MCM: 2130)	7/1/2019	$58.52		Yes	MCU
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH (Special coverage instructions apply)	7/1/2015	$1.44		No	N/A
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$12.20		No	N/A
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$31.59		No	N/A
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$13.55		No	N/A
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$16.56		No	N/A
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.01		No	N/A
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.54		No	N/A

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A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$6.39		No	N/A
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$6.97		No	N/A
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$11.03		No	N/A
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$7.54		No	N/A
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$38.58		No	N/A
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$8.21		No	N/A
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.61		No	N/A
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH (Special coverage instructions apply)	7/1/2016	$0.41		No	N/A
A4361	OSTOMY FACEPLATE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$18.28		No	N/A
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$3.45		No	N/A
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH (Special Coverage Instructions Apply)	7/1/2017	$2.36		No	N/A
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.93		No	N/A
A4366	OSTOMY VENT, ANY TYPE, EACH	7/1/2017	$1.29		No	N/A
A4367	OSTOMY BELT, EACH (Special coverage instructions apply. See MCM: 2130A)	7/1/2017	$6.86		No	N/A
A4368	OSTOMY FILTER, ANY TYPE, EACH	7/1/2017	$0.25		No	N/A
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.05		No	N/A
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$3.58		No	N/A
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.18		No	N/A
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$6.24		No	N/A
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$17.09		No	N/A
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$47.35		No	N/A
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.28		No	N/A
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$30.58		No	N/A
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$14.94		No	N/A

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A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$37.13		No	N/A
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.60		No	N/A
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$24.49		No	N/A
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$28.04		No	N/A
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$9.57		No	N/A
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.08		No	N/A
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2016	$2.23		No	N/A
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.35		No	N/A
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$6.18		No	N/A
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$9.56		No	N/A
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$7.04		No	N/A
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$8.14		No	N/A
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$9.00		No	N/A
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.57		No	N/A
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$0.05		No	N/A
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$40.28		No	N/A
A4397	IRRIGATION SUPPLY; SLEEVE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.76		No	N/A
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$13.75		No	N/A
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$10.38		No	N/A
A4402	LUBRICANT, PER OUNCE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.39		No	N/A
A4404	OSTOMY RING, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.67		No	N/A
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$3.39		No	N/A
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.70		No	N/A
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$8.71		No	N/A

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A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$9.82		No	N/A
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$6.18		No	N/A
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$9.00		No	N/A
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH (Special coverage instructions apply)	7/1/2017	$5.08		No	N/A
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.69		No	N/A
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.48		No	N/A
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.90		No	N/A
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.96		No	N/A
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	7/1/2017	$2.75		No	N/A
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	7/1/2017	$3.70		No	N/A
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	7/1/2017	$1.81		No	N/A
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	7/1/2017	$1.73		No	N/A
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	1/1/2008	$4.16		No	N/A
A4421	OSTOMY SUPPLY; MISCELLANEOUS	7/1/2019	$2.82		No	N/A
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$0.12		No	N/A
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	7/1/2017	$1.85		No	N/A
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	7/1/2017	$4.73		No	N/A
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	7/1/2017	$3.56		No	N/A
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	7/1/2017	$2.72		No	N/A
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	7/1/2017	$2.77		No	N/A
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	7/1/2017	$6.48		No	N/A
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	7/1/2017	$8.21		No	N/A

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A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	7/1/2017	$8.47		No	N/A
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	7/1/2017	$6.18		No	N/A
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	7/1/2017	$3.57		No	N/A
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	7/1/2017	$3.33		No	N/A
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	7/1/2017	$3.74		No	N/A
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	7/1/2016	$5.74		No	N/A
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES (Special coverage instructions apply. See MCM: 2130)	7/1/2019	*		No	N/A
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES (Special coverage instructions apply. See MCM: 2130)	7/1/2011	$0.38		No	N/A
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.42		No	N/A
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$0.24		No	N/A
A4458	ENEMA BAG WITH TUBING, REUSABLE	1/1/2008	$9.00		No	N/A
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	7/1/2017	$3.28		No	N/A
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	7/1/2017	$13.25		No	N/A
A4465	NON-ELASTIC BINDER FOR EXTREMITY	6/1/2019	$10.93		Yes	MCU
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE (Non-covered by Medicare)	7/1/2019	$8.39		No	N/A
A4470	GRAVLEE JET WASHER (Special coverage instructions apply. See CIM: 50-4 and MCM: 2320)	1/1/2008	$24.41		No	N/A
A4480	VABRA ASPIRATOR (Special coverage instructions apply. See CIM: 50-10 and MCM: 2320)	1/1/2008	$112.50		No	N/A
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$0.38		No	N/A
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION (Special coverage instructions apply. See MCM: 2130)	1/1/2008	$8.18		No	N/A
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2079, 2100)	1/1/2008	$8.27		No	N/A
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2079, 2100)	1/1/2008	$12.80		No	N/A
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2079, 2100)	1/1/2008	$8.27		No	N/A
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2079, 2100)	1/1/2008	$13.80		No	N/A
A4555	ELECTRODE/TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, REPLACEMENT ONLY (Not payable by Medicare)	1/1/1990	$0.00		No	N/A
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	7/1/2017	$10.28		No	N/A
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	7/1/2019	*		No	N/A
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER OZ	7/1/2017	$5.43		No	N/A
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	7/1/2017	$0.10		No	N/A
A4561	PESSARY, RUBBER, ANY TYPE	7/1/2017	$19.85		No	N/A

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A4562	PESSARY, NON RUBBER, ANY TYPE	7/1/2017	$49.43		No	N/A
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	1/1/2019	$112.44		No	N/A
A4565	SLINGS	7/1/2016	$7.66		No	N/A
A4570	SPLINT (Not payable by Medicare. See MCM: 2079)	1/1/1982	$0.00		No	N/A
A4590	SPECIAL CASTING MATERIAL (E.G., FIBERGLASS) (Not payable by Medicare. See MCM: 2079)	1/1/2008	$36.30		No	N/A
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES) (Special coverage instructions apply. See CIM: 45-25)	7/1/2019	*		No	N/A
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VOLT, EACH	4/1/2019	$3.86		No	N/A
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	7/1/2017	$16.32		No	N/A
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	6/1/2019	$9.00		Yes	MCU
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	7/1/2017	$49.87		No	N/A
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR (Non-covered by Medicare. Statute reference: 1834a3A)	7/1/2011	$157.64		No	N/A
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR (Non-covered by Medicare. Statute reference: 1834a3A)	7/1/2011	$75.47		No	N/A
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR (Non-covered by Medicare. Statute reference: 1834a3A)	7/1/2011	$136.14		No	N/A
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	7/1/2017	$23.66		No	N/A
A4615	CANNULA, NASAL (Special coverage instructions apply. See CIM: 60-4 and MCM: 3312)	7/1/2017	$0.72		No	N/A
A4616	TUBING (OXYGEN), PER FOOT (Special coverage instructions apply. See CIM: 60-4 and MCM: 3312)	7/1/2017	$0.06		No	N/A
A4617	MOUTH PIECE (Special coverage instructions apply. See CIM: 60-4 and MCM: 3312)	7/1/2017	$3.09		No	N/A
A4618	BREATHING CIRCUITS (Special coverage instructions apply. See CIM: 60-4 and MCM: 3312)	7/1/2017	$7.52		No	N/A
A4619	FACE TENT (Special coverage instructions apply. See CIM: 60-4 and MCM: 3312)	7/1/2017	$1.78		No	N/A
A4620	VARIABLE CONCENTRATION MASK (Special coverage instructions apply. See CIM: 60-4 and MCM: 3312)	7/1/2017	$0.59		No	N/A
A4623	TRACHEOSTOMY, INNER CANNULA (Special coverage instructions apply. See CIM: 65-16 and MCM: 2130)	7/1/2017	$5.54		No	N/A
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	7/1/2017	$2.62		No	N/A
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.86		No	N/A
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.70		No	N/A
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	7/1/2017	$3.63		No	N/A
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.60		No	N/A
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT (Special coverage instructions apply. See CIM: 65-8)	7/1/2017	$6.21		No	N/A
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	7/1/2017	$40.82		Yes	MCU
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	1/1/2003	$0.00		Yes	MCU

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A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$4.33		No	N/A
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH. (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1.51		No	N/A
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	1/1/2004	$0.00		Yes	MCU
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.6)	7/1/2017	$48.70		No	N/A
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	1/1/1994	$0.00		No	N/A
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	1/1/1995	$0.00		No	N/A
A4649	SURGICAL SUPPLY; MISCELLANEOUS	1/1/1982	$0.00		No	N/A
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH (Special coverage instructions apply. See MCM: 4270)	7/1/2017	$2.07		No	N/A
A4652	MICROCAPILLARY TUBE SEALANT (Special coverage instructions apply. See MCM: 4270)	7/1/2017	$1.65		No	N/A
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	7/1/2017	$1.65		No	N/A
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$0.48		No	N/A
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE (Special coverage instructions apply. See MCM: 4270)	4/1/2002	$0.00		No	N/A
A4663	BLOOD PRESSURE CUFF ONLY (Special coverage instructions apply. See MCM: 4270)	1/1/1986	$0.00		No	N/A
A4670	AUTOMATIC BLOOD PRESSURE MONITOR (Non-covered by Medicare. See CIM: 50-42 and MCM: 4270)	1/1/2008	$56.28		No	N/A
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2004	$0.00		Yes	MCU
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$3.05		No	N/A
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$2.96		No	N/A
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ (Special coverage instructions apply. See MCM: 4270)	1/1/2004	$0.00		No	N/A
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH (Special coverage instructions apply. See CIM: 55-1 and MCM: 4270)	1/1/2008	$110.25		No	N/A
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$103.92		No	N/A
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$11.99		No	N/A
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$4.27		No	N/A
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON (Special coverage instructions apply. See MCM: 4270)	1/1/2002	$0.00		No	N/A
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$9.23		No	N/A

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A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON (Special coverage instructions apply. See CIM: 55-1 and MCM: 4270)	1/1/1986	$0.00		No	N/A
A4719	''Y SET'' TUBING FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$7.12		No	N/A
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$14.73		No	N/A
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$20.38		No	N/A
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$18.79		No	N/A
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$28.19		No	N/A
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$28.45		No	N/A
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$27.90		No	N/A
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$33.48		No	N/A
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	1/1/2004	$0.00		No	N/A
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$1.37		No	N/A
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM (Special coverage instructions apply. See MCM: 4270)	1/1/2002	$0.00		No	N/A
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML (Special coverage instructions apply. See MCM: 4270)	1/1/2002	$0.00		No	N/A
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/1986	$0.00		No	N/A
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$7.35		No	N/A
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$9.37		No	N/A
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/1986	$0.00		No	N/A
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$4.49		No	N/A
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML (Special coverage instructions apply. See MCM: 4270)	1/1/2002	$0.00		No	N/A
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50 (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$22.06		No	N/A

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A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50 (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$71.70		No	N/A
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50 (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$57.44		No	N/A
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50 (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$26.68		No	N/A
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50 (Special coverage instructions apply. See MCM: 4270)	1/1/1986	$0.00		No	N/A
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$5.64		No	N/A
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10 (Special coverage instructions apply. See MCM: 4270)	1/1/2008	$30.61		No	N/A
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT (Special coverage instructions apply. See MCM: 4270)	1/1/1986	$0.00		No	N/A
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT (Special coverage instructions apply. See MCM: 2100.4)	1/1/1986	$0.00		No	N/A
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH (Special Coverage Instructions Apply)	1/1/2008	$12.53		No	N/A
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED (Special Coverage Instructions Apply)	1/1/1986	$0.00		No	N/A
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH (Special Coverage Instructions Apply)	1/1/1986	$0.00		No	N/A
A4927	GLOVES, NON-STERILE, PER 100 (Special Coverage Instructions Apply)	1/1/2008	$6.65		No	N/A
A4928	SURGICAL MASK, PER 20 (Special Coverage Instructions Apply)	1/1/2008	$7.64		No	N/A
A4929	TOURNIQUET FOR DIALYSIS, EACH (Special Coverage Instructions Apply)	1/1/2008	$0.20		No	N/A
A4930	GLOVES, STERILE, PER PAIR (Special Coverage Instructions Apply)	7/1/2019	$0.86		No	N/A
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.05		No	N/A
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.48		No	N/A
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.73		No	N/A
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.79		No	N/A
A5055	STOMA CAP (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.39		No	N/A
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2016	$4.64		No	N/A
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2016	$9.56		No	N/A
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	7/1/2017	$3.51		No	N/A
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.07		No	N/A
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.69		No	N/A
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$5.98		No	N/A

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A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.99		No	N/A
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.89		No	N/A
A5081	STOMA PLUG OR SEAL, ANY TYPE (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.80		No	N/A
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$10.11		No	N/A
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	7/1/2017	$0.64		No	N/A
A5093	OSTOMY ACCESSORY; CONVEX INSERT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.67		No	N/A
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$22.30		No	N/A
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$40.56		No	N/A
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$34.44		No	N/A
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$3.99		No	N/A
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$7.58		No	N/A
A5120	SKIN BARRIER, WIPES OR SWABS, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2011	$0.23		No	N/A
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$6.30		No	N/A
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$10.86		No	N/A
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.11		No	N/A
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$13.41		No	N/A
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(S), PER SHOE (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$63.26		No	N/A
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$189.75		No	N/A
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$31.10		No	N/A
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$31.10		No	N/A
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$31.10		No	N/A

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A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$31.10		No	N/A
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$31.10		No	N/A
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE (Special coverage instructions apply. See MCM: 2134)	1/1/2000	$0.00		No	N/A
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE (Special coverage instructions apply. See MCM: 2134)	1/1/2002	$0.00		No	N/A
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$25.80		No	N/A
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each (Special coverage instructions apply. See MCM: 2134)	7/1/2017	$38.51		No	N/A
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each (Special coverage instructions apply. See MCM: 2134)	1/1/2019	$40.10		No	N/A
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$30.82		No	N/A
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$2.27		No	N/A
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$20.92		No	N/A
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. , EACH (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$20.92		No	N/A
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN. , EACH (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$189.35		No	N/A
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$6.16		No	N/A
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	1/1/1997	$0.00		No	N/A
A6154	WOUND POUCH, EACH (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$14.29		No	N/A
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$7.32		No	N/A
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$16.35		No	N/A

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A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$112.50		No	N/A
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$5.27		No	N/A
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$3.35		No	N/A
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$6.19		No	N/A
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$4.57		No	N/A
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$0.97		No	N/A
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$7.30		No	N/A
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$3.42		No	N/A
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$7.43		No	N/A
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$19.83		No	N/A
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$29.22		No	N/A
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$9.66		No	N/A
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$14.63		No	N/A
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$10.23		No	N/A
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$2.33		No	N/A
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2015	$0.05		No	N/A
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$0.40		No	N/A
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$0.58		No	N/A

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A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2016	$0.95		No	N/A
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$2.57		No	N/A
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$1.09		No	N/A
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$2.12		No	N/A
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$2.41		No	N/A
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$3.59		No	N/A
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$1.31		No	N/A
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$3.59		No	N/A
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$1.46		No	N/A
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$4.66		No	N/A
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$6.83		No	N/A
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$19.08		No	N/A
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$6.51		No	N/A
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$16.73		No	N/A
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$27.12		No	N/A

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A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$7.88		No	N/A
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$22.68		No	N/A
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$18.24		No	N/A
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$12.19		No	N/A
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$2.56		No	N/A
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$6.03		No	N/A
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$12.26		No	N/A
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$39.09		No	N/A
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$7.23		No	N/A
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$9.88		No	N/A
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$23.66		No	N/A
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$16.16		No	N/A
a6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE (Special coverage instructions apply. See MCM: 2079)	7/1/2019	$2.65		No	N/A
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$1.98		No	N/A
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$3.24		No	N/A
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$6.30		No	N/A
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$1.20		No	N/A

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A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$3.02		No	N/A
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$4.45		No	N/A
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$1.53		No	N/A
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$4.29		No	N/A
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$10.89		No	N/A
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE (Special coverage instructions apply. See MCM: 2079)	7/1/2019	$6.22		No	N/A
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$2.58		No	N/A
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$0.99		No	N/A
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$1.92		No	N/A
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$0.12		No	N/A
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$0.42		No	N/A
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$0.58		No	N/A
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	7/1/2017	$1.87		No	N/A
A6410	EYE PAD, STERILE, EACH (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$0.39		No	N/A
A6411	EYE PAD, NON-STERILE, EACH (Special coverage instructions apply. See MCM: 2079)	6/1/2019	$0.26		No	N/A
A6412	EYE PATCH, OCCLUSIVE, EACH	7/1/2019	$0.31		No	N/A
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	7/1/2017	$0.68		No	N/A
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	7/1/2016	$0.16		No	N/A
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	7/1/2017	$0.28		No	N/A
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	7/1/2017	$0.56		No	N/A
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	7/1/2017	$0.32		No	N/A
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	7/1/2017	$0.41		No	N/A
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	7/1/2017	$0.68		No	N/A

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A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	7/1/2017	$1.15		No	N/A
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	7/1/2017	$1.75		No	N/A
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	4/1/2019	$1.82		No	N/A
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4/1/2019	$1.82		No	N/A
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	7/1/2016	$5.88		No	N/A
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	7/1/2016	$0.62		No	N/A
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	7/1/2017	$0.77		No	N/A
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	7/1/2017	$1.39		No	N/A
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	7/1/2017	$1.26		No	N/A
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	7/1/2017	$1.13		No	N/A
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$40.84		No	N/A
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	7/1/2017	$57.56		No	N/A
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		No	N/A
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED (Special coverage instructions apply. See MCM: 2079)	1/1/2003	$0.00		Yes	MCU
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	1/1/2006	$0.00		No	N/A

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A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9)	9/1/2012	$22.72		No	N/A
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH (Special coverage instructions apply. See MCM: 2079)	7/1/2016	$43.05		No	N/A
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH (Special coverage instructions apply. See MCM: 2079)	7/1/2016	$60.65		No	N/A
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$34.87		No	N/A
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$42.66		No	N/A
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$48.75		No	N/A
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$72.37		No	N/A
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$117.00		No	N/A
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$136.00		No	N/A
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$35.90		No	N/A
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$63.80		No	N/A
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$136.00		No	N/A
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	1/1/2008	$25.00		No	N/A
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH (Special coverage instructions apply. See MCM: 2079)	6/1/2019	$46.35		No	N/A
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED (Non-covered by Medicare. See CIM: 60-9 and MCM: 2133)	7/1/2019	$23.87		No	N/A
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	7/1/2017	$22.62		No	N/A
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	7/1/2017	$7.66		No	N/A
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	7/1/2017	$32.90		No	N/A
A7002	TUBING, USED WITH SUCTION PUMP, EACH	7/1/2017	$3.81		No	N/A
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	7/1/2019	*		No	N/A
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	7/1/2019	*		No	N/A
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	7/1/2019	*		No	N/A
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	7/1/2019	*		No	N/A
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	7/1/2019	*		No	N/A
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	7/1/2017	$10.94		No	N/A
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	7/1/2017	$41.83		No	N/A
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	7/1/2019	*		No	N/A
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	7/1/2019	*		No	N/A

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A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	7/1/2019	*		No	N/A
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	7/1/2019	*		No	N/A
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	7/1/2019	*		No	N/A
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	7/1/2017	$7.21		No	N/A
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	7/1/2019	*		No	N/A
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	7/1/2016	$13.88		No	N/A
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	7/1/2017	$456.25		Yes	MCU
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	7/1/2017	$28.60		Yes	MCU
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	7/1/2019	*		No	N/A
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	7/1/2019	*		No	N/A
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	7/1/2019	*		No	N/A
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	7/1/2019	*		No	N/A
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	7/1/2019	*		No	N/A
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	7/1/2019	*		No	N/A
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	7/1/2019	*		No	N/A
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	7/1/2019	*		No	N/A
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
A7040	ONE WAY CHEST DRAIN VALVE	7/1/2017	$39.44		No	N/A
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	7/1/2017	$73.82		No	N/A
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	7/1/2019	*		No	N/A
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY (Special coverage instructions apply. See CIM: 60-17)	7/1/2019	*		No	N/A
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH (Special coverage instructions apply. See CIM: 60-17)	7/1/2019	*		No	N/A
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	7/1/2016	$120.29		No	N/A
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH	4/1/2019	$42.80		No	N/A
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$104.49		No	N/A
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$49.67		No	N/A

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A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$11.29		No	N/A
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$0.68		No	N/A
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$4.66		No	N/A
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$0.33		No	N/A
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.48		No	N/A
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$2.85		No	N/A
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$1.40		No	N/A
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	7/1/2017	$47.24		No	N/A
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	7/1/2017	$46.80		No	N/A
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	7/1/2017	$44.94		No	N/A
A7525	TRACHEOSTOMY MASK, EACH	7/1/2017	$2.05		No	N/A
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	7/1/2017	$3.37		No	N/A
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	7/1/2017	$3.56		No	N/A
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$152.59		Yes	MCU
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$152.59		No	N/A
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	6/1/2019	$129.80		Yes	MCU
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	6/1/2019	$210.00		Yes	MCU
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	1/1/2007	$0.00		No	N/A
A9180	PEDICULOSIS (LICE INFESTATION) TREATMENT, TOPICAL, FOR ADMINISTRATION BY PATIENT/CARETAKER (Not payable by Medicare)	1/1/2008	$4.65		No	N/A
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS (Non-covered by Medicare)	1/1/2006	$0.00		No	N/A
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY (Non-covered by Medicare. Statute reference: 1861(n))	4/1/2017	$15.18		Yes	MCU
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM (Non-covered by Medicare. Statute reference: 1861(n))	4/1/2017	$594.00		Yes	MCU

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A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM (Non-covered by Medicare. Statute reference: 1861(n))	4/1/2017	$595.35		Yes	MCU
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES (Special Coverage Instructions Apply)	1/1/1990	$0.00		No	N/A
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	7/1/2017	$64.28		No	N/A
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	7/1/2017	$58.06		No	N/A
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	7/1/2017	$50.65		No	N/A
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	1/1/2000	$0.00		No	N/A
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	7/1/2017	$19.89		No	N/A
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	7/1/2017	$687.71		No	N/A
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	1/1/2008	$165.82		No	N/A
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	7/1/2017	$71.82		No	N/A
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	7/1/2017	$12.17		No	N/A
A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY DOSE UP TO 20 MILLICURIES	1/1/2017	$0.00		No	N/A
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURIES	1/1/2003	$0.00		No	N/A
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	7/1/2017	$36.63		No	N/A
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	7/1/2017	$210.65		No	N/A
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	7/1/2017	$0.36		No	N/A
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	1/1/2008	$143.89		No	N/A
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	1/1/2007	$0.00		No	N/A
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	1/1/2008	$5.48		No	N/A
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	1/1/2008	$6.49		No	N/A
A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	1/1/2008	$6.49		No	N/A
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	1/1/2004	$0.00		No	N/A
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	1/1/2004	$0.00		No	N/A
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	1/1/2006	$0.00		No	N/A
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	7/1/2017	$56.75		No	N/A
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	7/1/2017	$41.04		No	N/A
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	7/1/2017	$32.15		No	N/A
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	7/1/2017	$20.47		No	N/A
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	7/1/2017	$54.86		No	N/A
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	1/1/2006	$0.00		No	N/A
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES	7/1/2017	$46,644.99		No	N/A
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	1/1/2006	$0.00		No	N/A
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	7/1/2017	$1,834.61		No	N/A
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	7/1/2017	$423.94		No	N/A

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A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	1/1/2006	$0.00		No	N/A
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	7/1/2017	$615.10		No	N/A
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	7/1/2017	$225.00		No	N/A
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES	1/1/2006	$0.00		No	N/A
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES	7/1/2017	$35.91		No	N/A
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	1/1/2006	$0.00		No	N/A
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	7/1/2017	$92.62		No	N/A
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	7/1/2017	$381.76		No	N/A
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	7/1/2017	$32.33		No	N/A
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	1/1/2006	$0.00		No	N/A
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	7/1/2017	$95.83		No	N/A
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	7/1/2017	$45.14		No	N/A
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	7/1/2017	$794.92		No	N/A
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	1/1/2006	$0.00		No	N/A
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	1/1/2006	$0.00		No	N/A
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	1/1/2006	$0.00		No	N/A
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES	1/1/2006	$0.00		No	N/A
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	1/1/2007	$0.00		No	N/A
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	7/1/2017	$1,493.82		No	N/A
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	7/1/2017	$3,669.24		No	N/A
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	1/1/2008	$0.00		No	N/A
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	7/1/2017	$5,823.58		No	N/A
A9575	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	6/1/2019	$0.19		No	N/A
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	7/1/2016	$1.49		No	N/A
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	7/1/2016	$1.92		No	N/A
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	7/1/2016	$1.81		No	N/A
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML	7/1/2016	$1.61		No	N/A
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	1/1/1990	$0.00		No	N/A
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	7/1/2016	$12.60		No	N/A
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	7/1/2017	$6,057.68		No	N/A
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	7/1/2011	$11.50		No	N/A
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	7/1/2017	$2,315.68		No	N/A
A9585	INJECTION, GADOBUTROL, 0.1 ML	7/1/2017	$0.35		No	N/A
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES (Special coverage instructions apply)	7/1/2017	$2,667.60		No	N/A

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A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	1/1/2017	$0.00		No	N/A
A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	1/1/2017	$0.00		No	N/A
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg	1/1/2019	$979.38		No	N/A
A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	1/1/2017	$0.00		No	N/A
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	1/1/2017	$0.00		No	N/A
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	7/1/2017	$402.85		No	N/A
A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES	7/1/2017	$11,730.69		No	N/A
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	7/1/2019	$134.49		No	N/A
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY (Special coverage instructions apply. See MCM: 15022)	1/1/2006	$0.00		No	N/A
A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	1/1/2003	$0.00		No	N/A
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY (Special coverage instructions apply. See MCM: 15360)	1/1/2008	$118.60		No	N/A
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	1/1/2004	$0.00		Yes	MCU
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$2.83		No	N/A
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$5.01		No	N/A
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$3.79		No	N/A
B4081	NASOGASTRIC TUBING WITH STYLET (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$13.82		No	N/A
B4082	NASOGASTRIC TUBING WITHOUT STYLET (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$9.81		No	N/A
B4083	STOMACH TUBE - LEVINE TYPE (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$1.54		No	N/A
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	7/1/2018	$25.37		No	N/A
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	7/1/2018	$30.64		No	N/A
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	1/1/2008	$0.00	SC	No	N/A
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE (Non-covered by Medicare. See CIM: 60-9)	1/1/2008	$0.55		No	N/A
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	6/1/2019	$0.44		Yes	MCU
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2008	$2.45		No	N/A
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2005	$0.00	GD	No	N/A
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER) (Special coverage instructions apply. See CIM: 65-10)	7/1/2019	$1.23		No	N/A

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B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$0.92		No	N/A
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/2005	$0.00	GD	No	N/A
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$0.50		No	N/A
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/1986	$0.00	GD	No	N/A
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$0.49		No	N/A
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/1984	$0.00	GD	No	N/A
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$1.13		No	N/A
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/1986	$0.00	GD	No	N/A
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$1.06		No	N/A

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B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/1984	$0.00	GD	No	N/A
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G., GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$0.70		No	N/A
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G., GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/1986	$0.00	GD	No	N/A
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	7/1/2019	$2.31		No	N/A
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2005	$0.00	GD	No	N/A
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	11/1/2016	$0.84		No	N/A
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2005	$0.00	GD	No	N/A
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	11/1/2016	$0.59		No	N/A
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2005	$0.00	GD	No	N/A

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B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	4/1/2010	$0.70		No	N/A
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	4/1/2010	$0.70	BO	No	N/A
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2005	$0.00	GD	No	N/A
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	4/1/2010	$1.93		No	N/A
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	4/1/2010	$1.93	BO	No	N/A
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2005	$0.00	GD	No	N/A
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	11/1/2016	$2.20		No	N/A
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT (Special coverage instructions apply. See CIM: 65-10)	1/1/2005	$0.00	GD	No	N/A
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$17.87		No	N/A
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$26.06		No	N/A
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/2008	$47.78		No	N/A
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$50.43		No	N/A
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$60.52		No	N/A

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B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$25.66		No	N/A
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS (Special Coverage Instructions Apply)	7/1/2018	$11.82		No	N/A
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$186.98		No	N/A
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$241.60		No	N/A
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - PREMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$294.14		No	N/A
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$336.10		No	N/A
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES), HOME MIX, PER DAY (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$8.12		No	N/A
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$8.42		No	N/A
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$10.39		No	N/A
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$26.30		No	N/A
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL-AMINOSYN-RF, NEPHRAMINE, RENAMINE-PREMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$12.51		No	N/A
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC, HEPATAMINE-PREMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$4.89		No	N/A
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS-BRANCH CHAIN AMINO ACIDS-FREAMINE-HBC-PREMIX (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2019	$0.05		No	N/A
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$550.31		No	N/A
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$2,654.03		No	N/A

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B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2018	$2,654.03		No	N/A
B9998	NOC FOR ENTERAL SUPPLIES (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/1985	$0.00		No	N/A
B9999	NOC FOR PARENTERAL SUPPLIES (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	1/1/1985	$0.00		No	N/A
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$110.35		No	N/A
c1717	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIDIUM-192, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$265.13		No	N/A
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIDIUM-192, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$17.24		No	N/A
C1818	Integrated keratoprosthesis	10/1/2019	$5,466.87		No	N/A
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads (Special coverage instructions apply. Statute reference: 1833(t))	1/1/2019	$0.00		Yes	Telligen
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$15,045.83		No	N/A
C2634	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01 MCI (NIST), PER SOURCE (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$105.89		No	N/A
C2635	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALLADIUM-103, GREATER THAN 2.2 MCI (NIST), PER SOURCE (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$23.35		No	N/A
C2636	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALLADIUM-103, PER 1 MM (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$24.37		No	N/A
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$31.26		No	N/A
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$31.19		No	N/A
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$70.85		No	N/A
C2641	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$57.84		No	N/A
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$79.10		No	N/A
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$15.73		No	N/A
C2644	BRACHYTHERAPY SOURCE, CESIUM-131 CHLORIDE SOLUTION, PER MILLICURIE (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$94.58		No	N/A
C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$439.38		No	N/A
C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$1,411.59		No	N/A

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C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$439.38		No	N/A
C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$439.38		No	N/A
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$227.47		No	N/A
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$209.08		No	N/A
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$227.47		No	N/A
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$227.47		No	N/A
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$209.08		No	N/A
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$209.08		No	N/A
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMITY (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS (Special coverage instructions apply. Statute reference: 430 BIPA)	3/1/2018	$227.47		No	N/A
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS (Special coverage instructions apply. Statute reference: 430 BIPA)	3/1/2018	$209.08		No	N/A
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, PELVIS (Special coverage instructions apply. Statute reference: 430 BIPA)	3/1/2018	$410.73		No	N/A

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C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITHOUT SPECTRAL OR COLOR DOPPLER ECHOCARDIOGRAPHY (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$410.73		No	N/A
C8925	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8927	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING (CONTINUOUS) ASSESSMENT OF (DYNAMICALLY CHANGING) CARDIAC PUMPING FUNCTION AND TO THERAPEUTIC MEASURES ON AN IMMEDIATE TIME BASIS (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A

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C8930	TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH PHYSICIAN SUPERVISION (Special coverage instructions apply. Statute reference: 1833(t)(2))	3/1/2018	$613.69		No	N/A
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$410.73		No	N/A
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$209.08		No	N/A
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$227.47		No	N/A
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$227.47		No	N/A
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$209.08		No	N/A
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$227.47		No	N/A
C8957	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF PORTABLE OR IMPLANTABLE PUMP (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$267.81		No	N/A
C9041	Injection, coagulation factor Xa (recombinant), inactivated (andexxa), 10 mg (Special coverage instructions apply.)	4/1/2019	$0.00		Yes	Pharmacy
C9046	Cocaine hydrochloride nasal solution for topical administration, 1 mg (Special coverage instructions apply.)	4/1/2019	$0.00		No	N/A
C9047	Injection, caplacizumab-yhdp, 1 mg (Special coverage instructions apply.)	7/1/2019	$0.00		Yes	Pharmacy
C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$1.74		Yes	Pharmacy
C9250	HUMAN PLASMA FIBRIN SEALANT, VAPOR-HEATED, SOLVENT-DETERGENT (ARTISS), 2ML (Special coverage instructions apply. Statute reference: 621MMA)	3/1/2018	$101.89		No	N/A
C9257	INJECTION, BEVACIZUMAB, 0.25 MG (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$1.74		No	N/A
C9293	INJECTION, GLUCARPIDASE, 10 UNITS (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$268.45		No	N/A
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS (Special coverage instructions apply. Statute reference: 621MMA)	3/1/2018	$0.00		No	N/A
C9460	INJECTION, CANGRELOR, 1 MG (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$13.55		No	N/A
C9462	INJECTION, DELAFLOXACIN, 1 MG (Special coverage instructions apply.)	4/1/2018	$0.42		Yes	Pharmacy
C9482	INJECTION, SOTALOL HYDROCHLORIDE, 1 MG (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$8.99		No	N/A
C9488	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG	3/1/2018	$27.84		No	N/A

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C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$9,459.41		No	N/A
C9602	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH DRUG ELUTING INTRACORONARY STENT, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$14,418.35		No	N/A
C9604	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS), ANY COMBINATION OF DRUG-ELUTING INTRACORONARY STENT, ATHERECTOMY AND ANGIOPLASTY, INCLUDING DISTAL PROTECTION WHEN PERFORMED; SINGLE VESSEL (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$9,459.41		No	N/A
C9606	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFARCTION, CORONARY ARTERY OR CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF DRUG-ELUTING INTRACORONARY STENT, ATHERECTOMY AND ANGIOPLASTY, INCLUDING ASPIRATION THROMBECTOMY WHEN PERFORMED, SINGLE VESSEL (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$14,418.35		No	N/A
C9607	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY BRANCH, OR CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF DRUG-ELUTING INTRACORONARY STENT, ATHERECTOMY AND ANGIOPLASTY; SINGLE VESSEL (Special coverage instructions apply. Statute reference: 1833(t))	3/1/2018	$14,418.35		No	N/A
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (E.G., FIDUCIAL MARKERS, DOSIMETER), FOR OTHER THAN THE FOLLOWING SITES (ANY APPROACH): ABDOMEN, PELVIS, PROSTATE, RETROPERITONEUM, THORAX, SINGLE OR MULTIPLE (Special coverage instructions apply. Statute reference: 1833(T))	3/1/2018	$1,068.01		No	N/A
C9749	REPAIR OF NASAL VESTIBULAR LATERAL WALL STENOSIS WITH IMPLANT(S) (Special coverage instructions apply.)	4/1/2018	$1,979.15		Yes	Telligen
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure) (Special coverage instructions apply.)	7/1/2019	$0.00		Yes	Pharmacy
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP (Special coverage instructions apply. See CIM: 60-3, 60-9 and MCM: 2100.1)	7/1/2017	$17.83		No	N/A
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS (Special coverage instructions apply. See CIM: 60-15, 60-9 and MCM: 2100.1)	7/1/2017	$46.19		No	N/A
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$68.94		No	N/A
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$45.04		No	N/A
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$36.82		No	N/A

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E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$21.03		No	N/A
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$42.78		No	N/A
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$27.61		No	N/A
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	2/1/2019	$159.50		Yes	MCU
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$25.09		No	N/A
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE (Special coverage instructions apply. See CIM: 60-15 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	7/1/2019	*		No	N/A
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	7/1/2019	*		No	N/A
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	7/1/2017	$69.04		No	N/A
E0154	PLATFORM ATTACHMENT, WALKER, EACH	7/1/2019	*		No	N/A
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	7/1/2017	$20.02		No	N/A
E0156	SEAT ATTACHMENT, WALKER	7/1/2019	*		No	N/A
E0157	CRUTCH ATTACHMENT, WALKER, EACH	7/1/2017	$58.11		No	N/A
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	7/1/2019	*		Yes	MCU
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	7/1/2017	$13.37		No	N/A
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0162	SITZ BATH CHAIR (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$123.23		No	N/A
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	7/1/2019	*		No	N/A
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	7/1/2019	*		No	N/A
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	7/1/2019	*		No	N/A

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E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE (Non-covered by Medicare. Statute reference: 1861SSA)	1/1/2006	$0.00		No	N/A
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	7/1/2017	$65.91		No	N/A
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.6)	7/1/2019	*		No	N/A
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.6)	7/1/2019	*		No	N/A
E0184	DRY PRESSURE MATTRESS (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.6)	7/1/2019	*		No	N/A
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.6)	7/1/2019	*		No	N/A
E0186	AIR PRESSURE MATTRESS (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0187	WATER PRESSURE MATTRESS (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0188	SYNTHETIC SHEEPSKIN PAD (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.6)	7/1/2019	*		No	N/A
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.6)	7/1/2017	$47.90		No	N/A
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES (Special coverage instructions apply. See MCM: 2100.1)	6/1/2019	$20.35		Yes	MCU
E0191	HEEL OR ELBOW PROTECTOR, EACH	7/1/2017	$9.95		No	N/A
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	7/1/2019	*		Yes	MCU
E0194	AIR FLUIDIZED BED (Special coverage instructions apply. See CIM: 60-19)	7/1/2017	$35,077.58		Yes	MCU
E0196	GEL PRESSURE MATTRESS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$297.67		No	N/A
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$238.88		No	N/A
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$29.06		No	N/A
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$78.89		Yes	MCU
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	7/1/2017	$573.69		No	N/A
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL (Non-covered by Medicare. See CIM: 60-9)	1/1/2003	$0.00		Yes	MCU
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT (Special coverage instructions apply. See CIM: 60-9 and MCM: 2100.1)	7/1/2017	$164.12		Yes	MCU
E0210	ELECTRIC HEAT PAD, STANDARD (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$27.61		No	N/A
E0215	ELECTRIC HEAT PAD, MOIST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$70.49		Yes	MCU
E0217	WATER CIRCULATING HEAT PAD WITH PUMP (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$493.97		No	N/A
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS (Special coverage instructions apply. See CIM: 60-9 and MCM: 2210.3)	7/1/2017	$386.69		Yes	MCU
E0239	HYDROCOLLATOR UNIT, PORTABLE (Special coverage instructions apply. See CIM: 60-9 and MCM: 2210.3)	7/1/2017	$380.43		Yes	MCU

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E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE (Non-covered by Medicare. See CIM: 60-9)	1/1/2008	$66.70		No	N/A
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$99.11		No	N/A
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS (Non-covered by Medicare. See CIM: 60-9)	1/1/1986	$0.00		Yes	MCU
E0271	MATTRESS, INNERSPRING (Special coverage instructions apply. See CIM: 60-18, 60-9)	7/1/2019	*		No	N/A
E0272	MATTRESS, FOAM RUBBER (Special coverage instructions apply. See CIM: 60-18, 60-9)	7/1/2019	*		No	N/A
E0273	BED BOARD (Non-covered by Medicare. See CIM: 60-9)	1/1/2008	$25.19		No	N/A
E0274	OVER-BED TABLE (Non-covered by Medicare. See CIM: 60-9)	6/1/2019	$48.40		Yes	MCU
E0275	BED PAN, STANDARD, METAL OR PLASTIC (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0276	BED PAN, FRACTURE, METAL OR PLASTIC (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$11.23		No	N/A
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		Yes	MCU
E0280	BED CRADLE, ANY TYPE	7/1/2017	$28.00		No	N/A
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2017	$425.00		No	N/A
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		No	N/A
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2017	$557.99		No	N/A
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU

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E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18 and MCM: 2100.1)	7/1/2019	*		Yes	MCU
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	7/1/2017	$2,471.92		No	N/A
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18)	7/1/2019	*		No	N/A
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS (Special coverage instructions apply. See CIM: 60-18)	7/1/2019	*		No	N/A
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18)	7/1/2019	*		No	N/A
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS (Special coverage instructions apply. See CIM: 60-18)	7/1/2019	*		No	N/A
E0305	BED SIDE RAILS, HALF LENGTH (Special coverage instructions apply. See CIM: 60-18)	7/1/2019	*		No	N/A
E0310	BED SIDE RAILS, FULL LENGTH (Special coverage instructions apply. See CIM: 60-18)	7/1/2019	*		No	N/A
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE (Non-covered by Medicare. See CIM: 60-9)	1/1/1986	$0.00		Yes	MCU
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	7/1/2017	$1,733.16		Yes	MCU
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$9.26		No	N/A
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	1/1/1995	$0.00		Yes	MCU
E0370	AIR PRESSURE ELEVATOR FOR HEEL	1/1/1997	$0.00		Yes	MCU
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	7/1/2019	*		Yes	MCU
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	7/1/2019	*		Yes	MCU
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	7/1/2019	*		Yes	MCU
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A

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E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	7/1/2019	*		No	N/A
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	1/1/2008	$67.25		Yes	MCU
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	2/1/2018	$1,043.90		Yes	MCU
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm) (Special coverage instructions apply. See CIM: 60.4 and MCM: 4107.9)	1/1/2019	$62.93		No	N/A
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	1/1/1986	$0.00		Yes	MCU
E0457	CHEST SHELL (CUIRASS) (Not payable by Medicare)	7/1/2011	$580.13		No	N/A
E0459	CHEST WRAP (Not payable by Medicare)	7/1/2011	$504.44		No	N/A
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	7/1/2017	$3,140.96		Yes	MCU
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE) (Special coverage instructions apply. See MCM: 60-9)	1/1/2016	$8,552.06		Yes	MCU
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL) (Special coverage instructions apply. See MCM: 60-9)	1/1/2016	$8,552.06		Yes	MCU
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions (Special coverage instructions apply. See CIM: 60.9)	1/1/2019	$10,030.10		Yes	MCU
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		Yes	MCU

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E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		Yes	MCU
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		Yes	MCU
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$473.66		No	N/A
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	7/1/2017	$4,635.15		Yes	MCU
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	7/1/2017	$11,459.18		Yes	MCU
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	7/1/2017	$36.75		No	N/A
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2006	$0.00		Yes	MCU
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	6/1/2019	$1,502.18		Yes	MCU
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,003.14		Yes	MCU
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$498.78		No	N/A
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.9)	1/1/2008	$4.04		No	N/A
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$137.32		Yes	MCU
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2019	*		No	N/A
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	7/1/2019	*		No	N/A
E0570	NEBULIZER, WITH COMPRESSOR (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	7/1/2019	*		No	N/A
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	7/1/2017	$433.97		No	N/A
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,077.67		Yes	MCU
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.9)	7/1/2017	$113.60		No	N/A
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER (Special coverage instructions apply. See CIM: 60-9 and MCM: 4107.9)	7/1/2019	*		No	N/A
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$493.55		No	N/A
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE (Special coverage instructions apply. See CIM: 60-17)	7/1/2019	*		Yes	MCU

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E0602	BREAST PUMP, MANUAL, ANY TYPE	7/1/2017	$29.37		No	N/A
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	9/23/2019	$134.67		No	N/A
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	8/1/2018	$664.00		Yes	MCU
E0605	VAPORIZER, ROOM TYPE (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$26.30		Yes	MCU
E0606	POSTURAL DRAINAGE BOARD (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$247.46		Yes	MCU
E0607	HOME BLOOD GLUCOSE MONITOR (Special coverage instructions apply. See CIM: 60-11)	7/1/2017	$66.47		No	N/A
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS) (Special coverage instructions apply. See CIM: 60-7, 50-1)	7/1/2017	$223.53		Yes	MCU
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS (Special coverage instructions apply. See CIM: 60-7, 50-1)	7/1/2017	$476.39		Yes	MCU
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	1/1/2010	$0.00		Yes	MCU
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	7/1/2017	$3,277.17		No	N/A
E0619	APNEA MONITOR, WITH RECORDING FEATURE	7/1/2017	$2,228.40		Yes	MCU
E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	7/1/2017	$942.34		Yes	MCU
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED (Non-covered by Medicare. See CIM: 60-9)	1/1/1986	$0.00		No	N/A
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE (Special coverage instructions apply. See CIM: 60-8 and MCM: 4107.8)	7/1/2019	*		No	N/A
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE (Special coverage instructions apply. See MCM: 4107.8)	7/1/2019	*		No	N/A
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	7/1/2019	*		Yes	MCU
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS (Non-covered by Medicare. See CIM: 60-9)	6/1/2019	$1,067.25		Yes	MCU
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS (Non-covered by Medicare. See CIM: 60-9)	6/1/2019	$812.92		Yes	MCU
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	7/1/2019	*		Yes	MCU
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	7/1/2019	*		Yes	MCU
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS (Non-covered by Medicare. See CIM: 60-9)	6/1/2019	$846.00		Yes	MCU
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC (Non-covered by Medicare. See CIM: 60-9)	6/1/2019	$942.75		Yes	MCU
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$716.58		No	N/A

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E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$913.78		Yes	MCU
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$4,547.74		Yes	MCU
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$110.61		Yes	MCU
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$158.94		Yes	MCU
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$136.31		Yes	MCU
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$137.40		Yes	MCU
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$322.14		No	N/A
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$373.71		No	N/A
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$182.39		No	N/A
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$1,250.71		No	N/A
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$413.26		Yes	MCU
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$321.09		Yes	MCU
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG (Special coverage instructions apply. See CIM: 60-16)	7/1/2017	$266.81		Yes	MCU
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	1/1/2007	$0.00		Yes	MCU
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	7/1/2017	$894.06		Yes	MCU
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	7/1/2017	$1,122.70		Yes	MCU
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	7/1/2017	$1,383.97		Yes	MCU
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	7/1/2017	$4,405.01		Yes	MCU
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	1/1/1986	$0.00		No	N/A
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	1/1/1986	$0.00		Yes	MCU
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION (Special coverage instructions apply. See CIM: 35-20, 35-46 and MCM: 4107.6)	7/1/2017	$367.19		No	N/A
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION (Special coverage instructions apply. See CIM: 35-20, 35-46 and MCM: 4107.6)	7/1/2017	$370.17		No	N/A

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E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC) (Special coverage instructions apply. See CIM: 45-25)	7/1/2017	$311.53		Yes	MCU
E0740	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM (Special coverage instructions apply. See CIM: 60.24)	7/1/2017	$563.75		Yes	MCU
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	7/1/2017	$986.99		Yes	MCU
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT (Special coverage instructions apply. See CIM: 35-77)	7/1/2017	$964.86		Yes	MCU
E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE (Special coverage instructions apply. See CIM: 35-27)	1/1/1989	$0.00		No	N/A
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS (Special coverage instructions apply. See CIM: 35-48)	7/1/2017	$3,896.33		Yes	MCU
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS (Special coverage instructions apply. See CIM: 35-48)	7/1/2017	$3,871.09		Yes	MCU
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED (Special coverage instructions apply. See CIM: 35-48)	7/1/2017	$2,829.33		Yes	MCU
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE (See MCM: 35-48)	7/1/2017	$3,216.81		Yes	MCU
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	7/1/2017	$1,185.11		Yes	MCU
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM (Special coverage instructions apply. See CIM: 35-77)	7/1/2017	$11,928.44		Yes	MCU
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	7/1/2017	$83.71		No	N/A
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED (Special coverage instructions apply. See CIM: 35-102)	1/1/2005	$0.00		Yes	MCU
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED (Special Coverage Instructions Apply)	1/1/1990	$0.00		Yes	MCU
E0776	IV POLE	7/1/2019	*		No	N/A
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	7/1/2017	$177.26		No	N/A
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	7/1/2017	$10.27		No	N/A
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT (Special coverage instructions apply. See CIM: 60-14)	7/1/2019	*		No	N/A
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.) (Special coverage instructions apply. See CIM: 60-14)	7/1/2017	$4,271.77		Yes	MCU
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.) (Special coverage instructions apply. See CIM: 60-14)	7/1/2017	$7,888.60		Yes	MCU
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN (Special coverage instructions apply. See CIM: 60-14)	7/1/2019	*		Yes	MCU

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E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER) (Special coverage instructions apply. See CIM: 60-14)	7/1/2017	$7,945.55		No	N/A
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL (Special coverage instructions apply. See CIM: 65-10 and MCM: 2130, 4450)	7/1/2019	*		No	N/A
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH (Special coverage instructions apply. See CIM: 60-9)	1/1/2001	$0.00		No	N/A
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$72.89		No	N/A
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	7/1/2017	$555.56		No	N/A
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$92.84		No	N/A
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	7/1/2017	$532.84		No	N/A
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	7/1/2017	$165.85		No	N/A
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$38.34		No	N/A
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S) (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$115.73		No	N/A
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S) (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$124.91		No	N/A
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$119.79		No	N/A
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S) (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$127.49		No	N/A
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$422.86		No	N/A
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$492.38		No	N/A
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$208.36		No	N/A
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$397.61		No	N/A
E0942	CERVICAL HEAD HARNESS/HALTER	7/1/2017	$19.75		No	N/A
E0944	PELVIC BELT/HARNESS/BOOT	7/1/2017	$45.22		No	N/A
E0945	EXTREMITY BELT/HARNESS	7/1/2017	$40.41		Yes	MCU

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E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER) (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$588.69		Yes	MCU
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$512.89		Yes	MCU
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$583.63		Yes	MCU
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	7/1/2019	*		No	N/A
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$14.98		No	N/A
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	1/1/2018	$65.03		No	N/A
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	1/1/2018	$46.14		No	N/A
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	7/1/2019	*		No	N/A
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	7/1/2019	*		No	N/A
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	7/1/2017	$108.94		No	N/A
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH (See CIM: 60-9)	7/1/2017	$40.91		No	N/A
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2017	$71.47		No	N/A
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH (See CIM: 60-9)	7/1/2019	*		No	N/A
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH (See CIM: 60-9)	7/1/2017	$65.49		No	N/A
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$61.51		No	N/A
E0968	COMMODE SEAT, WHEELCHAIR (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$151.56		Yes	MCU
E0969	NARROWING DEVICE, WHEELCHAIR (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$155.84		Yes	MCU
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$39.05		Yes	MCU
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH (See CIM: 60-9)	7/1/2019	*		No	N/A
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$70.79		No	N/A
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	7/1/2019	*		No	N/A
E0980	SAFETY VEST, WHEELCHAIR	7/1/2017	$32.89		No	N/A
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	7/1/2017	$37.51		No	N/A
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	7/1/2017	$32.89		No	N/A
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	7/1/2017	$2,694.02		Yes	MCU
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	7/1/2017	$1,750.32		Yes	MCU

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E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	7/1/2017	$192.56		Yes	MCU
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	7/1/2017	$5,243.16		Yes	MCU
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	7/1/2017	$3,102.45		No	N/A
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH (See CIM: 60-9)	7/1/2019	*		No	N/A
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	7/1/2017	$81.06		No	N/A
E0994	ARM REST, EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$17.53		Yes	MCU
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH (See CIM: 60-9)	7/1/2017	$23.81		No	N/A
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	7/1/2017	$3,553.49		Yes	MCU
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	7/1/2017	$3,995.55		Yes	MCU
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	7/1/2017	$4,411.19		Yes	MCU
E1005	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	7/1/2017	$4,799.54		Yes	MCU
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	7/1/2017	$5,897.87		Yes	MCU
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	7/1/2017	$7,659.31		Yes	MCU
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	7/1/2017	$7,752.13		Yes	MCU
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	1/1/2004	$0.00		Yes	MCU
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	7/1/2017	$1,033.01		Yes	MCU
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR) (Special coverage instructions apply. See CIM: 60-9)	1/1/2003	$0.00		Yes	MCU
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	1/1/2016	$897.66		Yes	MCU
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$393.71		No	N/A
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH (Special coverage instructions apply. See MCM: 60.9)	7/1/2017	$109.34		No	N/A
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH (Special coverage instructions apply. See MCM: 60.9)	7/1/2017	$97.96		No	N/A
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH (Special coverage instructions apply. See MCM: 60.9)	1/1/2003	$0.00		Yes	MCU
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH (Special coverage instructions apply. See MCM: 60.9)	1/1/2003	$0.00		Yes	MCU
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE (Special coverage instructions apply. See MCM: 60-6)	7/1/2019	*		No	N/A
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	7/1/2019	*		No	N/A
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	7/1/2017	$340.57		No	N/A
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	7/1/2017	$1,069.19		Yes	MCU

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E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5'' OR GREATER (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$36.77		Yes	MCU
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS (Special coverage instructions apply. See MCM: 2100)	7/1/2019	*		Yes	MCU
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	7/1/2019	*		Yes	MCU
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		Yes	MCU
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	7/1/2019	*		Yes	MCU
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$932.98		Yes	MCU
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,325.90		Yes	MCU
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,180.63		Yes	MCU
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$848.74		Yes	MCU
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$898.76		Yes	MCU
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$561.10		Yes	MCU
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$681.14		Yes	MCU
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,363.83		Yes	MCU
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,625.13		Yes	MCU
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$1,146.50		Yes	MCU
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$1,298.80		Yes	MCU
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,385.28		Yes	MCU
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,191.26		Yes	MCU
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,118.81		Yes	MCU
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,095.71		Yes	MCU

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E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$381.20		Yes	MCU
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$665.20		No	N/A
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$813.64		Yes	MCU
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$620.98		Yes	MCU
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	7/1/2017	$2,550.31		Yes	MCU
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$962.81		Yes	MCU
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$863.95		Yes	MCU
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,055.93		Yes	MCU
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,092.29		Yes	MCU
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,261.94		Yes	MCU
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,354.08		Yes	MCU
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$937.85		Yes	MCU
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$435.34		Yes	MCU
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$730.67		Yes	MCU
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$797.75		Yes	MCU
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$748.70		Yes	MCU
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH (Special coverage instructions apply. See CIM: 60-6)	7/1/2019	*		No	N/A
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		Yes	MCU
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$265.80		Yes	MCU
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$302.06		Yes	MCU
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	1/1/2005	$0.00		Yes	MCU
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER (Special coverage instructions apply. See CIM: 60-5 and MCM: 4107.6)	7/1/2017	$1,912.83		Yes	MCU
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	1/1/2003	$0.00		Yes	MCU

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E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$2,305.10		Yes	MCU
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$2,388.26		Yes	MCU
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$2,079.29		Yes	MCU
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$2,002.26		Yes	MCU
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,766.31		Yes	MCU
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,781.81		Yes	MCU
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,766.31		Yes	MCU
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,110.43		Yes	MCU
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$616.20		Yes	MCU
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$755.70		Yes	MCU
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$850.88		Yes	MCU
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,414.73		Yes	MCU
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$1,150.30		Yes	MCU
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST (Not payable by Medicare. See CIM: 60-9)	1/1/2008	$1,014.60		Yes	MCU
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$1,309.23		Yes	MCU
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$429.44		Yes	MCU
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$104.09		Yes	MCU
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION (Special coverage instructions apply. See CIM: 60-6)	7/1/2017	$358.30		Yes	MCU
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE) (Special coverage instructions apply. See CIM: 60-9)	7/1/2017	$2,136.57		Yes	MCU
E1352	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	1/1/1990	$0.00		No	N/A
E1353	REGULATOR (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107.9)	7/1/2017	$28.18		No	N/A
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/1990	$0.00		No	N/A
E1355	STAND/RACK (Special coverage instructions apply. See CIM: 60-4)	7/1/2017	$21.23		No	N/A
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/1990	$0.00		No	N/A
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/1990	$0.00		No	N/A

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E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	1/1/1990	$0.00		No	N/A
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER (Special coverage instructions apply. See CIM: 60-4)	7/1/2019	*		No	N/A
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE (Special coverage instructions apply. See CIM: 60-4)	7/1/2019	*		No	N/A
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH (Special coverage instructions apply. See CIM: 60-4)	7/1/2019	*		No	N/A
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL (Special coverage instructions apply. See CIM: 60-4)	7/1/2019	*		No	N/A
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	1/1/1986	$0.00		Yes	MCU
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107)	7/1/2019	*		No	N/A
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY (Special coverage instructions apply. See CIM: 60-4 and MCM: 4107)	7/1/2019	*		No	N/A
E1500	CENTRIFUGE, FOR DIALYSIS (Special Coverage Instructions Apply)	1/1/2002	$0.00		Yes	MCU
E1510	KIDNEY, DIALYSATE DELIVERY SYST KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V. POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER (Special coverage instructions apply)	1/1/2008	$1,984.50		Yes	MCU
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS (Special Coverage Instructions Apply)	1/1/2008	$100.49		Yes	MCU
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10 (Special Coverage Instructions Apply)	1/1/2008	$26.87		Yes	MCU
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1590	HEMODIALYSIS MACHINE (Special Coverage Instructions Apply)	1/1/2008	$1,721.69		Yes	MCU
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM (Special coverage instructions apply)	1/1/1986	$0.00		Yes	MCU
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS (Special Coverage Instructions Apply)	1/1/2008	$3,640.00		No	N/A
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT (Special Coverage Instructions Apply)	1/1/2008	$461.86		Yes	MCU
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS (Special coverage instructions apply. See CIM: 55-1A)	1/1/2008	$614.64		Yes	MCU
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS (Special coverage instructions apply. See CIM: 55-1A)	1/1/1986	$0.00		Yes	MCU

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E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS (Special coverage instructions apply. See CIM: 55-1B)	1/1/1986	$0.00		Yes	MCU
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	1/1/1986	$0.00		Yes	MCU
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1634	PERITONEAL DIALYSIS CLAMPS, EACH (Special coverage instructions apply. See MCM: 4270)	1/1/2004	$0.00		Yes	MCU
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10 (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1637	HEMOSTATS, EACH (Special Coverage Instructions Apply)	1/1/2008	$3.99		No	N/A
E1639	SCALE, EACH (Special Coverage Instructions Apply)	1/1/2008	$223.34		No	N/A
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED (Special Coverage Instructions Apply)	1/1/1986	$0.00		Yes	MCU
E1700	JAW MOTION REHABILITATION SYSTEM	7/1/2017	$371.77		Yes	MCU
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	7/1/2017	$10.55		Yes	MCU
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	7/1/2017	$22.46		Yes	MCU
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$1,320.44		Yes	MCU
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$1,390.55		Yes	MCU
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$3,522.58		No	N/A
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$1,361.88		Yes	MCU
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$1,141.73		Yes	MCU
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$1,342.87		Yes	MCU
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$1,445.63		Yes	MCU
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	7/1/2017	$926.84		No	N/A
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$1,361.88		Yes	MCU
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$1,468.55		Yes	MCU
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$1,499.16		Yes	MCU
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	7/1/2017	$76.72		Yes	MCU

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E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	7/1/2017	$104.72		Yes	MCU
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$1,361.88		Yes	MCU
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$1,361.88		Yes	MCU
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	7/1/2017	$4,125.13		Yes	MCU
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2017	$4,882.61		No	N/A
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	1/1/2002	$0.00		Yes	MCU
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	7/1/2017	$515.70		No	N/A
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER (Special coverage instructions apply. See CIM: 60-11)	7/1/2017	$543.94		Yes	MCU
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE (Special coverage instructions apply. See CIM: 60-11)	7/1/2017	$187.56		No	N/A
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	7/1/2017	$2,820.96		Yes	MCU
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	7/1/2019	*		No	N/A
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	7/1/2017	$427.86		No	N/A
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	7/1/2019	*		No	N/A
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	7/1/2019	*		Yes	MCU
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	7/1/2017	$30.50		No	N/A
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH	7/1/2017	$35.99		No	N/A
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	7/1/2019	*		No	N/A
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	7/1/2019	*		No	N/A
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	7/1/2017	$4.98		No	N/A
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	7/1/2017	$31.05		No	N/A
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	7/1/2017	$5.62		No	N/A
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	7/1/2017	$27.51		No	N/A
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	7/1/2019	*		No	N/A
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	7/1/2017	$9.10		Yes	MCU
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	6/1/2019	$38.93		Yes	MCU
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	6/1/2019	$34.45		Yes	MCU
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	6/1/2019	$38.93		Yes	MCU
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	7/1/2017	$38.28		No	N/A
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7/1/2017	$26.70		No	N/A

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E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	7/1/2017	$23.91		No	N/A
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	7/1/2017	$19.94		No	N/A
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7/1/2017	$85.91		No	N/A
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7/1/2017	$16.67		No	N/A
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	7/1/2017	$35.59		No	N/A
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	7/1/2017	$1,938.69		No	N/A
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	7/1/2019	*		No	N/A
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	1/1/1990	$0.00		Yes	MCU
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	7/1/2019	*		No	N/A
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	1/1/2005	$0.00		Yes	MCU
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	1/1/2005	$0.00		Yes	MCU
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	1/1/2005	$0.00		Yes	MCU
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	1/1/2005	$0.00		Yes	MCU
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	1/1/1990	$0.00		Yes	MCU
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	1/1/2004	$0.00		Yes	MCU
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	1/1/2004	$0.00		Yes	MCU
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	7/1/2017	$1,032.82		Yes	MCU
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	7/1/2017	$2,087.87		Yes	MCU
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	7/1/2017	$2,090.30		No	N/A
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	7/1/2017	$332.09		No	N/A
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	7/1/2017	$1,403.03		Yes	MCU

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E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	7/1/2017	$1,283.10		Yes	MCU
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	7/1/2017	$57.92		No	N/A
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	7/1/2017	$37.45		Yes	MCU
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	7/1/2017	$1,225.97		Yes	MCU
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	7/1/2017	$318.73		Yes	MCU
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	7/1/2017	$2,387.58		Yes	MCU
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	7/1/2017	$4,517.96		Yes	MCU
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	7/1/2017	$1,620.65		Yes	MCU
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	7/1/2017	$3,126.14		Yes	MCU
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	1/1/2004	$0.00		Yes	MCU
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	7/1/2017	$356.55		Yes	MCU
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	7/1/2017	$534.87		Yes	MCU
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	7/1/2017	$445.73		Yes	MCU
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	7/1/2017	$713.17		Yes	MCU
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	7/1/2017	$593.49		Yes	MCU
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	7/1/2019	*		No	N/A
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	7/1/2017	$98.98		No	N/A
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	7/1/2017	$104.72		No	N/A
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	7/1/2017	$83.81		Yes	MCU
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	7/1/2019	*		No	N/A
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	7/1/2017	$97.37		Yes	MCU
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	7/1/2019	*		No	N/A
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	7/1/2019	*		No	N/A
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	7/1/2017	$317.62		No	N/A

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E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	7/1/2019	*		Yes	MCU
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	7/1/2017	$338.94		Yes	MCU
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	7/1/2019	*		No	N/A
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT), EACH	7/1/2017	$119.94		Yes	MCU
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	1/1/2006	$0.00		Yes	MCU
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	7/1/2017	$728.72		No	N/A
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$473.56		No	N/A
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2019	*		No	N/A
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$1,183.55		No	N/A
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE (Special coverage instructions apply)	7/1/2017	$433.10		No	N/A
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	7/1/2017	$551.56		No	N/A
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$57.31		No	N/A
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$16.34		No	N/A
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$114.57		No	N/A
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$60.19		No	N/A
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$39.08		No	N/A
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2019	*		No	N/A
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$47.63		No	N/A
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$41.41		No	N/A
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special Coverage Instructions Apply)	7/1/2017	$22.81		No	N/A
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$35.49		No	N/A
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$15.55		No	N/A

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E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2019	*		No	N/A
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2019	*		No	N/A
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$40.96		No	N/A
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH (Special Coverage Instructions Apply)	7/1/2017	$47.97		No	N/A
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	7/1/2017	$399.23		No	N/A
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	7/1/2019	*		No	N/A
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME (Special coverage instructions apply. See CIM: 60-23)	7/1/2017	$389.07		Yes	MCU
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME (Special coverage instructions apply. See CIM: 60-23)	7/1/2017	$1,189.76		Yes	MCU
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME (Special coverage instructions apply. See CIM: 60-23)	7/1/2017	$1,569.46		Yes	MCU
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME (Special coverage instructions apply. See CIM: 60-23)	7/1/2017	$2,301.30		Yes	MCU
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE (Special coverage instructions apply. See CIM: 60-23)	7/1/2017	$3,558.56		Yes	MCU
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS (Special coverage instructions apply. See CIM: 60-23)	7/1/2017	$6,734.12		Yes	MCU
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT (Special coverage instructions apply. See CIM: 60-23)	1/1/2004	$0.00		Yes	MCU
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM (Special coverage instructions apply. See CIM: 60-23)	1/1/2004	$0.00		Yes	MCU
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED (Special coverage instructions apply. See CIM: 60-23)	1/1/2004	$0.00		Yes	MCU
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	7/1/2019	*		No	N/A
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	7/1/2019	*		No	N/A
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	7/1/2019	*		No	N/A
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	7/1/2017	$143.87		No	N/A
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	7/1/2019	*		No	N/A
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	7/1/2017	$315.35		No	N/A
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	7/1/2019	*		No	N/A
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	7/1/2019	*		No	N/A

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E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	1/1/2013	$0.00		Yes	MCU
E2610	WHEELCHAIR SEAT CUSHION, POWERED	1/1/2005	$0.00		Yes	MCU
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2019	*		No	N/A
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2019	*		Yes	MCU
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2017	$300.11		No	N/A
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2017	$408.06		No	N/A
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2019	*		No	N/A
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2017	$457.04		No	N/A
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2013	$0.00		Yes	MCU
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	7/1/2017	$42.40		No	N/A
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2019	*		No	N/A
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	7/1/2019	*		Yes	MCU
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	7/1/2017	$271.50		No	N/A
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	7/1/2017	$344.45		No	N/A
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	7/1/2017	$274.76		No	N/A
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	7/1/2017	$344.11		No	N/A
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	7/1/2017	$586.36		No	N/A
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	7/1/2017	$930.52		No	N/A
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	7/1/2017	$697.58		No	N/A
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	7/1/2019	*		No	N/A
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	7/1/2017	$615.80		No	N/A
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	7/1/2017	$223.52		No	N/A
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	7/1/2017	$142.14		No	N/A

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E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	7/1/2017	$131.95		No	N/A
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (Not payable by Medicare)	1/1/2005	$0.00		Yes	MCU
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (Not payable by Medicare)	1/1/2005	$0.00		Yes	MCU
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (Not payable by Medicare)	1/1/2005	$0.00		Yes	MCU
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	7/1/2018	$17.36		No	N/A
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	7/1/2018	$17.36		No	N/A
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	7/1/2018	$17.36		No	N/A
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK (Special Coverage Instructions Apply)	7/1/2018	$267.85		No	N/A
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES	7/1/2018	$46.49		No	N/A
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES	7/1/2018	$12.65		No	N/A
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK (Special coverage instructions apply)	7/1/2018	$268.02		No	N/A
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION (Special coverage instructions apply. See CIM: 50-20)	7/1/2018	$86.59		No	N/A
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER (Special coverage instructions apply. See MCM: 2323, 4120)	7/1/2018	$20.57		No	N/A
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION (Special coverage instructions apply. See CIM: 35-74)	7/1/2018	$115.74		No	N/A
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	7/1/2018	$86.59		No	N/A
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE (PATIENT NOT PRESENT), INCLUDING CONTACTS WITH HOME HEALTH AGENCY AND REVIEW OF REPORTS OF PATIENT STATUS REQUIRED BY PHYSICIANS TO AFFIRM THE INITIAL IMPLEMENTATION OF THE PLAN OF CARE THAT MEETS PATIENT'S NEEDS, PER RE-CERTIFICATION PERIOD	7/1/2018	$35.53		No	N/A
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE (PATIENT NOT PRESENT), INCLUDING CONTACTS WITH HOME HEALTH AGENCY AND REVIEW OF REPORTS OF PATIENT STATUS REQUIRED BY PHYSICIANS TO AFFIRM THE INITIAL IMPLEMENTATION OF THE PLAN OF CARE THAT MEETS PATIENT'S NEEDS, PER CERTIFICATION PERIOD	7/1/2018	$45.92		No	N/A
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	7/1/2018	$93.83		No	N/A

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G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS (Non-covered by Medicare. See CIM: 50-36 and MCM: 4173)	1/1/2008	$79.26	26	No	N/A
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS (Non-covered by Medicare. See CIM: 50-36 and MCM: 4173)	1/1/2008	$1,981.45		No	N/A
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS (Non-covered by Medicare. See CIM: 50-36 and MCM: 4173)	1/1/2008	$1,902.19	TC	No	N/A
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED (Non-covered by Medicare. See CIM: 50-36)	1/28/2005	$0.00		No	N/A
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF PROTECTIVE SENSATION (LOPS) TO INCLUDE AT LEAST THE FOLLOWING: (1) A PATIENT HISTORY, (2) A PHYSICAL EXAMINATION THAT INCLUDES: (A) VISUAL INSPECTION OF THE FOREFOOT, HINDFOOT AND TOE WEB SPACES, (B) EVALUATION OF PROTECTIVE SENSATION, (C) EVALUATION OF FOOT STRUCTURE AND BIOMECHANICS, (D) EVALUATION OF VASCULAR STATUS AND SKIN INTEGRITY, AND (E) EVALUATION AND RECOMMENDATION OF FOOTWEAR, AND (3) PATIENT EDUCATION (Special coverage instructions apply. See CIM: 50.81)	7/1/2018	$32.90		No	N/A
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS MEDICARE COVERAGE CRITERIA; INCLUDES: PROVISION OF MATERIALS FOR USE IN THE HOME AND REPORTING OF TEST RESULTS TO PHYSICIAN; TESTING NOT OCCURRING MORE FREQUENTLY THAN ONCE A WEEK; TESTING MATERIALS, BILLING UNITS OF SERVICE INCLUDE 4 TESTS (Special coverage instructions apply. See CIM: 50.55)	1/1/2018	$73.22		No	N/A
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YEAR FOR CHANGE IN DIAGNOSIS, MEDICAL CONDITION OR TREATMENT REGIMEN (INCLUDING ADDITIONAL HOURS NEEDED FOR RENAL DISEASE), INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES	7/1/2018	$26.02		No	N/A
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL (Special coverage instructions apply. See CIM: 35-10)	7/1/2018	$69.60		No	N/A
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO G0204 OR G0206)	7/1/2018	$26.37	26	No	N/A
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO G0204 OR G0206)	7/1/2018	$47.12		No	N/A
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO G0204 OR G0206)	7/1/2018	$20.75	TC	No	N/A
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE, AS PART OF A THERAPY PLAN OF CARE	7/1/2018	$12.72		No	N/A
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	7/1/2018	$12.72		No	N/A
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) AT THE TIME OF OTHER SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE	7/1/2018	$74.39		No	N/A

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G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN (LDCT) (SERVICE IS FOR ELIGIBILITY DETERMINATION AND SHARED DECISION MAKING)	7/1/2018	$24.95		No	N/A
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	7/1/2018	$45.14	26	No	N/A
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	7/1/2018	$199.04		No	N/A
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	7/1/2018	$153.89	TC	No	N/A
G0306	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND AUTOMATED WBC DIFFERENTIAL COUNT	7/1/2018	$8.63		No	N/A
G0307	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	7/1/2018	$7.18		No	N/A
G0328	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS (Special coverage instructions apply)	7/1/2018	$17.68		No	N/A
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE AS PART OF A THERAPY PLAN OF CARE	7/1/2016	$7.88		No	N/A
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION OR FIRST SESSION OF FRACTIONATED TREATMENT	6/1/2019	$882.69		Yes	MCU
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIFTH SESSIONS, MAXIMUM FIVE SESSIONS PER COURSE OF TREATMENT	6/1/2019	$1,068.55		Yes	MCU
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION (Special coverage instructions apply. See CIM: 260.3, 35-82)	7/1/2018	$1,745.93		No	N/A
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION (Special coverage instructions apply. See CIM: 35-82)	7/1/2018	$609.01		No	N/A
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION (Special coverage instructions apply. See CIM: 35-82)	7/1/2018	$1,004.51		No	N/A
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE VESSEL MAPPING PRIOR TO CREATION OF HEMODIALYSIS ACCESS USING AN AUTOGENOUS HEMODIALYSIS CONDUIT, INCLUDING ARTERIAL INFLOW AND VENOUS OUTFLOW)	7/1/2018	$10.65	26	No	N/A
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE VESSEL MAPPING PRIOR TO CREATION OF HEMODIALYSIS ACCESS USING AN AUTOGENOUS HEMODIALYSIS CONDUIT, INCLUDING ARTERIAL INFLOW AND VENOUS OUTFLOW)	7/1/2018	$103.46		No	N/A
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE VESSEL MAPPING PRIOR TO CREATION OF HEMODIALYSIS ACCESS USING AN AUTOGENOUS HEMODIALYSIS CONDUIT, INCLUDING ARTERIAL INFLOW AND VENOUS OUTFLOW)	7/1/2018	$92.81	TC	No	N/A
G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM OF 7 CHANNELS: EEG, EOG, EMG, ECG/HEART RATE, AIRFLOW, RESPIRATORY EFFORT AND OXYGEN SATURATION	7/1/2011	$49.99	26	No	N/A
G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM OF 7 CHANNELS: EEG, EOG, EMG, ECG/HEART RATE, AIRFLOW, RESPIRATORY EFFORT AND OXYGEN SATURATION	7/1/2011	$149.95		No	N/A

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G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM OF 7 CHANNELS: EEG, EOG, EMG, ECG/HEART RATE, AIRFLOW, RESPIRATORY EFFORT AND OXYGEN SATURATION	7/1/2011	$99.96	TC	No	N/A
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4 CHANNELS: 2 RESPIRATORY MOVEMENT/AIRFLOW, 1 ECG/HEART RATE AND 1 OXYGEN SATURATION	7/1/2011	$48.36	26	No	N/A
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4 CHANNELS: 2 RESPIRATORY MOVEMENT/AIRFLOW, 1 ECG/HEART RATE AND 1 OXYGEN SATURATION	7/1/2011	$145.07		No	N/A
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4 CHANNELS: 2 RESPIRATORY MOVEMENT/AIRFLOW, 1 ECG/HEART RATE AND 1 OXYGEN SATURATION	7/1/2011	$96.71	TC	No	N/A
G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CHANNELS	7/1/2011	$46.73	26	No	N/A
G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CHANNELS	7/1/2011	$140.18		No	N/A
G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CHANNELS	7/1/2011	$93.47	TC	No	N/A
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL OR BILATERAL FOR PELVIC BONE FRACTURE PATTERNS WHICH DO NOT DISRUPT THE PELVIC RING INCLUDES INTERNAL FIXATION, WHEN PERFORMED	7/1/2018	$613.40		No	N/A
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	7/1/2018	$908.30		No	N/A
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION WHEN PERFORMED (INCLUDES PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI)	7/1/2018	$853.34		No	N/A
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	7/1/2018	$1,170.01		No	N/A
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIOPSY, ANY METHOD	7/1/2018	$162.10	26	No	N/A
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIOPSY, ANY METHOD	7/1/2018	$362.78		No	N/A
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIOPSY, ANY METHOD	7/1/2018	$200.68	TC	No	N/A
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY)	7/1/2018	$83.42		Yes	MCU
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	7/1/2018	$17.61		No	N/A
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	7/1/2018	$16.46		No	N/A
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING	7/1/2018	$13.32		No	N/A
G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN INTERPRETATION AND REPORT	7/1/2018	$16.25	26	No	N/A

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G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	1/1/2014	$83.28		No	N/A
G0473	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES	7/1/2018	$11.12		No	N/A
G0480	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 1-7 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED	7/1/2018	$102.99		No	N/A
G0481	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 8-14 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED	7/1/2018	$140.93		No	N/A
G0482	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 15-21 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED	7/1/2018	$178.87		No	N/A

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G0483	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 22 OR MORE DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED	7/1/2018	$222.23		No	N/A
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY WITHOUT ESRD	1/1/2017	$0.00		No	N/A
G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING A GASTROINTESTINAL ENDOSCOPIC SERVICE THAT SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; INITIAL 15 MINUTES OF INTRA-SERVICE TIME; PATIENT AGE 5 YEARS OR OLDER (ADDITIONAL TIME MAY BE REPORTED WITH 99153, AS APPROPRIATE)	7/1/2018	$48.57		No	N/A
G0659	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM), EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE), PERFORMED WITHOUT METHOD OR DRUG-SPECIFIC CALIBRATION, WITHOUT MATRIX-MATCHED QUALITY CONTROL MATERIAL, OR WITHOUT USE OF STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARD(S) FOR EACH DRUG, DRUG METABOLITE OR DRUG CLASS PER SPECIMEN; QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, ANY NUMBER OF DRUG CLASSES	7/1/2018	$71.83		No	N/A
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS (Special coverage instructions apply. See CIM: 50-7)	7/1/2018	$26.72	26	No	N/A
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS (Special coverage instructions apply. See CIM: 50-7)	7/1/2018	$45.88		No	N/A
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS (Special coverage instructions apply. See CIM: 50-7)	7/1/2018	$19.16	TC	No	N/A
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	7/1/2018	$17.94	26	No	N/A
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	7/1/2018	$64.57		No	N/A
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	7/1/2018	$46.63	TC	No	N/A
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: UP TO 5MEV	7/1/2018	$164.12		No	N/A

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G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: 6-10MEV	7/1/2018	$121.74		No	N/A
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: 11-19MEV	7/1/2018	$121.45		No	N/A
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: 20MEV OR GREATER	7/1/2018	$121.74		No	N/A
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: UP TO 5MEV	7/1/2018	$246.53		No	N/A
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 6-10MEV	7/1/2018	$168.50		No	N/A
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 11-19MEV	7/1/2018	$167.91		No	N/A
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 20 MEV OR GREATER	7/1/2018	$166.74		No	N/A
G6011	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; UP TO 5MEV	7/1/2018	$234.25		No	N/A
G6012	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 6-10MEV	7/1/2018	$222.73		No	N/A
G6013	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 11-19MEV	7/1/2018	$222.73		No	N/A
G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	7/1/2018	$223.02		No	N/A
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	7/1/2018	$290.57		No	N/A
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION	7/1/2018	$290.07		No	N/A
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (EG,3D POSITIONAL TRACKING, GATING, 3D SURFACE TRACKING), EACH FRACTION OF TREATMENT	1/1/2015	$138.71		No	N/A
G8431	SCREENING FOR DEPRESSION IS DOCUMENTED AS BEING POSITIVE AND A FOLLOW-UP PLAN IS DOCUMENTED	7/1/2017	$10.28		No	N/A
G8510	SCREENING FOR DEPRESSION IS DOCUMENTED AS NEGATIVE, A FOLLOW-UP PLAN IS NOT REQUIRED	7/1/2017	$10.28		No	N/A
G8907	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED ANY OF THE FOLLOWING EVENTS: A BURN PRIOR TO DISCHARGE; A FALL WITHIN THE FACILITY; WRONG SITE/SIDE/PATIENT/PROCEDURE/IMPLANT EVENT; OR A HOSPITAL TRANSFER OR HOSPITAL ADMISSION UPON DISCHARGE FROM THE FACILITY	4/1/2012	$0.00		No	N/A
G8908	PATIENT DOCUMENTED TO HAVE RECEIVED A BURN PRIOR TO DISCHARGE	4/1/2012	$0.00		No	N/A
G8910	PATIENT DOCUMENTED TO HAVE EXPERIENCED A FALL WITHIN ASC	4/1/2012	$0.00		No	N/A
G8912	PATIENT DOCUMENTED TO HAVE EXPERIENCED A WRONG SITE, WRONG SIDE, WRONG PATIENT, WRONG PROCEDURE OR WRONG IMPLANT EVENT	4/1/2012	$0.00		No	N/A

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G8914	PATIENT DOCUMENTED TO HAVE EXPERIENCED A HOSPITAL TRANSFER OR HOSPITAL ADMISSION UPON DISCHARGE FROM ASC	4/1/2012	$0.00		No	N/A
G8917	PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC SURGICAL SITE INFECTION (SSI) PROPHYLAXIS, ANTIBIOTIC NOT INITIATED ON TIME	4/1/2012	$0.00		No	N/A
G8918	PATIENT WITHOUT PREOPERATIVE ORDER FOR IV ANTIBIOTIC SURGICAL SITE INFECTION (SSI) PROPHYLAXIS	4/1/2012	$0.00		No	N/A
G9001	COORDINATED CARE FEE, INITIAL RATE (Special Coverage Instructions Apply)	10/1/2000	$0.00		No	N/A
G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE (Special Coverage Instructions Apply)	1/1/2008	$25.01		No	N/A
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$13.00		No	N/A
J0121	Injection, omadacycline, 1 mg	10/1/2019	$0.00		YES	Pharmacy
J0122	Injection, eravacycline, 1 mg	10/1/2019	$0.00		YES	Pharmacy
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	7/1/2018	$43.69		Yes	Pharmacy
J0130	INJECTION ABCIXIMAB, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1,084.04		No	N/A
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	7/1/2018	$1.10		No	N/A
J0133	INJECTION, ACYCLOVIR, 5 MG	7/1/2018	$0.05		No	N/A
J0135	INJECTION, ADALIMUMAB, 20 MG	7/1/2016	$677.93		No	N/A
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS) (Special coverage instructions apply)	7/1/2018	$0.62		No	N/A
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$0.67		No	N/A
J0178	INJECTION, AFLIBERCEPT, 1 MG	7/1/2018	$874.75		Yes	Pharmacy
J0180	INJECTION, AGALSIDASE BETA, 1 MG	7/1/2018	$154.97		No	N/A
J0185	Injection, aprepitant, 1 mg	1/1/2019	$1.90		No	N/A
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$6.00		No	N/A
J0202	INJECTION, ALEMTUZUMAB, 1 MG	7/1/2018	$1,631.49		Yes	Pharmacy
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$37.79		No	N/A
J0207	INJECTION, AMIFOSTINE, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$853.36		No	N/A
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$38.16		No	N/A
J0215	INJECTION, ALEFACEPT, 0.5 MG	7/1/2014	$37.48		Yes	Pharmacy
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	7/1/2016	$186.03		Yes	Pharmacy
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	7/1/2018	$143.78		Yes	Pharmacy
J0222	Injection, Patisiran, 0.1 mg	10/1/2019	$0.00		YES	Pharmacy
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$4.00		Yes	Pharmacy
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$4.21		Yes	Pharmacy
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$0.52		No	N/A

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J0275	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$23.24		No	N/A
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	7/1/2018	$1.22		No	N/A
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$6.48		No	N/A
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$0.20		No	N/A
J0285	INJECTION, AMPHOTERICIN B, 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$29.69		No	N/A
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$15.62		No	N/A
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$18.64		No	N/A
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$0.90		No	N/A
J0291	Injection, plazomicin, 5 mg	10/1/2019	$0.00		YES	Pharmacy
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.38		No	N/A
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$7.66		No	N/A
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$0.14		No	N/A
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	7/1/2017	$0.48		No	N/A
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$2,458.00		No	N/A
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.85		No	N/A
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	7/1/2014	$29.41		No	N/A
J0365	INJECTION, APROTONIN, 10,000 KIU (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$2.38		No	N/A
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$1.07		No	N/A
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$17.27		No	N/A
J0395	INJECTION, ARBUTAMINE HCL, 1 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$160.00		No	N/A
J0400	INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	7/1/2016	$0.53		No	N/A
J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	7/1/2018	$4.52		Yes	Pharmacy
J0456	INJECTION, AZITHROMYCIN, 500 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$3.11		No	N/A
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$0.05		No	N/A
J0470	INJECTION, DIMERCAPROL, PER 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$46.10		No	N/A
J0475	INJECTION, BACLOFEN, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$160.54		No	N/A

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J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$38.60		No	N/A
J0480	INJECTION, BASILIXIMAB, 20 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3,192.15		No	N/A
J0485	INJECTION, BELATACEPT, 1 MG	7/1/2018	$3.52		No	N/A
J0490	INJECTION, BELIMUMAB, 10 MG	7/1/2018	$38.63		Yes	Pharmacy
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$67.69		No	N/A
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$16.14		No	N/A
J0517	Injection, benralizumab, 1 mg	1/1/2019	$150.34		Yes	Pharmacy
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.49		No	N/A
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	7/1/2018	$9.02		No	N/A
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$12.47		No	N/A
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	4/1/2019	$36.08		Yes	Pharmacy
J0567	Injection, cerliponase alfa, 1 mg	1/1/2019	$0.00		Yes	Pharmacy
j0570	BUPRENORPHINE IMPLANT, 74.2 MG	7/1/2018	$1,131.40		Yes	Pharmacy
J0571	BUPRENORPHINE, ORAL, 1MG (Special coverage instructions apply)	1/1/2015	$0.00		No	N/A
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE (Special coverage instructions apply)	1/1/2015	$0.00		No	N/A
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG BUPRENORPHINE (Special coverage instructions apply)	1/1/2015	$0.00		No	N/A
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE (Special coverage instructions apply)	1/1/2015	$0.00		No	N/A
J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE (Special coverage instructions apply)	1/1/2015	$0.00		No	N/A
J0583	INJECTION, BIVALIRUDIN, 1 MG	7/1/2018	$0.75		No	N/A
J0584	Injection, burosumab-twza 1 mg	7/1/2019	$317.75		Yes	Pharmacy
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$6.01		Yes	Pharmacy
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	2/1/2018	$8.19		Yes	Pharmacy
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$10.79		Yes	Pharmacy
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	7/1/2017	$4.57		Yes	Pharmacy
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.77		No	N/A
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	10/1/2019	$0.00		YES	Pharmacy
J0594	INJECTION, BUSULFAN, 1 MG	7/1/2018	$28.26		No	N/A
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	7/1/2018	$2.39		No	N/A
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	7/1/2018	$25.18		Yes	Pharmacy
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	7/1/2018	$44.03		Yes	Pharmacy
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	7/1/2018	$51.45		Yes	Pharmacy
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	1/1/2019	$0.00		Yes	Pharmacy

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J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2016	$5,034.98		No	N/A
J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS) (Special coverage instructions apply)	1/1/2018	$0.00		No	N/A
J0606	INJECTION, ETELCALCETIDE, 0.1 MG (Special coverage instructions apply)	1/1/2018	$0.00		No	N/A
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.78		No	N/A
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$8.53		No	N/A
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2,040.32		No	N/A
J0636	INJECTION, CALCITRIOL, 0.1 MCG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.53		No	N/A
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	7/1/2018	$16.32		No	N/A
J0638	INJECTION, CANAKINUMAB, 1 MG	7/1/2018	$97.83		Yes	Pharmacy
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.54		No	N/A
J0641	Injection, levoleucovorin, 0.5 mg (Special coverage instructions apply)	7/1/2018	$0.32		No	N/A
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	10/1/2019	$1.84		No	N/A
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.35		No	N/A
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$0.74		No	N/A
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	7/1/2018	$2.37		No	N/A
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$4.24		No	N/A
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	4/1/2019	$4.88		Yes	Pharmacy
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.57		No	N/A
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.87		No	N/A
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$2.10		No	N/A
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$6.88		No	N/A
J0706	INJECTION, CAFFEINE CITRATE, 5MG	7/1/2014	$0.47		No	N/A
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$7.00		No	N/A
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	7/1/2017	$2.36		No	N/A
J0713	INJECTION, CEFTAZIDIME, PER 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.03		No	N/A
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	7/1/2019	$82.02		Yes	Pharmacy
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.75		No	N/A
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	1/1/2013	$0.00		No	N/A
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	7/1/2018	$7.14		Yes	Pharmacy

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J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$35.32		No	N/A
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$20.33		No	N/A
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$12.56		No	N/A
J0740	INJECTION, CIDOFOVIR, 375 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$419.30		No	N/A
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$5.44		No	N/A
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	7/1/2018	$1.15		No	N/A
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$1.21		No	N/A
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$13.91		No	N/A
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	7/1/2018	$37.65		Yes	Pharmacy
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$8.78		No	N/A
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$7.75		No	N/A
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3,387.86		Yes	Pharmacy
J0834	Injection, cosyntropin, 0.25 mg	7/1/2018	$33.51		No	N/A
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	7/1/2018	$2,701.80		No	N/A
J0841	Injection, crotalidae immune f(ab')2 (equine), 120 mg	10/1/2019	$1,137.98		No	N/A
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1,016.21		No	N/A
J0875	INJECTION, DALBAVANCIN, 5 MG	7/1/2018	$13.29		Yes	Pharmacy
J0878	INJECTION, DAPTOMYCIN, 1 MG	7/1/2018	$0.38		No	N/A
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) (Special coverage instructions apply)	7/1/2018	$3.51		No	N/A
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS) (Special coverage instructions apply. See MCM: 4273.1)	7/1/2018	$3.40		No	N/A
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE) (Special coverage instructions apply. See MCM: 2049, 4273.1)	1/1/2017	$0.00		No	N/A
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS) (Special coverage instructions apply. See MCM: 2049, 4273.1)	1/1/2017	$0.00		No	N/A
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$10.92		No	N/A
J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS) (Special coverage instructions apply)	7/1/2018	$1.47		No	N/A
J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE) (Special coverage instructions apply)	7/1/2018	$1.47		No	N/A
J0894	INJECTION, DECITABINE, 1 MG	7/1/2018	$14.52		Yes	Pharmacy
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$7.23		No	N/A
J0897	INJECTION, DENOSUMAB, 1 MG	7/1/2018	$15.97		Yes	Pharmacy

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J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$0.80		No	N/A
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$18.16		No	N/A
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$5.35		No	N/A
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$6.02		No	N/A
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$11.67		No	N/A
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	6/1/2015	$0.40		No	N/A
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG (Special coverage instructions apply)	7/1/2018	$0.02		No	N/A
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$0.23		No	N/A
J1095	Injection, dexamethasone 9 percent, intraocular, 1 microgram (Special coverage instructions apply. Statute reference: 1833(t))	1/1/2019	$0.00		No	N/A
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	10/1/2019	$0.00		YES	Pharmacy
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	10/1/2019	$0.00		NO	N/A
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$0.11		No	N/A
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$94.29		No	N/A
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$15.66		No	N/A
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	1/1/2017	$0.00		No	N/A
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$10.10		No	N/A
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3,079.43		No	N/A
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.52		No	N/A
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.42		No	N/A
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.00		No	N/A
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$200.90		No	N/A
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.53		No	N/A
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$55.34		No	N/A
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML (Special coverage instructions apply. See CIM: 45-23 and MCM: 2049)	7/1/2018	$499.11		No	N/A
J1230	INJECTION, METHADONE HCL, UP TO 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$17.45		No	N/A

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J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$7.27		No	N/A
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG (Special coverage instructions apply. See MCM: 15030, 2049)	7/1/2018	$0.68		No	N/A
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$5.84		No	N/A
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2016	$6.99		No	N/A
J1265	INJECTION, DOPAMINE HCL, 40 MG	7/1/2018	$0.57		No	N/A
J1267	INJECTION, DORIPENEM, 10 MG	7/1/2018	$0.64		No	N/A
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	7/1/2018	$0.40		No	N/A
J1290	INJECTION, ECALLANTIDE, 1 MG	7/1/2018	$406.90		Yes	Pharmacy
J1300	INJECTION, ECULIZUMAB, 10 MG	7/1/2018	$217.43		Yes	Pharmacy
J1301	Injection, edaravone, 1 mg	6/1/2019	$17.57		Yes	Pharmacy
J1303	Injection, ravulizumab-cwvz, 10 mg	10/1/2019	$203.65		Yes	Pharmacy
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$1.79		No	N/A
J1322	INJECTION, ELOSULFASE ALFA, 1MG	6/1/2019	$213.15		Yes	Pharmacy
J1324	INJECTION, ENFUVIRTIDE, 1 MG	1/1/2007	$0.00		No	N/A
J1325	INJECTION, EPOPROSTENOL, 0.5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$14.21		No	N/A
J1327	INJECTION, EPTIFIBATIDE, 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$24.97		No	N/A
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.75		No	N/A
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	7/1/2018	$49.99		No	N/A
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$65.12		No	N/A
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$7.16		No	N/A
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$271.54		No	N/A
J1428	INJECTION, ETEPLIRSEN, 10 MG	1/1/2018	$0.00		Yes	Pharmacy
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$399.69		No	N/A
J1435	INJECTION, ESTRONE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$0.14		No	N/A
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$71.41		No	N/A
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (Special coverage instructions apply. See MCM: 2049)	7/1/2016	$316.90		Yes	Pharmacy
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	7/1/2018	$0.95		No	N/A
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM (Special coverage instructions apply)	7/1/2018	$0.90		No	N/A
J1443	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON	1/1/2016	$0.00		No	N/A
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	7/1/2019	$0.00		No	N/A
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.55		No	N/A

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J1450	INJECTION FLUCONAZOLE, 200 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$4.12		No	N/A
J1451	INJECTION, FOMEPIZOLE, 15 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$6.26		No	N/A
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG (Special coverage instructions apply. See MCM: 2049.3)	1/1/2008	$200.00		No	N/A
J1453	INJECTION, FOSAPREPITANT, 1 MG	7/1/2018	$1.84		No	N/A
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg (Special coverage instructions apply)	1/1/2019	$476.57		Yes	Pharmacy
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$11.98		No	N/A
J1458	INJECTION, GALSULFASE, 1 MG	7/1/2018	$342.81		No	N/A
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	7/1/2018	$34.63		Yes	Pharmacy
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$29.66		No	N/A
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	7/1/2018	$12.41		Yes	Pharmacy
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	7/1/2018	$63.46		Yes	Pharmacy
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	7/1/2018	$35.18		Yes	Pharmacy
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	7/1/2017	$8.85		Yes	Pharmacy
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$296.62		No	N/A
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G., LIQUID), 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$36.63		Yes	Pharmacy
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	4/1/2013	$0.00		Yes	Pharmacy
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$30.98		Yes	Pharmacy
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	7/1/2018	$32.03		Yes	Pharmacy
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$36.65		Yes	Pharmacy
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$60.46		No	N/A
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$56.86		No	N/A
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$30.29		Yes	Pharmacy
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	7/1/2014	$46.16		No	N/A
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	7/1/2018	$12.66		Yes	Pharmacy
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.42		No	N/A
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$52.58		No	N/A
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	1/1/2011	$0.00		Yes	Pharmacy

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J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$27.14		No	N/A
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	7/1/2018	$21.85		Yes	Pharmacy
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$197.23		No	N/A
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$180.30		Yes	Pharmacy
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.27		No	N/A
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	7/1/2018	$4.14		Yes	Pharmacy
J1628	Injection, guselkumab, 1 mg	1/1/2019	$0.00		Yes	Pharmacy
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.97		No	N/A
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$16.26		No	N/A
J1640	INJECTION, HEMIN, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$20.12		No	N/A
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.18		No	N/A
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.18		No	N/A
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$13.84		No	N/A
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	7/1/2018	$0.74		No	N/A
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.08		No	N/A
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	7/1/2011	$3.20		No	N/A
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$437.04		No	N/A
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$0.66		No	N/A
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.69		No	N/A
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$10.85		No	N/A
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	1/1/2018	$0.00		Yes	Pharmacy
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	1/1/2018	$0.00		Yes	Pharmacy
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$111.85		No	N/A
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	7/1/2018	$76.40		No	N/A
J1741	INJECTION, IBUPROFEN, 100 MG	1/1/1990	$0.00		No	N/A
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$289.17		No	N/A
J1743	INJECTION, IDURSULFASE, 1 MG	7/1/2018	$488.57		Yes	Pharmacy
J1744	INJECTION, ICATIBANT, 1 MG	1/1/2013	$0.00		Yes	Pharmacy
J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$74.96		Yes	Pharmacy
J1746	Injection, ibalizumab-uiyk, 10 mg	10/1/2019	$54.14		Yes	Pharmacy

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J1750	INJECTION, IRON DEXTRAN, 50 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$11.73		No	N/A
J1756	INJECTION, IRON SUCROSE, 1 MG	7/1/2018	$0.21		No	N/A
J1786	INJECTION, IMIGLUCERASE, 10 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$37.53		No	N/A
J1790	INJECTION, DROPERIDOL, UP TO 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$1.93		No	N/A
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.88		No	N/A
J1815	INJECTION, INSULIN, PER 5 UNITS (Special coverage instructions apply. See CIM: 60-14 and MCM: 2049)	7/1/2018	$0.77		No	N/A
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	7/1/2018	$9.18		No	N/A
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	1/1/2011	$0.00		No	N/A
J1830	INJECTION, INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$116.23		No	N/A
J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	1/1/2016	$0.00		Yes	Pharmacy
J1835	INJECTION, ITRACONAZOLE, 50 MG	1/1/2008	$40.28		No	N/A
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$6.92		No	N/A
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$1.04		No	N/A
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.54		No	N/A
J1930	INJECTION, LANREOTIDE, 1 MG	7/1/2018	$51.18		Yes	Pharmacy
J1931	INJECTION, LARONIDASE, 0.1 MG	7/1/2018	$27.55		Yes	Pharmacy
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.87		No	N/A
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	10/1/2019	$2.57		YES	Pharmacy
J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg	10/1/2019	$0.00		YES	Pharmacy
J1945	INJECTION, LEPIRUDIN, 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$2.12		No	N/A
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$980.30		Yes	Pharmacy
J1953	INJECTION, LEVETIRACETAM, 10 MG	7/1/2018	$0.08		No	N/A
J1955	INJECTION, LEVOCARNITINE, PER 1 GM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$22.50		No	N/A
J1956	INJECTION, LEVOFLOXACIN, 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.22		No	N/A
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$3.63		No	N/A
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$24.86		No	N/A
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$21.05		No	N/A
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$0.05		No	N/A

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J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$12.05		No	N/A
J2020	INJECTION, LINEZOLID, 200MG	7/1/2018	$11.71		No	N/A
J2060	INJECTION, LORAZEPAM, 2 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.65		No	N/A
J2062	Loxapine for inhalation, 1 mg	1/1/2019	$0.00		no	N/A
J2150	INJECTION, MANNITOL, 25% IN 50 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.15		No	N/A
J2170	INJECTION, MECASERMIN, 1 MG	4/1/2013	$0.00		Yes	Pharmacy
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3.99		No	N/A
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$3.79		No	N/A
J2182	INJECTION, MEPOLIZUMAB, 1 MG	4/1/2019	$26.55		Yes	Pharmacy
J2185	INJECTION, MEROPENEM, 100 MG	7/1/2018	$0.90		No	N/A
J2186	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	1/1/2019	$0.00		Yes	Pharmacy
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$13.10		No	N/A
J2212	INJECTION, METHYLNALTREXONE, 0. 1 MG	7/1/2018	$0.00		No	N/A
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	7/1/2018	$0.83		No	N/A
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$0.10		No	N/A
J2260	INJECTION, MILRINONE LACTATE, 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.44		No	N/A
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	1/1/2012	$0.00		No	N/A
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.83		No	N/A
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG (Special coverage instructions apply. See CIM: 60-14 and MCM: 2049)	7/1/2018	$10.34		No	N/A
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM (Special Coverage Instructions Apply)	7/1/2018	$6.69		Yes	Pharmacy
J2280	INJECTION, MOXIFLOXACIN, 100 MG	7/1/2018	$8.01		No	N/A
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$2.30		No	N/A
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$24.82		No	N/A
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	7/1/2018	$2.93		Yes	Pharmacy
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.71		No	N/A
J2323	INJECTION, NATALIZUMAB, 1 MG	7/1/2018	$17.47		No	N/A
J2325	INJECTION, NESIRITIDE, 0.1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$54.55		No	N/A
J2326	INJECTION, NUSINERSEN, 0.1 MG	1/1/2018	$1,047.67		Yes	Pharmacy
J2350	INJECTION, OCRELIZUMAB, 1 MG	7/1/2018	$51.37		Yes	Pharmacy
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	7/1/2018	$171.61		Yes	Pharmacy
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	7/1/2018	$0.78		Yes	Pharmacy
J2355	INJECTION, OPRELVEKIN, 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$420.49		No	N/A
J2357	INJECTION, OMALIZUMAB, 5 MG	7/1/2018	$31.45		Yes	Pharmacy
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	7/1/2017	$2.63		Yes	Pharmacy

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J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$5.88		No	N/A
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$2.90		No	N/A
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$19.94		No	N/A
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$0.08		No	N/A
J2407	INJECTION, ORITAVANCIN, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$20.92		Yes	Pharmacy
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$2.63		No	N/A
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	7/1/2018	$17.18		Yes	Pharmacy
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	7/1/2018	$9.33		Yes	Pharmacy
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$8.85		No	N/A
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$0.69		No	N/A
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$0.94		No	N/A
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	7/1/2018	$18.27		No	N/A
J2501	INJECTION, PARICALCITOL, 1 MCG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.71		No	N/A
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	7/1/2017	$949.23		Yes	Pharmacy
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	7/1/2018	$649.12		Yes	Pharmacy
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$323.09		Yes	Pharmacy
J2505	INJECTION, PEGFILGRASTIM, 6 MG	7/1/2018	$3,998.07		No	N/A
J2507	INJECTION, PEGLOTICASE, 1 MG	7/1/2018	$1,854.43		Yes	Pharmacy
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$26.37		No	N/A
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$12.72		No	N/A
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$46.07		No	N/A
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.00		No	N/A
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS) (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.49		No	N/A
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG (Special coverage instructions apply)	7/1/2018	$105.58		No	N/A
J2547	INJECTION, PERAMIVIR, 1 MG	1/1/2016	$0.00		No	N/A
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.22		No	N/A
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$33.55		No	N/A
J2562	INJECTION, PLERIXAFOR, 1 MG	7/1/2018	$282.99		No	N/A

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J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$0.38		No	N/A
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$11.61		No	N/A
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$0.17		No	N/A
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$3.44		No	N/A
J2675	INJECTION, PROGESTERONE, PER 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.17		No	N/A
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$14.70		No	N/A
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$63.78		No	N/A
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.34		No	N/A
J2704	INJECTION, PROPOFOL, 10 MG	7/1/2018	$0.11		No	N/A
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$0.08		No	N/A
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.80		No	N/A
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	7/1/2018	$13.65		No	N/A
J2725	INJECTION, PROTIRELIN, PER 250 MCG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$20.55		No	N/A
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$79.66		No	N/A
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$352.94		No	N/A
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.83		No	N/A
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350) (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$376.38		No	N/A
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	7/1/2018	$347.90		Yes	Pharmacy
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$5.47		No	N/A
J2783	INJECTION, RASBURICASE, 0.5 MG	7/1/2018	$237.16		Yes	Pharmacy
J2785	INJECTION, REGADENOSON, 0.1 MG	7/1/2018	$50.89		No	N/A
J2786	INJECTION, RESLIZUMAB, 1 MG	4/1/2019	$8.40		Yes	Pharmacy
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.) (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$24.30		No	N/A
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.) (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$73.98		No	N/A
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$4.39		No	N/A
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$22.78		No	N/A
J2793	INJECTION, RILONACEPT, 1 MG (Special coverage instructions apply. See MCM: 2049)	3/1/2017	$0.00		Yes	Pharmacy

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J2794	Injection, risperidone (risperdal consta), 0.5 mg	7/1/2018	$8.06		No	N/A
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	7/1/2018	$0.07		No	N/A
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	7/1/2018	$61.25		No	N/A
J2797	Injection, rolapitant, 0.5 mg (Special coverage instructions apply)	1/1/2019	$0.00		Yes	Pharmacy
J2798	Injection, risperidone, (perseris), 0.5 mg	10/1/2019	$8.88		YES	Pharmacy
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$30.53		No	N/A
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	7/1/2018	$94.30		No	N/A
J2810	INJECTION, THEOPHYLLINE, PER 40 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.28		No	N/A
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$34.01		No	N/A
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	1/1/2017	$0.00		Yes	Pharmacy
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$31.30		No	N/A
J2860	INJECTION, SILTUXIMAB, 10 MG	6/1/2019	$86.07		Yes	Pharmacy
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$14.62		No	N/A
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG (Special coverage instructions apply. See MCM: 2049.2, 2049.4)	7/1/2018	$1.94		No	N/A
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3.91		No	N/A
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$5.39		No	N/A
J2940	INJECTION, SOMATREM, 1 MG (Special coverage instructions apply. See MCM: 2049. Statute reference: 1861s2b)	1/1/2008	$40.16		No	N/A
J2941	INJECTION, SOMATROPIN, 1 MG (Special coverage instructions apply. See MCM: 2049. Statute reference: 1861s2b)	1/1/2008	$49.24		Yes	Pharmacy
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$0.38		No	N/A
J2993	INJECTION, RETEPLASE, 18.1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$2,071.72		No	N/A
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$76.32		No	N/A
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$76.46		No	N/A
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$21.70		No	N/A
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.43		No	N/A
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$42.12		No	N/A
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	10/1/2019	$0.00		YES	Pharmacy
J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS	7/1/2018	$36.35		Yes	Pharmacy

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J3070	INJECTION, PENTAZOCINE, 30 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$59.73		No	N/A
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	7/1/2018	$1.24		Yes	Pharmacy
J3095	INJECTION, TELAVANCIN, 10 MG	7/1/2018	$4.84		No	N/A
J3101	INJECTION, TENECTEPLASE, 1 MG	7/1/2018	$100.40		No	N/A
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.73		No	N/A
J3110	INJECTION, TERIPARATIDE, 10 MCG (Special Coverage Instructions Apply)	1/1/2008	$6.99		No	N/A
J3111	Injection, romosozumab-aqqg, 1 mg	10/1/2019	$0.00		YES	Pharmacy
J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG (Special coverage instructions apply)	7/1/2018	$0.03		No	N/A
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG (Special coverage instructions apply)	4/1/2019	$1.22		Yes	Pharmacy
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$25.69		No	N/A
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1,442.37		No	N/A
J3243	INJECTION, TIGECYCLINE, 1 MG	7/1/2018	$2.54		No	N/A
J3245	Injection, tildrakizumab, 1 mg	6/1/2019	$122.28		Yes	Pharmacy
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	7/1/2014	$8.08		No	N/A
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$27.24		No	N/A
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.69		No	N/A
J3262	INJECTION, TOCILIZUMAB, 1 MG	7/1/2018	$4.08		Yes	Pharmacy
J3265	INJECTION, TORSEMIDE, 10 MG/ML (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$2.62		No	N/A
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.76		No	N/A
J3285	INJECTION, TREPROSTINIL, 1 MG	7/1/2017	$55.11		Yes	Pharmacy
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG (Special Coverage Instructions Apply)	7/1/2018	$3.49		No	N/A
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$1.70		No	N/A
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$0.25		No	N/A
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG (Special coverage instructions apply. See MCM: 2049)	7/1/2016	$1.63		No	N/A
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg (Special coverage instructions apply)	1/1/2019	$16.99		Yes	Pharmacy
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$145.06		No	N/A
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$5.96		No	N/A
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$374.20		No	N/A
J3316	Injection, triptorelin, extended-release, 3.75 mg (Special coverage instructions apply. See MCM: 2049)	1/1/2019	$0.00		No	N/A
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$18.30		No	N/A

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J3350	INJECTION, UREA, UP TO 40 GM (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$73.77		No	N/A
J3355	INJECTION, UROFOLLITROPIN, 75 IU (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$62.05		No	N/A
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	7/1/2018	$168.41		Yes	Pharmacy
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	7/1/2018	$11.57		Yes	Pharmacy
J3360	INJECTION, DIAZEPAM, UP TO 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$6.30		No	N/A
J3364	INJECTION, UROKINASE, 5000 IU VIAL (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$9.16		No	N/A
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$411.96		No	N/A
J3370	INJECTION, VANCOMYCIN HCL, 500 MG (Special coverage instructions apply. See CIM: 60-14 and MCM: 2049)	7/1/2018	$2.63		No	N/A
J3380	INJECTION, VEDOLIZUMAB, 1 MG (Special coverage instructions apply)	7/1/2018	$16.70		Yes	Pharmacy
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	7/1/2018	$309.53		No	N/A
J3396	INJECTION, VERTEPORFIN, 0.1 MG (Special coverage instructions apply. See MCM: 35-100, 45-30)	7/1/2018	$9.68		Yes	Pharmacy
J3397	Injection, vestronidase alfa-vjbk, 1 mg	1/1/2019	$0.00		Yes	Pharmacy
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	1/1/2019	$0.00		Yes	Pharmacy
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$9.00		No	N/A
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$6.01		No	N/A
J3411	INJECTION, THIAMINE HCL, 100 MG	7/1/2018	$2.68		No	N/A
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	7/1/2018	$7.54		No	N/A
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG (Special coverage instructions apply. See CIM: 45-4 and MCM: 2049)	5/1/2017	$4.94		No	N/A
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$3.81		No	N/A
J3465	INJECTION, VORICONAZOLE, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.01		No	N/A
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$19.08		No	N/A
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS) (Special coverage instructions apply)	7/1/2017	$0.35		No	N/A
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS (Special Coverage Instructions Apply)	7/1/2011	$124.02		No	N/A
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$0.32		No	N/A
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.46		No	N/A
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.12		No	N/A
J3485	INJECTION, ZIDOVUDINE, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$1.36		No	N/A
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	7/1/2018	$20.97		No	N/A
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	7/1/2018	$11.57		No	N/A
J3490	UNCLASSIFIED DRUGS (Special coverage instructions apply. See MCM: 2049)	1/1/1986	$0.00		No	N/A

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J3520	EDETATE DISODIUM, PER 150 MG (Non-covered by Medicare. See CIM: 35-64, 45-20)	1/1/2008	$29.43		No	N/A
J3530	NASAL VACCINE INHALATION (Special coverage instructions apply. See MCM: 2049)	1/1/1986	$0.00		No	N/A
J3590	UNCLASSIFIED BIOLOGICS	1/1/2003	$0.00		No	N/A
J3591	Unclassified drug or biological used for esrd on dialysis	1/1/2019	$0.00		No	N/A
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.98		No	N/A
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT) (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$1.13		No	N/A
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT) (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.96		No	N/A
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$0.57		No	N/A
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT) (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.12		No	N/A
J7070	INFUSION, D5W, 1000 CC (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$4.02		No	N/A
J7100	INFUSION, DEXTRAN 40, 500 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$27.15		No	N/A
J7110	INFUSION, DEXTRAN 75, 500 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$11.45		No	N/A
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$2.21		No	N/A
J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC (Special coverage instructions apply. See MCM: 2049)	1/1/2016	$0.00		No	N/A
J7131	HYPERTONIC SALINE SOLUTION, 1 ML (Special coverage instructions apply. See MCM: 2049)	1/1/2012	$0.00		No	N/A
J7170	Injection, emicizumab-kxwh, 0.5 mg	1/1/2019	$43.74		Yes	Pharmacy
J7175	INJECTION, FACTOR X, (HUMAN), 1 I.U.	6/1/2019	$6.46		Yes	Pharmacy
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	1/1/2019	$0.00		Yes	Pharmacy
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	6/1/2019	$1.08		No	N/A
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO (Special coverage instructions apply)	6/1/2019	$1.74		Yes	Pharmacy
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	7/1/2018	$7.40		Yes	Pharmacy
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	7/1/2019	$13.64		Yes	Pharmacy
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	7/1/2017	$1.18		Yes	Pharmacy
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.92		No	N/A
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	7/1/2018	$1.15		No	N/A
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U. (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.88		No	N/A
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.99		No	N/A
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U. (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$2.85		Yes	Pharmacy
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.79		No	N/A
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U. (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.97		No	N/A

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J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.15		No	N/A
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U. (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.03		No	N/A
J7194	FACTOR IX, COMPLEX, PER I.U. (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.26		No	N/A
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.36		No	N/A
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	1/1/1990	$0.00		No	N/A
J7197	ANTITHROMBIN III (HUMAN), PER I.U. (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3.36		No	N/A
J7198	ANTI-INHIBITOR, PER I.U. (Special coverage instructions apply. See CIM: 45-24 and MCM: 2049)	7/1/2018	$1.80		No	N/A
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED (Special coverage instructions apply. See CIM: 45-24 and MCM: 2049)	1/1/2000	$0.00		No	N/A
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.24		Yes	Pharmacy
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.70		Yes	Pharmacy
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. (Special coverage instructions apply)	7/1/2017	$1.82		Yes	Pharmacy
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu (Special coverage instructions apply. See MCM: 2049)	1/1/2019	$0.00		Yes	Pharmacy
J7205	INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (Special coverage instructions apply)	7/1/2018	$1.82		Yes	Pharmacy
J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U. (Special coverage instructions apply)	4/1/2019	$1.52		Yes	Pharmacy
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u. (Special coverage instructions apply. See MCM: 0127)	7/1/2019	$1.82		Yes	Pharmacy
J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	6/1/2019	$1.12		Yes	Pharmacy
J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	7/1/2019	$1.22		Yes	Pharmacy
J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	7/1/2019	$1.13		Yes	Pharmacy
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG (Non-covered by Medicare. Statute reference: 1862(a)(1))	3/1/2019	$953.51		No	N/A
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG (Non-covered by Medicare. Statute reference: 1862(a)(1))	1/1/2016	$599.38		No	N/A
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG (Non-covered by Medicare. Statute reference: 1862(a)(1))	3/1/2019	$953.51		No	N/A
J7300	INTRAUTERINE COPPER CONTRACEPTIVE (Non-covered by Medicare. Statute reference: 1862A1)	8/15/2017	$808.50		No	N/A
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG (Non-covered by Medicare. Statute reference: 1862(a)(1))	3/1/2019	$793.96		No	N/A
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH (Non-covered by Medicare. Statute reference: 1862.1)	1/1/2004	$0.00		No	N/A
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH (Non-covered by Medicare. Statute reference: 1862.1)	1/1/2005	$0.00		No	N/A
J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES (Not payable by Medicare)	1/1/2006	$0.00		No	N/A

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J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (Not payable by Medicare)	7/1/2018	$890.30		No	N/A
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	7/1/2018	$364.13		No	N/A
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM (Special coverage instructions apply)	1/1/2011	$0.00		No	N/A
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$15,264.00		Yes	Pharmacy
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	7/1/2018	$18,090.15		Yes	Pharmacy
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	7/1/2018	$180.50		Yes	Pharmacy
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	7/1/2018	$441.25		Yes	Pharmacy
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	10/1/2019	$0.00		YES	Pharmacy
J7315	MITOMYCIN, OPHTHALMIC, 0.2 MG	1/1/1990	$0.00		No	N/A
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	7/1/2018	$942.12		Yes	Pharmacy
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	1/1/2019	$0.00		No	N/A
j7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	7/1/2018	$5.78		No	N/A
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2018	$76.69		No	N/A
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2017	$0.00		No	N/A
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2018	$139.71		No	N/A
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2018	$126.10		No	N/A
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	7/1/2018	$11.04		No	N/A
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2018	$469.42		No	N/A
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2018	$762.09		No	N/A
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	1/1/2016	$0.00		No	N/A
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	1/1/2019	$0.00		No	N/A
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	10/1/2019	$0.00		NO	N/A
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	10/1/2019	$0.00		NO	N/A
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	7/1/2018	$2.84		No	N/A
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	6/1/2019	$190.96		Yes	Pharmacy
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	1/1/2017	$0.00		No	N/A
J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG (Special coverage instructions apply)	4/1/2019	$1.23		No	N/A
J7401	Mometasone furoate sinus implant, 10 micrograms	10/1/2019	$0.00		YES	Pharmacy
J7500	AZATHIOPRINE, ORAL, 50 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.30		No	N/A
J7501	AZATHIOPRINE, PARENTERAL, 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$195.59		No	N/A
J7502	CYCLOSPORINE, ORAL, 100 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$2.40		No	N/A
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2017	$1.11		Yes	Pharmacy
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG (Special coverage instructions apply. See CIM: 45-22 and MCM: 2049)	7/1/2018	$1,748.50		No	N/A
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$1,020.17		No	N/A

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J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.53		No	N/A
J7508	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.39		No	N/A
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.34		No	N/A
J7510	PREDNISOLONE ORAL, PER 5 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.07		No	N/A
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	7/1/2018	$640.98		No	N/A
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2017	$0.01		No	N/A
J7513	DACLIZUMAB, PARENTERAL, 25 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.01		No	N/A
J7515	CYCLOSPORINE, ORAL, 25 MG	7/1/2018	$0.68		No	N/A
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	7/1/2018	$38.07		No	N/A
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	7/1/2018	$0.80		No	N/A
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG (Special coverage instructions apply. See MCM: 2050.5, 4471, 5249)	7/1/2018	$2.41		No	N/A
J7520	SIROLIMUS, ORAL, 1 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$6.72		No	N/A
J7525	TACROLIMUS, PARENTERAL, 5 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$169.05		No	N/A
J7527	EVEROLIMUS, ORAL, 0. 25 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$7.51		No	N/A
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED (Special coverage instructions apply. See MCM: 2049.5)	1/1/1996	$0.00		No	N/A
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	7/1/2018	$8.51		No	N/A
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	7/1/2018	$9.28		No	N/A
J7608	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM (Special coverage instructions apply)	7/1/2018	$4.93		No	N/A
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG (Special coverage instructions apply. See MCM: 2100.5)	7/1/2018	$0.13		No	N/A
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG (Special coverage instructions apply. See MCM: 2100.5)	7/1/2018	$0.16		No	N/A
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG (Special coverage instructions apply. See MCM: 2100.5)	7/1/2018	$0.04		No	N/A
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG (Special coverage instructions apply. See MCM: 2100.5)	7/1/2018	$0.05		No	N/A
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME (Special coverage instructions apply)	7/1/2018	$0.10		No	N/A

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J7626	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	7/1/2018	$2.85		No	N/A
J7631	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS (Special coverage instructions apply)	7/1/2018	$0.66		No	N/A
J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM (Special coverage instructions apply)	7/1/2018	$40.92		No	N/A
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM (Special coverage instructions apply)	7/1/2018	$0.20		No	N/A
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	1/1/2012	$0.00		No	N/A
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	7/1/2018	$0.48		No	N/A
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	7/1/2019	$0.00		Yes	Pharmacy
J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS (Special coverage instructions apply)	7/1/2018	$35.62		No	N/A
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	7/1/2018	$501.37		Yes	Pharmacy
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME (Special coverage instructions apply. See MCM: 2100.5)	1/1/1993	$0.00		No	N/A
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED (Special coverage instructions apply)	1/1/2016	$0.00		Yes	Pharmacy
J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED (Special coverage instructions apply. Statute reference: 1861s2T)	1/1/2006	$0.00		No	N/A
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS (Non-covered by Medicare. See MCM: 2049)	9/1/2012	$0.00		No	N/A
J8501	APREPITANT, ORAL, 5 MG (Special Coverage Instructions Apply)	7/1/2018	$6.01		No	N/A
J8510	BUSULFAN; ORAL, 2 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2017	$22.35		No	N/A
J8520	CAPECITABINE, ORAL, 150 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$1.50		No	N/A
J8521	CAPECITABINE, ORAL, 500 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$5.17		No	N/A
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$3.09		No	N/A
J8540	DEXAMETHASONE, ORAL, 0.25 MG (Special coverage instructions apply. Statute reference: 1861(s)2T)	7/1/2018	$0.07		No	N/A
J8560	ETOPOSIDE; ORAL, 50 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$66.40		No	N/A
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	1/1/2011	$0.00		No	N/A
J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED (Special coverage instructions apply. Statute reference: 1861s2T)	1/1/2006	$0.00		No	N/A
J8600	MELPHALAN; ORAL, 2 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2017	$10.55		No	N/A
J8610	METHOTREXATE; ORAL, 2.5 MG (Special coverage instructions apply. See MCM: 2049.5)	7/1/2018	$0.30		No	N/A
J8650	NABILONE, ORAL, 1 MG	7/1/2018	$37.40		No	N/A
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral (Special coverage instructions apply)	7/1/2018	$358.95		Yes	Pharmacy
J8670	ROLAPITANT, ORAL, 1 MG (Special coverage instructions apply)	7/1/2018	$2.04		Yes	Pharmacy
J8700	TEMOZOLOMIDE, ORAL, 5 MG (Special coverage instructions apply. See MCM: 2049.5C)	7/1/2018	$0.92		No	N/A
J8705	TOPOTECAN, ORAL, 0.25 MG	7/1/2018	$93.31		No	N/A

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J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.82		No	N/A
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$1,504.07		No	N/A
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	7/1/2018	$63.95		No	N/A
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$362.47		Yes	Pharmacy
J9020	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2015	$58.11		No	N/A
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	7/1/2018	$68.21		Yes	Pharmacy
J9023	INJECTION, AVELUMAB, 10 MG	7/1/2018	$71.44		Yes	Pharmacy
J9025	INJECTION, AZACITIDINE, 1 MG	7/1/2018	$1.42		No	N/A
J9027	INJECTION, CLOFARABINE, 1 MG	7/1/2018	$130.91		No	N/A
J9030	BCG live intravesical instillation, 1 mg (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$2.54		No	N/A
J9032	INJECTION, BELINOSTAT, 10 MG	7/1/2018	$32.50		Yes	Pharmacy
J9033	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	7/1/2018	$27.12		No	N/A
j9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	7/1/2018	$21.29		No	N/A
J9035	INJECTION, BEVACIZUMAB, 10 MG	7/1/2018	$68.99		No	N/A
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	7/1/2019	$21.14		No	N/A
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	7/1/2018	$96.97		Yes	Pharmacy
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$24.29		No	N/A
J9041	Injection, bortezomib (velcade), 0.1 mg	7/1/2018	$42.26		No	N/A
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	7/1/2018	$130.46		Yes	Pharmacy
J9043	INJECTION, CABAZITAXEL, 1 MG	7/1/2018	$143.23		No	N/A
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	1/1/2019	$32.10		Yes	Pharmacy
J9045	INJECTION, CARBOPLATIN, 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.88		No	N/A
J9047	INJECTION, CARFILZOMIB, 1 MG	7/1/2018	$29.86		Yes	Pharmacy
J9050	INJECTION, CARMUSTINE, 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3,467.50		No	N/A
J9055	INJECTION, CETUXIMAB, 10 MG	7/1/2018	$53.30		No	N/A
J9057	Injection, copanlisib, 1 mg	1/1/2019	$0.00		Yes	Pharmacy
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.72		No	N/A
J9065	INJECTION, CLADRIBINE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$19.06		No	N/A
J9070	CYCLOPHOSPHAMIDE, 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$38.05		No	N/A
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	7/1/2018	$566.01		No	N/A
J9100	INJECTION, CYTARABINE, 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.71		No	N/A
J9118	Injection, calaspargase pegol-mknl, 10 units	10/1/2019	$0.00		YES	Pharmacy
J9119	Injection, cemiplimab-rwlc, 1 mg	10/1/2019	$24.70		YES	Pharmacy
J9120	INJECTION, DACTINOMYCIN, 0.5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1,263.61		No	N/A
J9130	DACARBAZINE, 100 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3.43		No	N/A
J9145	INJECTION, DARATUMUMAB, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$44.55		Yes	Pharmacy
J9150	INJECTION, DAUNORUBICIN, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$39.21		No	N/A

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J9151	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2017	$3.28		No	N/A
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	1/1/2019	$171.29		Yes	Pharmacy
J9155	INJECTION, DEGARELIX, 1 MG	7/1/2018	$3.27		No	N/A
J9160	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	7/1/2014	$1,481.56		No	N/A
J9165	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$13.00		No	N/A
J9171	INJECTION, DOCETAXEL, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.57		No	N/A
J9173	Injection, durvalumab, 10 mg	6/1/2019	$66.40		Yes	Pharmacy
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML (Special coverage instructions apply. See MCM: 2049)	7/1/2014	$3.74		No	N/A
J9176	INJECTION, ELOTUZUMAB, 1 MG	7/1/2018	$5.71		Yes	Pharmacy
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	7/1/2018	$1.24		No	N/A
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	7/1/2018	$99.51		No	N/A
J9181	INJECTION, ETOPOSIDE, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.55		No	N/A
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$76.22		No	N/A
J9190	INJECTION, FLUOROURACIL, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1.37		No	N/A
J9200	INJECTION, FLOXURIDINE, 500 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$56.56		No	N/A
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$5.31		No	N/A
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$338.12		No	N/A
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	1/1/2018	$173.84		Yes	Pharmacy
J9204	Injection, mogamulizumab-kpkc, 1 mg	10/1/2019	$180.78		YES	Pharmacy
J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$38.63		No	N/A
J9206	INJECTION, IRINOTECAN, 20 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.92		No	N/A
J9207	INJECTION, IXABEPILONE, 1 MG	7/1/2018	$65.70		No	N/A
J9208	INJECTION, IFOSFAMIDE, 1 GRAM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$23.82		No	N/A
J9209	INJECTION, MESNA, 200 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.06		No	N/A
J9210	Injection, emapalumab-lzsg, 1 mg	10/1/2019	$0.00		YES	Pharmacy
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$39.06		No	N/A
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$4.66		No	N/A
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$41.80		No	N/A
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$28.34		No	N/A
J9215	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$8.60		No	N/A
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$309.58		No	N/A
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$190.08		Yes	Pharmacy

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J9218	LEUPROLIDE ACETATE, PER 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$23.97		No	N/A
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$4,337.84		No	N/A
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2,957.43		Yes	Pharmacy
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG (Special coverage instructions apply. See MCM: 2049)	12/1/2017	$29,481.37		Yes	Pharmacy
J9228	INJECTION, IPILIMUMAB, 1 MG	7/1/2018	$132.02		No	N/A
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	10/1/2019	$2,043.28		Yes	Pharmacy
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$263.23		No	N/A
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1,073.70		No	N/A
J9250	METHOTREXATE SODIUM, 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$0.26		No	N/A
J9260	METHOTREXATE SODIUM, 50 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$2.62		No	N/A
J9261	INJECTION, NELARABINE, 50 MG	7/1/2018	$136.72		No	N/A
J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	7/1/2019	$2.80		Yes	Pharmacy
J9263	INJECTION, OXALIPLATIN, 0.5 MG	7/1/2018	$0.18		No	N/A
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	7/1/2018	$9.93		No	N/A
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$12,907.86		No	N/A
J9267	INJECTION, PACLITAXEL, 1 MG (Special coverage instructions apply)	7/1/2018	$0.11		No	N/A
J9268	INJECTION, PENTOSTATIN, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1,780.18		No	N/A
J9269	Injection, tagraxofusp-erzs, 10 micrograms	10/1/2019	$0.00		YES	Pharmacy
J9270	INJECTION, PLICAMYCIN, 2.5 MG (Special coverage instructions apply. See MCM: 2049)	1/1/2008	$78.99		No	N/A
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	7/1/2018	$43.08		Yes	Pharmacy
J9280	INJECTION, MITOMYCIN, 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$126.73		No	N/A
J9285	INJECTION, OLARATUMAB, 10 MG	7/1/2018	$44.96		Yes	Pharmacy
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$28.84		No	N/A
J9295	INJECTION, NECITUMUMAB, 1 MG	7/1/2018	$4.83		No	N/A
J9299	INJECTION, NIVOLUMAB, 1 MG (Special coverage instructions apply)	7/1/2018	$24.11		Yes	Pharmacy
J9301	INJECTION, OBINUTUZUMAB, 10 MG	7/1/2018	$54.58		Yes	Pharmacy
J9302	INJECTION, OFATUMUMAB, 10 MG	7/1/2018	$50.82		No	N/A
J9303	INJECTION, PANITUMUMAB, 10 MG	7/1/2018	$100.25		No	N/A
J9305	INJECTION, PEMETREXED, 10 MG	7/1/2018	$59.68		No	N/A
J9306	INJECTION, PERTUZUMAB, 1 MG	7/1/2018	$10.29		No	N/A
J9307	INJECTION, PRALATREXATE, 1 MG	7/1/2018	$231.40		No	N/A
J9308	INJECTION, RAMUCIRUMAB, 5 MG	7/1/2018	$51.33		Yes	Pharmacy
J9311	Injection, rituximab 10 mg and hyaluronidase (Special coverage instructions apply. See MCM: 2049)	1/1/2019	$41.97		Yes	Pharmacy
J9312	Injection, rituximab, 10 mg (Special coverage instructions apply. See MCM: 2049)	1/1/2019	$85.86		Yes	Pharmacy
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	10/1/2019	$0.00		YES	Pharmacy
J9315	INJECTION, ROMIDEPSIN, 1 MG	7/1/2018	$296.29		No	N/A
J9320	INJECTION, STREPTOZOCIN, 1 GRAM (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$303.03		No	N/A
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	7/1/2018	$43.44		No	N/A

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J9328	INJECTION, TEMOZOLOMIDE, 1 MG	7/1/2018	$8.60		No	N/A
J9330	INJECTION, TEMSIROLIMUS, 1 MG	7/1/2018	$64.52		No	N/A
J9340	INJECTION, THIOTEPA, 15 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$378.38		No	N/A
J9351	INJECTION, TOPOTECAN, 0.1 MG	7/1/2018	$1.04		No	N/A
J9352	INJECTION, TRABECTEDIN, 0.1 MG	7/1/2018	$261.58		No	N/A
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	7/1/2018	$27.19		No	N/A
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	7/1/2018	$90.59		No	N/A
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	7/1/2019	$72.23		Yes	Pharmacy
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$1,078.49		No	N/A
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$3.07		No	N/A
J9370	VINCRISTINE SULFATE, 1 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$4.29		No	N/A
J9371	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	7/1/2018	$2,431.60		No	N/A
J9390	INJECTION, VINORELBINE TARTRATE, 10 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2018	$8.89		No	N/A
J9395	INJECTION, FULVESTRANT, 25 MG	7/1/2018	$87.19		No	N/A
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	7/1/2018	$7.29		Yes	Pharmacy
J9600	INJECTION, PORFIMER SODIUM, 75 MG (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$2,768.27		No	N/A
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS (Special coverage instructions apply. See CIM: 45-16 and MCM: 2049)	1/1/1986	$0.00		No	N/A
K0001	STANDARD WHEELCHAIR	7/1/2019	*		Yes	MCU
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	7/1/2019	*		Yes	MCU
K0003	LIGHTWEIGHT WHEELCHAIR	7/1/2019	*		Yes	MCU
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	7/1/2019	*		Yes	MCU
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	7/1/2017	$1,808.67		Yes	MCU
K0006	HEAVY DUTY WHEELCHAIR	7/1/2019	*		Yes	MCU
K0007	EXTRA HEAVY DUTY WHEELCHAIR	7/1/2019	*		Yes	MCU
K0008	CUSTOM MANUAL WHEELCHAIR/BASE (Special coverage instructions apply)	7/1/2013	$0.00		Yes	MCU
K0009	OTHER MANUAL WHEELCHAIR/BASE	7/1/2019	*		Yes	MCU
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	7/1/2017	$4,591.57		Yes	MCU
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	7/1/2017	$5,521.72		Yes	MCU
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	7/1/2017	$3,502.30		Yes	MCU
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE (Special coverage instructions apply)	7/1/2013	$0.00		Yes	MCU
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	1/1/1994	$0.00		Yes	MCU
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH	7/1/2017	$131.22		No	N/A
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH	7/1/2017	$41.18		No	N/A
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH	7/1/2017	$23.14		No	N/A
K0019	ARM PAD, REPLACEMENT ONLY, EACH	7/1/2017	$12.54		No	N/A
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	7/1/2017	$38.83		Yes	MCU
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	7/1/2017	$35.10		No	N/A
K0038	LEG STRAP, EACH	7/1/2017	$20.04		No	N/A
K0039	LEG STRAP, H STYLE, EACH	7/1/2017	$43.79		Yes	MCU

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K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	7/1/2019	*		No	N/A
K0041	LARGE SIZE FOOTPLATE, EACH	7/1/2017	$42.46		No	N/A
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	7/1/2017	$26.21		No	N/A
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	7/1/2017	$16.22		No	N/A
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	7/1/2017	$13.97		No	N/A
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	7/1/2017	$41.27		No	N/A
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	7/1/2017	$16.27		No	N/A
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	7/1/2017	$60.63		Yes	MCU
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	7/1/2017	$26.87		Yes	MCU
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	7/1/2017	$43.02		Yes	MCU
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	7/1/2017	$67.88		No	N/A
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	7/1/2017	$80.62		No	N/A
K0056	SEAT HEIGHT LESS THAN 17'' OR EQUAL TO OR GREATER THAN 21'' FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	7/1/2017	$84.76		Yes	MCU
K0065	SPOKE PROTECTORS, EACH	7/1/2017	$41.18		No	N/A
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	7/1/2017	$87.52		No	N/A
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	7/1/2019	*		No	N/A
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	7/1/2017	$100.12		No	N/A
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	7/1/2017	$58.98		Yes	MCU
K0073	CASTER PIN LOCK,EACH	7/1/2017	$31.91		No	N/A
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	7/1/2017	$52.47		No	N/A
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	7/1/2017	$21.56		Yes	MCU
K0105	IV HANGER, EACH	7/1/2017	$91.86		No	N/A
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	1/1/1994	$0.00		Yes	MCU
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE) (Special coverage instructions apply. See CIM: 60-9)	7/1/2019	*		No	N/A
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL) (Special coverage instructions apply. See CIM: 60-14)	7/1/2017	$2,854.90		No	N/A
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE (Special coverage instructions apply. See MCM: 5102.3)	7/1/1998	$0.00		Yes	MCU
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH (Special coverage instructions apply. See CIM: 60-14)	7/1/2017	$2.48		No	N/A
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE (Special coverage instructions apply. See CMS-1682-R)	7/1/2018	$226.00		Yes	MCU
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUEOUS MONITOR SYSTEM (Special coverage instructions apply. See CMS-1682-R)	7/1/2018	$230.52		Yes	MCU
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	7/1/2017	$1.08		No	N/A
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	7/1/2017	$6.16		No	N/A

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K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	7/1/2017	$0.55		No	N/A
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	7/1/2017	$5.91		No	N/A
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	7/1/2017	$14.17		No	N/A
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	7/1/2017	$26,414.26		Yes	MCU
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	7/1/2017	$209.43		No	N/A
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	7/1/2016	$120.59		No	N/A
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	7/1/2016	$802.02		No	N/A
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	7/1/2016	$73.77		No	N/A
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	7/1/2017	$1,858.25		No	N/A
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	7/1/2017	$24.70		No	N/A
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	7/1/2019	*		No	N/A
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	7/1/2017	$12.20		No	N/A
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES (Non-covered by Medicare)	1/1/2010	$7.00		No	N/A
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2017	$1,817.87		Yes	MCU
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2017	$1,252.58		Yes	MCU
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2017	$1,919.48		Yes	MCU
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2017	$2,968.60		Yes	MCU
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	10/1/2006	$0.00		Yes	MCU
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU

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K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2019	*		Yes	MCU
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2019	*		Yes	MCU
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	7/1/2019	*		Yes	MCU
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	7/1/2019	*		Yes	MCU
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2008	$4,109.81		Yes	MCU
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2008	$4,109.81		Yes	MCU
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2019	*		Yes	MCU
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	7/1/2019	*		Yes	MCU
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU

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K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2019	*		Yes	MCU
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2019	*		Yes	MCU
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	7/1/2019	*		Yes	MCU
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	7/1/2019	*		Yes	MCU
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2019	*		Yes	MCU
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	7/1/2019	*		Yes	MCU
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	7/1/2019	*		Yes	MCU
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	7/1/2019	*		Yes	MCU
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	7/1/2019	*		Yes	MCU
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	$0.00		Yes	MCU
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	$0.00		Yes	MCU
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	$0.00		Yes	MCU
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2006	$0.00		Yes	MCU
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	$0.00		Yes	MCU
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	$0.00		Yes	MCU
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	$0.00		Yes	MCU
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	10/1/2006	$0.00		Yes	MCU

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K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	$0.00		Yes	MCU
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2006	$0.00		Yes	MCU
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2006	$0.00		Yes	MCU
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	10/1/2006	$0.00		Yes	MCU
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	10/1/2006	$0.00		Yes	MCU
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	10/1/2006	$0.00		Yes	MCU
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR (Special coverage instructions apply)	7/1/2013	$0.00		Yes	MCU
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	7/1/2017	$1,172.08		Yes	MCU
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$249.10		Yes	MCU
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	7/1/2017	$28.39		No	N/A
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	7/1/2017	$157.92		No	N/A
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	7/1/2017	$68.48		No	N/A
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	7/1/2017	$91.19		No	N/A
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$125.65		No	N/A
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	7/1/2017	$609.48		No	N/A
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$110.00		No	N/A
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$231.60		No	N/A
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	7/1/2017	$337.66		No	N/A
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	7/1/2017	$475.07		No	N/A
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	7/1/2017	$530.47		No	N/A
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	7/1/2017	$105.69		No	N/A
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$184.14		No	N/A
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	1/1/2003	$0.00		No	N/A

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L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$290.44		No	N/A
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$290.44		No	N/A
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$832.89		No	N/A
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$832.89		No	N/A
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$746.85		No	N/A
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$840.62		No	N/A
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,045.61		No	N/A

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L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,244.78		No	N/A
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$378.50		No	N/A
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$378.50		No	N/A
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$454.31		No	N/A
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$454.31		No	N/A
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$545.30		No	N/A
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$387.23		No	N/A

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L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	7/1/2017	$1,335.23		No	N/A
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	7/1/2017	$1,360.82		No	N/A
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	7/1/2017	$1,425.72		No	N/A
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	7/1/2017	$1,512.61		No	N/A
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$840.62		No	N/A
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$236.91		No	N/A
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$643.14		No	N/A

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L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$423.02		No	N/A
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$96.96		No	N/A
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	7/1/2017	$257.30		No	N/A
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	6/1/2019	$154.34		No	N/A
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	1/1/2006	$0.00		No	N/A
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$46.12		No	N/A
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$65.27		No	N/A
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$344.23		No	N/A
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$70.26		No	N/A

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L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	1/1/2006	$0.00		No	N/A
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$135.63		No	N/A
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$859.68		No	N/A
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	1/1/2006	$0.00		No	N/A
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$240.14		No	N/A
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	1/1/2006	$0.00		No	N/A
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$884.91		No	N/A

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L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	7/1/2017	$1,153.78		No	N/A
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$941.25		No	N/A
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	7/1/2017	$1,104.49		No	N/A
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$941.25		No	N/A
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	7/1/2017	$876.29		No	N/A
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$65.27		No	N/A
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$344.23		No	N/A

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L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$135.63		No	N/A
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$859.68		No	N/A
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$240.14		No	N/A
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$941.25		No	N/A
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$941.25		No	N/A
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	7/1/2017	$1,621.93		No	N/A
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	7/1/2017	$1,831.94		No	N/A
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	7/1/2017	$2,205.79		No	N/A
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	7/1/2017	$2,166.25		No	N/A
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	7/1/2017	$3,038.46		No	N/A
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	7/1/2017	$977.34		No	N/A
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	7/1/2017	$180.50		No	N/A
L0970	TLSO, CORSET FRONT	7/1/2017	$91.69		No	N/A
L0972	LSO, CORSET FRONT	7/1/2017	$82.57		No	N/A
L0974	TLSO, FULL CORSET	7/1/2017	$148.62		No	N/A
L0976	LSO, FULL CORSET	7/1/2017	$157.05		No	N/A
L0978	AXILLARY CRUTCH EXTENSION	7/1/2017	$164.62		No	N/A
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	7/1/2017	$14.90		No	N/A
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	7/1/2017	$13.91		No	N/A
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	7/1/2017	$54.85		No	N/A

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L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	1/1/1998	$0.00		Yes	MCU
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	7/1/2017	$1,950.78		No	N/A
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2007	$0.00		No	N/A
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$2,680.31		Yes	MCU
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	7/1/2017	$55.85		No	N/A
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	7/1/2017	$81.86		No	N/A
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	7/1/2017	$100.04		No	N/A
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	7/1/2017	$52.43		No	N/A
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	7/1/2017	$77.42		No	N/A
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	7/1/2017	$82.22		No	N/A
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	7/1/2017	$90.41		No	N/A
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	7/1/2017	$81.72		No	N/A
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	7/1/2017	$50.51		No	N/A
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	7/1/2017	$131.84		No	N/A
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	7/1/2017	$79.74		No	N/A
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	7/1/2017	$144.91		No	N/A
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	7/1/2017	$239.79		No	N/A
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	7/1/2017	$39.43		No	N/A
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	7/1/2017	$1,675.99		No	N/A
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	7/1/2017	$209.92		No	N/A
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	7/1/2017	$217.43		No	N/A
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	7/1/2017	$456.05		No	N/A
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	7/1/2017	$66.58		No	N/A
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	7/1/2017	$60.90		No	N/A
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	7/1/2017	$64.29		No	N/A
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	7/1/2017	$62.16		No	N/A
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	7/1/2017	$72.00		No	N/A
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	7/1/2017	$64.41		No	N/A
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	7/1/2017	$1,355.24		No	N/A
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	7/1/2017	$1,517.99		No	N/A
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	1/1/1982	$0.00		Yes	MCU
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INIDIVIDUAL WITH EXPERTISE	7/1/2017	$103.38		No	N/A
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$35.22		No	N/A

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L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$113.25		No	N/A
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED	7/1/2017	$146.84		No	N/A
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	7/1/2017	$387.24		No	N/A
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$185.74		No	N/A
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	7/1/2017	$298.51		No	N/A
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$148.78		No	N/A
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	7/1/2017	$1,303.32		No	N/A
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	7/1/2017	$954.27		No	N/A
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$742.09		No	N/A
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,619.37		No	N/A
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	7/1/2017	$1,317.63		No	N/A
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	7/1/2017	$1,594.20		No	N/A
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED	7/1/2017	$1,112.09		No	N/A
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	7/1/2017	$948.85		No	N/A
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	7/1/2017	$1,270.17		No	N/A
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$91.47		No	N/A
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$91.47		No	N/A
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$115.73		No	N/A
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$89.70		No	N/A
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$246.47		No	N/A
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$487.75		No	N/A
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	7/1/2017	$487.75		No	N/A
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	7/1/2017	$622.76		No	N/A
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$111.74		No	N/A

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L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	7/1/2017	$853.30		No	N/A
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$751.40		No	N/A
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	7/1/2017	$1,687.90		No	N/A
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$680.99		No	N/A
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	7/1/2017	$1,025.70		No	N/A
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$481.66		No	N/A
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF	7/1/2017	$481.66		No	N/A
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$257.87		No	N/A
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$756.66		No	N/A
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$685.76		No	N/A
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	7/1/2017	$1,052.52		No	N/A
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	7/1/2017	$238.61		No	N/A
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$78.53		No	N/A
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	7/1/2017	$377.25		No	N/A
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$96.48		No	N/A
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	7/1/2017	$471.21		No	N/A
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$271.37		No	N/A

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L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	7/1/2017	$359.49		No	N/A
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$221.64		No	N/A
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$747.29		No	N/A
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	7/1/2017	$426.21		No	N/A
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	7/1/2017	$838.02		No	N/A
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	7/1/2017	$796.74		No	N/A
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$703.30		No	N/A
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	7/1/2017	$444.68		No	N/A
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	7/1/2017	$593.43		No	N/A
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$392.53		No	N/A
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	7/1/2017	$376.56		No	N/A
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	7/1/2017	$455.01		No	N/A
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	7/1/2017	$1,084.96		No	N/A
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	7/1/2017	$3,431.56		Yes	MCU
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	7/1/2017	$979.42		No	N/A
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	7/1/2017	$1,249.01		No	N/A
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	7/1/2017	$1,075.66		No	N/A
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	7/1/2017	$1,698.18		No	N/A
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$150.69		No	N/A
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	7/1/2017	$1,920.19		No	N/A
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	7/1/2017	$1,584.13		No	N/A
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	7/1/2017	$1,334.48		No	N/A
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	7/1/2017	$183.29		No	N/A

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L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	7/1/2017	$387.59		No	N/A
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	7/1/2017	$548.76		No	N/A
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	7/1/2017	$107.89		No	N/A
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	7/1/2017	$332.65		No	N/A
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	7/1/2017	$469.04		No	N/A
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	7/1/2017	$562.25		No	N/A
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	7/1/2017	$961.39		No	N/A
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$388.07		No	N/A
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$476.21		No	N/A
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$571.12		No	N/A
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	7/1/2017	$960.67		No	N/A
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	7/1/2017	$1,834.21		No	N/A
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$647.16		No	N/A
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$811.42		No	N/A
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$948.75		No	N/A
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	7/1/2017	$93.95		No	N/A
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	7/1/2017	$86.45		No	N/A
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	7/1/2017	$99.38		No	N/A
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	7/1/2017	$139.05		No	N/A
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	7/1/2017	$260.34		No	N/A
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	7/1/2017	$70.07		No	N/A
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	7/1/2017	$286.05		No	N/A
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	7/1/2017	$50.85		No	N/A
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	7/1/2017	$56.53		No	N/A
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	7/1/2017	$77.63		No	N/A
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	7/1/2017	$75.57		No	N/A

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L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$83.34		No	N/A
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	7/1/2017	$67.73		No	N/A
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	7/1/2017	$380.09		No	N/A
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	7/1/2017	$160.82		No	N/A
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	7/1/2017	$94.48		No	N/A
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD	7/1/2017	$57.45		No	N/A
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	7/1/2017	$125.48		No	N/A
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	7/1/2017	$363.83		No	N/A
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	7/1/2017	$269.32		No	N/A
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	7/1/2017	$131.60		No	N/A
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$210.87		No	N/A
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$372.69		No	N/A
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	7/1/2017	$199.53		No	N/A
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	7/1/2017	$442.76		No	N/A
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	7/1/2017	$806.49		No	N/A
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	7/1/2017	$55.34		No	N/A
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	7/1/2017	$220.07		No	N/A
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	7/1/2017	$90.65		No	N/A
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	7/1/2017	$100.55		No	N/A
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	7/1/2017	$107.46		No	N/A
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	7/1/2017	$162.92		No	N/A
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	7/1/2017	$87.82		No	N/A
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	7/1/2017	$125.52		No	N/A
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	7/1/2017	$106.03		No	N/A
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	7/1/2017	$73.00		No	N/A
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	7/1/2017	$101.71		No	N/A
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	7/1/2017	$120.04		No	N/A
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	7/1/2017	$120.04		No	N/A
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	7/1/2017	$84.83		No	N/A
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	7/1/2017	$271.75		No	N/A
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	7/1/2017	$662.89		No	N/A

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L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	7/1/2017	$390.54		No	N/A
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	7/1/2017	$1,041.02		No	N/A
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	7/1/2017	$732.67		No	N/A
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	7/1/2017	$196.81		No	N/A
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	7/1/2017	$427.82		No	N/A
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	7/1/2017	$251.40		No	N/A
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	7/1/2017	$393.64		No	N/A
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	7/1/2017	$440.04		No	N/A
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	7/1/2017	$190.85		No	N/A
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	7/1/2017	$230.00		No	N/A
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	7/1/2017	$252.32		No	N/A
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	7/1/2017	$246.02		No	N/A
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	7/1/2017	$265.66		No	N/A
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	7/1/2017	$1,375.31		No	N/A
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	7/1/2017	$1,792.13		No	N/A
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	7/1/2017	$209.84		No	N/A
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	7/1/2017	$327.05		No	N/A
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	7/1/2017	$128.37		No	N/A
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	7/1/2017	$149.53		No	N/A
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	7/1/2017	$141.48		No	N/A
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	7/1/2017	$125.54		No	N/A
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	7/1/2017	$78.79		No	N/A
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$109.43		No	N/A
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	7/1/2017	$49.78		No	N/A
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	7/1/2017	$109.10		No	N/A
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	7/1/2017	$72.40		No	N/A
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	7/1/2017	$28.06		No	N/A
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	7/1/2017	$84.50		No	N/A
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$98.10		No	N/A
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	7/1/2017	$62.66		No	N/A
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	7/1/2017	$69.67		No	N/A

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L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	7/1/2017	$75.37		No	N/A
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	7/1/2017	$35.05		No	N/A
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	7/1/2017	$49.67		No	N/A
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	1/1/1982	$0.00		Yes	MCU
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$263.06		No	N/A
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$110.77		No	N/A
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$135.25		No	N/A
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$145.94		No	N/A
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$145.94		No	N/A
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$166.15		No	N/A
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$63.91		No	N/A
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	7/1/2017	$106.59		No	N/A
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$39.40		No	N/A
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$39.40		No	N/A
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$61.76		No	N/A
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$26.60		No	N/A
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$26.60		No	N/A
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$34.08		No	N/A
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$36.21		No	N/A
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$74.57		No	N/A
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$68.17		No	N/A
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	1/1/1986	$0.00		No	N/A
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF, EACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$42.62		No	N/A

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L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT (Special coverage instructions apply. See MCM: 2323)	1/1/2008	$55.00		No	N/A
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$43.05		No	N/A
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$30.00		No	N/A
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$43.05		No	N/A
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD (Special coverage instructions apply. See MCM: 2323)	1/1/2008	$50.00		No	N/A
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$47.84		No	N/A
L3208	SURGICAL BOOT, EACH, INFANT (Special coverage instructions apply. See MCM: 2079)	1/1/1984	$0.00		No	N/A
L3209	SURGICAL BOOT, EACH, CHILD (Special coverage instructions apply. See MCM: 2079)	1/1/1984	$0.00		No	N/A
L3211	SURGICAL BOOT, EACH, JUNIOR (Special coverage instructions apply. See MCM: 2079)	1/1/1984	$0.00		No	N/A
L3212	BENESCH BOOT, PAIR, INFANT (Special coverage instructions apply. See MCM: 2079)	1/1/1984	$0.00		No	N/A
L3213	BENESCH BOOT, PAIR, CHILD (Special coverage instructions apply. See MCM: 2079)	1/1/1984	$0.00		No	N/A
L3214	BENESCH BOOT, PAIR, JUNIOR (Special coverage instructions apply. See MCM: 2079)	1/1/1984	$0.00		No	N/A
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH (Non-covered by Medicare. Statute reference: 1862A8)	1/1/2008	$78.94		No	N/A
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH (Non-covered by Medicare. Statute reference: 1862A8)	6/1/2019	$56.06		No	N/A
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH (Non-covered by Medicare. Statute reference: 1862A8)	6/1/2019	$79.58		No	N/A
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH (Non-covered by Medicare. Statute reference: 1862A8)	1/1/2008	$90.80		No	N/A
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH (Non-covered by Medicare. Statute reference: 1862A8)	6/1/2019	$58.41		No	N/A
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH (Non-covered by Medicare. Statute reference: 1862A8)	6/1/2019	$96.34		No	N/A
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS) (Special coverage instructions apply. See MCM: 2323D)	7/1/2017	$47.18		No	N/A
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS) (Special coverage instructions apply. See MCM: 2323D)	7/1/2017	$54.27		No	N/A
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$229.99		No	N/A
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$194.13		No	N/A
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH (Special coverage instructions apply. See MCM: 2323)	1/1/1984	$0.00		No	N/A
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH (Special coverage instructions apply. See MCM: 2323)	1/1/1984	$0.00		No	N/A
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH (Special coverage instructions apply. See MCM: 2323)	1/1/1984	$0.00		No	N/A
L3254	NON-STANDARD SIZE OR WIDTH (Special coverage instructions apply. See MCM: 2323)	1/1/1984	$0.00		No	N/A
L3255	NON-STANDARD SIZE OR LENGTH (Special coverage instructions apply. See MCM: 2323)	1/1/1984	$0.00		No	N/A

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L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$60.50		No	N/A
L3260	SURGICAL BOOT/SHOE, EACH (Special coverage instructions apply. See MCM: 2079)	1/1/2008	$50.00		No	N/A
L3265	PLASTAZOTE SANDAL, EACH	6/1/2019	$4.90		No	N/A
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$43.66		No	N/A
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$68.17		No	N/A
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH (Special coverage instructions apply. See MCM: 2323)	1/1/1986	$0.00		No	N/A
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE) (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$473.94		No	N/A
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$61.76		No	N/A
L3334	LIFT, ELEVATION, HEEL, PER INCH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$31.97		No	N/A
L3340	HEEL WEDGE, SACH (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$71.38		No	N/A
L3350	HEEL WEDGE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$19.19		No	N/A
L3360	SOLE WEDGE, OUTSIDE SOLE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$29.82		No	N/A
L3370	SOLE WEDGE, BETWEEN SOLE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$41.51		No	N/A
L3380	CLUBFOOT WEDGE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$41.51		No	N/A
L3390	OUTFLARE WEDGE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$41.51		No	N/A
L3400	METATARSAL BAR WEDGE, ROCKER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$34.08		No	N/A
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$77.74		No	N/A
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$45.81		No	N/A
L3430	HEEL, COUNTER, PLASTIC REINFORCED (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$134.20		No	N/A
L3440	HEEL, COUNTER, LEATHER REINFORCED (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$63.91		No	N/A
L3450	HEEL, SACH CUSHION TYPE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$88.41		No	N/A
L3455	HEEL, NEW LEATHER, STANDARD (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$34.08		No	N/A
L3460	HEEL, NEW RUBBER, STANDARD (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$28.74		No	N/A
L3465	HEEL, THOMAS WITH WEDGE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$49.00		No	N/A
L3470	HEEL, THOMAS EXTENDED TO BALL (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$52.18		No	N/A
L3480	HEEL, PAD AND DEPRESSION FOR SPUR (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$52.18		No	N/A
L3485	HEEL, PAD, REMOVABLE FOR SPUR (Special coverage instructions apply. See MCM: 2323)	1/1/1984	$0.00		No	N/A
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$24.49		No	N/A
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$24.49		No	N/A
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$26.60		No	N/A
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$26.60		No	N/A

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L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$42.62		No	N/A
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$7.43		No	N/A
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$19.19		No	N/A
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS) (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$71.38		No	N/A
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$54.32		No	N/A
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$44.73		No	N/A
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$35.14		No	N/A
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$63.91		No	N/A
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$84.13		No	N/A
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$63.91		No	N/A
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$84.13		No	N/A
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$36.21		No	N/A
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED (Special coverage instructions apply. See MCM: 2323)	6/1/2019	$95.80		No	N/A
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$49.63		No	N/A
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$80.69		No	N/A
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF	7/1/2017	$92.27		No	N/A
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$686.75		No	N/A
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$900.87		No	N/A
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$133.75		No	N/A
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE (Special coverage instructions apply. See MCM: 2130)	1/1/2002	$0.00		No	N/A
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	1/1/2014	$0.00		No	N/A

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L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$220.07		No	N/A
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$97.05		No	N/A
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	7/1/2017	$613.32		No	N/A
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM FABRICATED	7/1/2017	$825.16		No	N/A
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	7/1/2017	$842.34		No	N/A
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	7/1/2017	$381.13		No	N/A
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	1/1/2018	$388.02		No	N/A
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$81.95		No	N/A
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$563.46		No	N/A
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$632.66		No	N/A
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$977.24		No	N/A
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,034.82		No	N/A
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$346.20		No	N/A
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$190.58		No	N/A
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$274.63		Yes	MCU
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	7/1/2017	$190.58		No	N/A
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	7/1/2017	$1,143.28		No	N/A
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	7/1/2017	$1,413.44		No	N/A
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	7/1/2017	$2,298.97		No	N/A
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$755.82		No	N/A
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$325.34		No	N/A

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L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$62.71		No	N/A
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$99.27		No	N/A
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$206.42		No	N/A
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$405.12		No	N/A
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$80.53		No	N/A
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$206.42		No	N/A
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$244.81		No	N/A
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$75.06		No	N/A
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$75.06		No	N/A
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$48.72		No	N/A
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$74.36		No	N/A
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$146.84		No	N/A
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$162.60		No	N/A
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$168.36		No	N/A
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	1/1/1997	$0.00		No	N/A
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$648.75		No	N/A
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,280.48		No	N/A
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$701.06		No	N/A

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L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,511.80		No	N/A
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,435.07		No	N/A
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,511.80		No	N/A
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,280.48		No	N/A
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,280.48		No	N/A
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,435.07		No	N/A
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$1,511.80		No	N/A
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$242.69		No	N/A
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREARM SECTION, MAY INCLUDE SOFT INTERFACE, STRAPS, INCLUDES FITTING AND ADJUSTMENTS	7/1/2017	$772.52		Yes	MCU
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$293.07		No	N/A
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$282.02		No	N/A
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	7/1/2017	$28.49		No	N/A
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	1/1/1982	$0.00		Yes	MCU
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	7/1/2017	$1,162.10		No	N/A
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	1/1/2005	$0.00		No	N/A
L4010	REPLACE TRILATERAL SOCKET BRIM	7/1/2017	$642.11		No	N/A
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	7/1/2017	$768.75		No	N/A
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	7/1/2017	$530.09		No	N/A
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$436.64		No	N/A
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$265.47		No	N/A
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$399.05		No	N/A
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	7/1/2017	$217.57		No	N/A
L4060	REPLACE HIGH ROLL CUFF	7/1/2017	$324.16		No	N/A
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	7/1/2017	$267.25		No	N/A

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L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	7/1/2017	$96.10		No	N/A
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	7/1/2017	$96.51		No	N/A
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	7/1/2017	$111.57		No	N/A
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	7/1/2017	$90.71		No	N/A
L4130	REPLACE PRETIBIAL SHELL	7/1/2017	$530.70		No	N/A
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES (Special coverage instructions apply. See MCM: 2100.4)	7/1/2017	$18.17		No	N/A
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS (Special coverage instructions apply. See MCM: 2133, 2100.4, 2130D)	1/1/1985	$0.00		No	N/A
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF	7/1/2017	$78.98		No	N/A
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$296.18		No	N/A
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$296.18		No	N/A
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$201.94		No	N/A
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$132.78		No	N/A
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$132.78		No	N/A
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	7/1/2017	$19.38		No	N/A
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	7/1/2017	$14.12		No	N/A
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	7/1/2017	$138.18		No	N/A
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$138.18		No	N/A
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	7/1/2017	$63.62		No	N/A
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	7/1/2017	$1,281.07		No	N/A
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$431.85		No	N/A
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$1,040.55		No	N/A
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER (Special coverage instructions apply. See MCM: 2323)	7/1/2017	$1,929.73		No	N/A
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	7/1/2017	$2,303.96		Yes	MCU
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	7/1/2017	$3,057.29		Yes	MCU
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	7/1/2017	$2,388.07		Yes	MCU
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	7/1/2017	$3,370.38		Yes	MCU

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L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	7/1/2017	$3,484.94		Yes	MCU
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	7/1/2017	$4,251.74		Yes	MCU
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	7/1/2017	$3,481.61		Yes	MCU
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	7/1/2017	$2,765.35		Yes	MCU
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	7/1/2017	$3,143.32		Yes	MCU
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	7/1/2017	$4,204.00		Yes	MCU
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	7/1/2017	$5,470.66		Yes	MCU
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	7/1/2017	$5,861.11		Yes	MCU
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	7/1/2017	$5,802.51		Yes	MCU
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	7/1/2017	$2,394.52		Yes	MCU
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	7/1/2017	$3,758.99		Yes	MCU
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	7/1/2017	$3,699.14		Yes	MCU
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	7/1/2017	$5,248.64		Yes	MCU
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	7/1/2017	$5,478.14		Yes	MCU
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	7/1/2017	$1,142.99		No	N/A
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	7/1/2017	$439.36		No	N/A
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	7/1/2017	$1,380.56		No	N/A
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	7/1/2017	$430.93		No	N/A
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	7/1/2017	$377.11		No	N/A
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	7/1/2017	$499.30		No	N/A
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	7/1/2017	$1,097.72		No	N/A
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	7/1/2017	$1,486.60		No	N/A

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L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	7/1/2017	$1,348.34		No	N/A
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	7/1/2017	$1,229.11		No	N/A
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	7/1/2017	$1,715.25		No	N/A
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	7/1/2017	$1,771.70		No	N/A
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	7/1/2017	$1,891.07		No	N/A
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	7/1/2017	$1,847.49		No	N/A
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	7/1/2017	$1,943.20		No	N/A
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	7/1/2017	$2,226.06		No	N/A
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	7/1/2017	$2,467.23		No	N/A
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	7/1/2017	$2,159.95		No	N/A
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	7/1/2017	$3,858.32		No	N/A
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	7/1/2017	$4,863.15		No	N/A
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	7/1/2017	$2,270.23		No	N/A
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	7/1/2017	$1,507.93		No	N/A
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	7/1/2017	$2,094.62		No	N/A
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	7/1/2017	$1,415.88		No	N/A
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	7/1/2017	$1,160.83		No	N/A
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	7/1/2017	$469.46		No	N/A
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	7/1/2017	$267.00		No	N/A
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	7/1/2017	$253.53		No	N/A
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	7/1/2017	$357.57		No	N/A
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	7/1/2017	$321.92		No	N/A
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	7/1/2017	$467.38		No	N/A
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	7/1/2017	$516.75		No	N/A

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L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	7/1/2017	$271.62		No	N/A
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	7/1/2017	$432.86		No	N/A
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	7/1/2017	$375.54		No	N/A
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	7/1/2017	$253.04		No	N/A
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	7/1/2017	$301.45		No	N/A
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	7/1/2017	$268.67		No	N/A
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	7/1/2017	$254.47		No	N/A
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	7/1/2017	$471.52		No	N/A
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	7/1/2017	$1,080.06		No	N/A
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	7/1/2017	$715.32		No	N/A
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	7/1/2017	$706.06		No	N/A
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	7/1/2017	$1,527.16		No	N/A
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	7/1/2017	$563.64		No	N/A
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	7/1/2017	$681.97		No	N/A
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	7/1/2017	$501.30		No	N/A
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	7/1/2017	$679.88		No	N/A
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	7/1/2017	$562.72		No	N/A
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	7/1/2017	$1,720.13		No	N/A
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	7/1/2017	$490.51		No	N/A
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	7/1/2017	$1,026.43		No	N/A
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	7/1/2017	$372.64		No	N/A
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	7/1/2017	$611.36		No	N/A
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	7/1/2017	$331.13		No	N/A
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	7/1/2017	$296.71		No	N/A
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	7/1/2017	$422.73		No	N/A
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	7/1/2017	$414.36		No	N/A
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	7/1/2017	$520.13		No	N/A
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	7/1/2017	$437.63		No	N/A
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	7/1/2017	$60.71		No	N/A
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	7/1/2017	$95.90		No	N/A
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	7/1/2017	$253.14		No	N/A
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	7/1/2017	$566.85		No	N/A

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L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	7/1/2017	$275.81		No	N/A
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	7/1/2017	$612.23		No	N/A
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	7/1/2017	$360.81		No	N/A
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	7/1/2017	$459.31		No	N/A
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	7/1/2017	$40.45		No	N/A
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	7/1/2017	$510.19		No	N/A
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	7/1/2017	$303.05		No	N/A
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	7/1/2017	$1,103.70		No	N/A
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	7/1/2017	$540.41		No	N/A
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	7/1/2017	$1,103.70		No	N/A
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	7/1/2017	$54.85		No	N/A
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	7/1/2017	$107.47		No	N/A
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	7/1/2017	$54.49		No	N/A
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	7/1/2017	$59.65		No	N/A
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	7/1/2017	$90.72		No	N/A
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	7/1/2017	$133.29		No	N/A
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	7/1/2017	$205.94		No	N/A
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	7/1/2017	$139.39		No	N/A
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	7/1/2017	$210.85		No	N/A
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	7/1/2017	$91.49		No	N/A
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	7/1/2017	$106.87		No	N/A
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	7/1/2017	$210.10		No	N/A
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	7/1/2017	$3,120.87		No	N/A
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	7/1/2017	$3,792.51		No	N/A
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	7/1/2017	$4,541.20		No	N/A
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	7/1/2017	$2,094.29		No	N/A
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	7/1/2017	$521.20		No	N/A

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L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	7/1/2017	$855.66		No	N/A
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	7/1/2017	$848.07		No	N/A
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	7/1/2017	$1,205.57		No	N/A
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	7/1/2017	$388.89		No	N/A
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	7/1/2017	$526.47		No	N/A
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	7/1/2017	$472.63		No	N/A
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	7/1/2017	$357.50		No	N/A
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	7/1/2017	$622.94		No	N/A
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	7/1/2017	$778.62		No	N/A
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	7/1/2017	$906.58		No	N/A
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	7/1/2017	$1,372.75		No	N/A
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	7/1/2017	$1,661.36		No	N/A
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	7/1/2017	$2,211.02		No	N/A
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	7/1/2017	$978.56		No	N/A
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	7/1/2017	$3,357.23		No	N/A
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	7/1/2017	$3,539.28		No	N/A
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$530.48		No	N/A
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$638.73		No	N/A
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$917.69		No	N/A
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	7/1/2017	$475.19		No	N/A
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	7/1/2017	$623.35		No	N/A
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	7/1/2017	$539.47		No	N/A
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	7/1/2017	$3,116.18		No	N/A
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	7/1/2017	$726.89		No	N/A
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	7/1/2017	$820.79		No	N/A
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	7/1/2017	$1,455.48		No	N/A

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L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	7/1/2017	$1,310.74		No	N/A
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	7/1/2017	$2,721.99		No	N/A
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	7/1/2017	$2,413.64		No	N/A
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	7/1/2017	$2,104.51		No	N/A
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	7/1/2017	$3,449.75		No	N/A
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	7/1/2017	$1,503.91		No	N/A
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	7/1/2017	$902.27		No	N/A
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	7/1/2017	$109.34		No	N/A
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	7/1/2017	$351.95		No	N/A
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	7/1/2017	$309.56		No	N/A
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	7/1/2017	$453.50		No	N/A
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	7/1/2017	$372.77		No	N/A
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	7/1/2017	$2,824.22		No	N/A
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$533.04		No	N/A
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$766.19		No	N/A
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$875.72		No	N/A
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	7/1/2017	$4,146.57		No	N/A
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	7/1/2017	$669.85		No	N/A
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	7/1/2017	$964.31		No	N/A
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	7/1/2017	$1,250.17		No	N/A
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	7/1/2017	$3,049.09		No	N/A
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	7/1/2017	$209.66		No	N/A
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	7/1/2017	$209.66		No	N/A
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	7/1/2017	$335.06		No	N/A
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	7/1/2017	$265.56		No	N/A
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	7/1/2017	$388.97		No	N/A

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L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	7/1/2017	$535.08		No	N/A
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	7/1/2017	$302.41		Yes	MCU
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	7/1/2017	$2,576.30		Yes	MCU
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	7/1/2017	$3,464.98		Yes	MCU
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	7/1/2017	$2,799.70		Yes	MCU
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	7/1/2017	$653.14		No	N/A
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	7/1/2017	$617.45		No	N/A
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	7/1/2017	$236.95		No	N/A
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	7/1/2017	$653.52		No	N/A
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	7/1/2017	$6,036.00		Yes	MCU
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	7/1/2017	$1,676.21		No	N/A
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	7/1/2017	$1,522.25		No	N/A
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	1/1/1982	$0.00		No	N/A
L6000	PARTIAL HAND, THUMB REMAINING	7/1/2017	$1,514.19		No	N/A
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	7/1/2017	$1,685.04		No	N/A
L6020	PARTIAL HAND, NO FINGER REMAINING	7/1/2017	$1,571.03		No	N/A
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	7/1/2017	$1,855.64		No	N/A
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	7/1/2017	$2,770.77		No	N/A
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	7/1/2017	$1,998.77		No	N/A
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	7/1/2017	$2,038.61		No	N/A
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	7/1/2017	$2,563.49		No	N/A
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	7/1/2017	$2,950.12		No	N/A
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	7/1/2017	$3,027.62		No	N/A
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	7/1/2017	$3,793.17		No	N/A
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	7/1/2017	$2,823.46		No	N/A
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	7/1/2017	$3,971.57		No	N/A
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	7/1/2017	$3,296.72		No	N/A
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	7/1/2017	$1,460.64		No	N/A
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	7/1/2017	$4,463.76		No	N/A
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	7/1/2017	$3,629.85		No	N/A
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	7/1/2017	$1,735.97		No	N/A
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	7/1/2017	$1,168.78		No	N/A
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	7/1/2017	$1,375.92		No	N/A

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L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	7/1/2017	$1,741.92		No	N/A
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	7/1/2017	$394.54		No	N/A
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	7/1/2017	$433.65		No	N/A
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	7/1/2017	$2,212.81		No	N/A
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	7/1/2017	$3,003.86		No	N/A
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	7/1/2017	$3,038.18		No	N/A
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	7/1/2017	$4,064.23		No	N/A
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	7/1/2017	$4,530.45		No	N/A
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	7/1/2017	$1,539.62		No	N/A
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	7/1/2017	$1,223.49		No	N/A
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	7/1/2017	$2,078.78		No	N/A
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	7/1/2017	$1,776.63		No	N/A
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	7/1/2017	$3,008.21		No	N/A
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	7/1/2017	$2,771.81		No	N/A
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	7/1/2017	$173.71		No	N/A
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	7/1/2017	$163.89		No	N/A
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	7/1/2017	$149.46		No	N/A
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	7/1/2017	$182.66		No	N/A
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	7/1/2017	$66.56		No	N/A
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	7/1/2017	$286.10		No	N/A
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	7/1/2017	$1,919.20		No	N/A

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L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	7/1/2017	$615.47		No	N/A
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	7/1/2017	$3,160.01		No	N/A
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	7/1/2017	$526.37		No	N/A
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	7/1/2017	$494.32		No	N/A
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	7/1/2017	$125.28		No	N/A
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	7/1/2017	$184.20		No	N/A
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	7/1/2017	$55.53		No	N/A
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	7/1/2017	$161.50		No	N/A
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	7/1/2017	$371.37		No	N/A
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	7/1/2017	$294.45		No	N/A
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	7/1/2017	$146.78		No	N/A
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	7/1/2017	$198.50		No	N/A
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	7/1/2017	$338.84		No	N/A
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	7/1/2017	$292.23		No	N/A
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	7/1/2017	$85.61		No	N/A
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	7/1/2017	$90.62		No	N/A
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	7/1/2017	$42.14		No	N/A
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	7/1/2017	$43.58		No	N/A
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	7/1/2017	$165.46		No	N/A
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	7/1/2017	$102.65		No	N/A
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	7/1/2017	$126.19		No	N/A
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	7/1/2017	$248.90		No	N/A
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	7/1/2017	$203.33		No	N/A
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	7/1/2017	$258.70		No	N/A
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	7/1/2017	$396.37		No	N/A
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	7/1/2017	$568.26		No	N/A
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	7/1/2017	$493.00		No	N/A
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	7/1/2017	$603.70		No	N/A
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	7/1/2017	$738.88		No	N/A
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	7/1/2017	$783.61		No	N/A
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	7/1/2017	$339.01		No	N/A
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	7/1/2017	$477.97		No	N/A
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	7/1/2017	$2,382.10		No	N/A
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	7/1/2017	$612.23		No	N/A

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L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	7/1/2017	$510.19		No	N/A
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	7/1/2017	$1,103.70		No	N/A
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	7/1/2017	$1,103.70		No	N/A
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	7/1/2017	$566.85		No	N/A
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	7/1/2017	$282.19		No	N/A
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	7/1/2017	$340.70		Yes	MCU
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	7/1/2017	$1,201.99		Yes	MCU
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	7/1/2017	$838.74		Yes	MCU
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	7/1/2017	$1,202.75		Yes	MCU
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	7/1/2017	$564.11		Yes	MCU
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	7/1/2017	$1,038.64		Yes	MCU
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	7/1/2017	$1,310.89		Yes	MCU
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	7/1/2017	$1,110.31		Yes	MCU
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	7/1/2017	$1,973.44		Yes	MCU
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	7/1/2017	$1,701.26		Yes	MCU
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$361.50		No	N/A
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$171.06		No	N/A
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	7/1/2017	$3,430.30		Yes	MCU
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$2,602.04		No	N/A
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	7/1/2017	$1,751.49		Yes	MCU
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	7/1/2017	$2,393.41		Yes	MCU

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L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	7/1/2017	$3,629.85		Yes	MCU
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	7/1/2017	$158.72		No	N/A
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	7/1/2017	$529.89		No	N/A
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	7/1/2017	$1,659.60		No	N/A
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	7/1/2017	$1,673.19		No	N/A
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	7/1/2017	$1,373.25		No	N/A
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	7/1/2017	$620.61		No	N/A
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$257.17		No	N/A
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$287.90		No	N/A
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	7/1/2017	$310.91		No	N/A
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	7/1/2017	$308.99		No	N/A
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	7/1/2017	$466.37		No	N/A
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	7/1/2017	$609.95		No	N/A
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS (Special coverage instructions apply. See MCM: 2100.4, 2130D, 2133)	1/1/1985	$0.00		No	N/A
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	7/1/2017	$24.70		No	N/A
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH (Non-covered by Medicare. Statute reference: 1862(1)(a))	1/1/2006	$0.00		No	N/A
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	1/1/2018	$112.32		No	N/A
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE (Special coverage instructions apply. See MCM: 2130 A)	7/1/2017	$35.28		No	N/A
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE (Special coverage instructions apply. See MCM: 2130A)	7/1/2017	$105.25		No	N/A
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE (Special coverage instructions apply. See MCM: 2130A)	7/1/2017	$138.42		No	N/A
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE (Special coverage instructions apply. See MCM: 2130 A)	7/1/2016	$52.24		No	N/A
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$205.92		No	N/A
L8020	BREAST PROSTHESIS, MASTECTOMY FORM (Special coverage instructions apply. See MCM: 2130 A)	7/1/2017	$269.64		No	N/A
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE (Special coverage instructions apply. See MCM: 2130 A)	7/1/2017	$269.64		No	N/A

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L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE (Special coverage instructions apply. See MCM: 2130 A)	7/1/2017	$270.73		No	N/A
L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	7/1/2017	$34.26		Yes	MCU
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL (Special coverage instructions apply. See MCM: 2130)	7/1/2018	$3,074.03		Yes	MCU
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	1/1/1998	$0.00		Yes	MCU
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$2,097.79		No	N/A
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$2,528.69		No	N/A
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$2,841.20		No	N/A
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$3,182.15		No	N/A
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$3,523.10		No	N/A
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$2,211.59		No	N/A
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$2,272.95		No	N/A
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	7/1/2017	$1,164.88		No	N/A
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	1/1/2001	$0.00		No	N/A
L8300	TRUSS, SINGLE WITH STANDARD PAD (Special coverage instructions apply. See CIM: 70-1, 70-2 and MCM: 2133)	7/1/2017	$89.58		No	N/A
L8310	TRUSS, DOUBLE WITH STANDARD PADS (Special coverage instructions apply. See CIM: 70-1, 70-2 and MCM: 2133)	7/1/2017	$125.47		No	N/A
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD (Special coverage instructions apply. See CIM: 70-1, 70-2 and MCM: 2133)	7/1/2017	$47.77		No	N/A
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD (Special coverage instructions apply. See CIM: 70-1, 70-2 and MCM: 2133)	7/1/2017	$42.19		No	N/A
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$15.86		No	N/A
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$22.61		No	N/A
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$23.21		No	N/A
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	7/1/2017	$63.10		No	N/A
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$17.15		No	N/A
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$19.58		No	N/A
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$23.97		No	N/A
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$35.75		No	N/A
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$74.59		No	N/A
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$41.69		No	N/A
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$5.71		No	N/A
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$10.49		No	N/A

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L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH (Special coverage instructions apply. See MCM: 2133)	7/1/2017	$12.29		No	N/A
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	1/1/1982	$0.00		Yes	MCU
L8500	ARTIFICIAL LARYNX, ANY TYPE (Special coverage instructions apply. See CIM: 65-5 and MCM: 2130)	7/1/2017	$667.27		No	N/A
L8501	TRACHEOSTOMY SPEAKING VALVE (Special coverage instructions apply. See CIM: 65-16)	7/1/2017	$103.25		No	N/A
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	1/1/2002	$0.00		No	N/A
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	7/1/2017	$35.15		No	N/A
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	7/1/2017	$91.64		No	N/A
L8510	VOICE AMPLIFIER (Special coverage instructions apply. See CIM: 65-5)	7/1/2017	$212.01		No	N/A
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	7/1/2017	$61.03		No	N/A
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10	7/1/2017	$1.82		No	N/A
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	7/1/2017	$4.37		No	N/A
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	7/1/2017	$79.12		No	N/A
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH	7/1/2017	$52.96		No	N/A
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL (Special coverage instructions apply. See CIM: 35-47 and MCM: 2130)	7/1/2017	$623.32		Yes	MCU
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES (Special coverage instructions apply. See CIM: 65.9)	7/1/2017	$376.50		No	N/A
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1/1/1990	$0.00		No	N/A
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	7/1/2017	$600.97		No	N/A
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES (Special coverage instructions apply. See CIM: 65.9)	7/1/2017	$190.92		No	N/A
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES (Special coverage instructions apply. See MCM: 65.9)	7/1/2017	$36.23		No	N/A
L8609	ARTIFICIAL CORNEA	7/1/2017	$5,466.87		No	N/A
L8610	OCULAR IMPLANT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$567.00		No	N/A
L8612	AQUEOUS SHUNT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$619.01		No	N/A
L8613	OSSICULA IMPLANT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$257.27		No	N/A
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS (Special coverage instructions apply. See CIM: 65-14 and MCM: 2130)	7/1/2017	$16,056.37		Yes	MCU
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$378.43		Yes	MCU
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$88.15		Yes	MCU
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$76.99		Yes	MCU

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L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$22.01		Yes	MCU
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$6,892.88		Yes	MCU
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT, EACH	7/1/2017	$0.52		No	N/A
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	7/1/2017	$0.27		No	N/A
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	7/1/2017	$54.27		Yes	MCU
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	7/1/2017	$135.32		Yes	MCU
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH (Special coverage instructions apply. See CIM: 65-14)	1/1/2018	$161.33		No	N/A
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$5,814.59		Yes	MCU
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$1,078.28		Yes	MCU
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT (Special coverage instructions apply. See CIM: 65-14)	7/1/2017	$150.24		Yes	MCU
L8630	METACARPOPHALANGEAL JOINT IMPLANT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$287.96		Yes	MCU
L8641	METATARSAL JOINT IMPLANT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$398.92		Yes	MCU
L8642	HALLUX IMPLANT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$262.52		Yes	MCU
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$347.81		Yes	MCU
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT (Special coverage instructions apply. See MCM: 2130)	7/1/2017	$475.78		Yes	MCU
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE (Special coverage instructions apply. See CIM: 65-8)	7/1/2017	$7,272.92		No	N/A
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY (Special coverage instructions apply. See CIM: 65-8)	7/1/2017	$922.05		Yes	MCU
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER (Special coverage instructions apply. See CIM: 65-8)	7/1/2017	$5,196.38		Yes	MCU
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER (Special coverage instructions apply. See CIM: 65-8)	7/1/2017	$4,573.99		Yes	MCU
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLACEMENT (Special coverage instructions apply. See CIM: 65-8)	7/1/2017	$676.98		Yes	MCU
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION (Not payable by Medicare)	7/1/2011	$10,814.99		Yes	MCU
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION (Not payable by Medicare)	7/1/2011	$6,900.84		Yes	MCU

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L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION (Not payable by Medicare)	7/1/2011	$14,074.61		Yes	MCU
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION (Not payable by Medicare)	7/1/2011	$8,980.73		Yes	MCU
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY (Special coverage instructions apply. See CIM: 65-8)	7/1/2017	$1,447.34		Yes	MCU
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	7/1/2017	$3,991.58		Yes	MCU
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	7/1/2017	$2,237.41		Yes	MCU
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT (Non-covered by Medicare. Statute reference: 1862(a)(7))	1/1/2010	$0.00		Yes	MCU
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	7/1/2017	$1,272.29		Yes	MCU
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	1/1/2018	$806.71		Yes	MCU
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	1/1/1998	$0.00		Yes	MCU
M0075	CELLULAR THERAPY (Non-covered by Medicare. See CIM: 35-5)	1/1/1986	$0.00		No	N/A
M0076	PROLOTHERAPY (Non-covered by Medicare. See CIM: 35-13)	1/1/1986	$0.00		No	N/A
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY) (Non-covered by Medicare. See CIM: 35-64)	1/1/1986	$0.00		No	N/A
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (Non-covered by Medicare. See CIM: 35-34)	1/1/1986	$0.00		No	N/A
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE) (Special coverage instructions apply. See CIM: 50-34)	7/1/2017	$6.21		No	N/A
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY (Not payable by Medicare)	1/1/2008	$13.04		No	N/A
P9019	PLATELETS, EACH UNIT (Special coverage instructions apply. See MCM: 2455 B)	1/1/2008	$47.80		No	N/A
P9021	RED BLOOD CELLS, EACH UNIT (Special coverage instructions apply. See MCM: 2455A)	1/1/2008	$72.10		No	N/A
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9034	PLATELETS, PHERESIS, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT (Special coverage instructions apply. See MCM: 2455)	1/1/2001	$0.00		No	N/A
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	7/1/2017	$10.62		No	N/A
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML (Special coverage instructions apply. See MCM: 2455B)	7/1/2011	$7.50		No	N/A

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P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT (Special coverage instructions apply. See MCM: 2455.B)	1/1/2001	$0.00		No	N/A
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	7/1/2017	$49.25		No	N/A
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	7/1/2015	$20.24		No	N/A
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	7/1/2017	$48.09		No	N/A
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML	7/1/2014	$0.27		No	N/A
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2004	$0.00		No	N/A
P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT (Special coverage instructions apply. Statute reference: 1833T)	1/1/2016	$0.00		No	N/A
P9071	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT (Special coverage instructions apply. See MCM: 2455B. Statute reference: 1833T)	1/1/2016	$0.00		No	N/A
P9073	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT (Special coverage instructions apply. See MCM: 2455B. Statute reference: 1833T)	1/1/2018	$0.00		No	N/A
P9100	PATHOGEN(S) TEST FOR PLATELETS (Special coverage instructions apply. See CIM: 50-34)	1/1/2018	$0.00		No	N/A
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE (Special coverage instructions apply. See MCM: 5114.1D)	7/1/2015	$2.70		No	N/A
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (E.G., SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	1/1/1992	$0.00		No	N/A
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	7/1/2017	$5.27		No	N/A
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	7/1/2017	$5.27		No	N/A
Q0113	PINWORM EXAMINATIONS	7/1/2017	$6.68		No	N/A
Q0114	FERN TEST	7/1/2017	$8.83		No	N/A
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	7/1/2018	$0.84		No	N/A
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	7/1/2018	$0.84		No	N/A

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Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	1/1/1990	$0.00		No	N/A
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2018	$0.03		No	N/A
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2017	$0.24		No	N/A
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2017	$0.04		No	N/A
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2018	$1.80		No	N/A
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2018	$2.10		No	N/A
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2018	$0.02		No	N/A
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2011	$0.75		No	N/A
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2011	$0.49		No	N/A
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2011	$0.03		No	N/A
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN (Special coverage instructions apply. Statute reference: 4557)	7/1/2016	$100.37		No	N/A
Q0477	POWER MODULE PATIENT CABLE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	1/1/2018	$89.45		No	N/A

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Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE (Special coverage instructions apply)	7/1/2017	$154.19		Yes	MCU
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$10,133.96		Yes	MCU
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$75,569.89		Yes	MCU
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$12,192.31		Yes	MCU
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$3,818.87		Yes	MCU
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$15,732.01		Yes	MCU
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$3,055.12		Yes	MCU
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$294.96		Yes	MCU
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$245.50		Yes	MCU
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$286.42		Yes	MCU
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	10/1/2005	$0.00		Yes	MCU
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$13,638.80		Yes	MCU
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$589.96		Yes	MCU
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$927.47		Yes	MCU
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$74.71		Yes	MCU
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$212.77		Yes	MCU
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$180.05		Yes	MCU
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$3,504.82		Yes	MCU
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$1,257.94		Yes	MCU
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$392.81		Yes	MCU
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$431.00		Yes	MCU
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$140.03		Yes	MCU
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$25.62		Yes	MCU

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Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$428.50		Yes	MCU
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$545.54		Yes	MCU
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH (Special coverage instructions apply)	7/1/2017	$1,091.10		Yes	MCU
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE (Special coverage instructions apply)	7/1/2017	$575.75		Yes	MCU
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY (Special coverage instructions apply)	7/1/2017	$719.56		Yes	MCU
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE (Special coverage instructions apply)	7/1/2013	$0.00		No	N/A
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE (Special coverage instructions apply)	7/1/2013	$0.00		No	N/A
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UNDER MEDICARE PART A (Special coverage instructions apply)	7/1/2013	$0.00		No	N/A
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM (Special coverage instructions apply. See MCM: 2049)	7/1/2011	$1.62		Yes	MCU
Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT (Special coverage instructions apply. See MCM: 2049. Statute reference: 1861S2B)	7/1/2014	$5.73		No	N/A
Q2017	INJECTION, TENIPOSIDE, 50 MG (Special coverage instructions apply. See MCM: 2049. Statute reference: 1861S2B)	7/1/2014	$10.39		No	N/A
Q2026	INJECTION, RADIESSE, 0.1 ML (Special coverage instructions apply)	3/23/2010	$0.00		No	N/A
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU) (Special coverage instructions apply. See MCM: 2049.4)	9/1/2012	$0.00		No	N/A
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA) (Special coverage instructions apply. See MCM: 2049.4)	9/1/2018	$16.42		No	N/A
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL) (Special coverage instructions apply. See MCM: 2049.4)	7/1/2015	$7.72		No	N/A
Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN) (Special coverage instructions apply. See MCM: 2049.4)	9/1/2016	$14.65		No	N/A
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE) (Special coverage instructions apply. See MCM: 2049.4)	7/1/2016	$10.84		No	N/A
Q2039	INFLUENZA VIRUS VACCINE, NOT OTHERWISE SPECIFIED (Special coverage instructions apply. See MCM: 2049.4)	9/1/2017	$20.52		No	N/A
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2018	$355,842.00		Yes	Pharmacy
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION (Special coverage instructions apply)	7/1/2018	$35,931.65		Yes	Pharmacy
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	7/1/2015	$457.59		No	N/A

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Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG (Special coverage instructions apply. See MCM: 2049.4)	7/1/2016	$388.37		No	N/A
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH (Special coverage instructions apply. See MCM: 15022)	7/1/2000	$0.00		No	N/A
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE (Special coverage instructions apply. See MCM: 2049)	7/1/2016	$37.61		No	N/A
Q3031	COLLAGEN SKIN TEST (Special coverage instructions apply. See CIM: 65-9)	1/1/2004	$0.00		No	N/A
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	7/1/2017	$43.54		No	N/A
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	7/1/2017	$164.52		No	N/A
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	7/1/2017	$31.27		No	N/A
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$108.23		No	N/A
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	7/1/2017	$11.53		No	N/A
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$25.97		No	N/A
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$5.77		No	N/A
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$12.98		No	N/A
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	7/1/2017	$7.70		No	N/A
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$17.33		No	N/A
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$3.83		No	N/A
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$8.67		No	N/A
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	7/1/2017	$14.01		No	N/A
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$23.63		No	N/A
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$7.02		No	N/A
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$11.81		No	N/A
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	7/1/2017	$8.10		No	N/A
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$12.91		No	N/A
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$4.06		No	N/A
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$6.47		No	N/A
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	7/1/2017	$5.99		No	N/A
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$10.82		No	N/A
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$3.02		No	N/A
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$5.42		No	N/A
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	7/1/2017	$33.61		No	N/A
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$104.94		No	N/A
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$16.81		No	N/A
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$52.50		No	N/A
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	7/1/2017	$25.70		No	N/A
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$67.66		No	N/A
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$12.84		No	N/A
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$33.83		No	N/A
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	7/1/2017	$23.98		No	N/A
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$59.63		No	N/A
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$11.99		No	N/A
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$29.83		No	N/A

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Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	7/1/2017	$14.62		No	N/A
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$36.64		No	N/A
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$7.33		No	N/A
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$18.32		No	N/A
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	7/1/2017	$17.78		No	N/A
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$30.36		No	N/A
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$8.90		No	N/A
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$15.18		No	N/A
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	7/1/2017	$10.32		No	N/A
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2017	$16.61		No	N/A
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	7/1/2017	$5.15		No	N/A
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2017	$8.31		No	N/A
Q4049	FINGER SPLINT, STATIC	7/1/2017	$1.88		No	N/A
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	7/1/2001	$0.00		No	N/A
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES)	7/1/2001	$0.00		No	N/A
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	7/1/2014	$2.79		No	N/A
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS) (Special coverage instructions apply. See MCM: 4273.1)	7/1/2016	$1.11		No	N/A
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	1/1/1990	$0.00		No	N/A
Q4101	APLIGRAF, PER SQUARE CENTIMETER	7/1/2016	$28.09		No	N/A
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	7/1/2016	$9.61		No	N/A
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	7/1/2014	$58.11		No	N/A
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	7/1/2016	$29.13		No	N/A
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERATION MATRIX, PER SQUARE CENTIMETER	7/1/2016	$19.43		No	N/A
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	7/1/2016	$29.57		No	N/A
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	7/1/2016	$89.08		No	N/A
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	7/1/2016	$32.06		No	N/A
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	7/1/2016	$33.83		No	N/A
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	7/1/2016	$6.23		No	N/A
Q4112	CYMETRA, INJECTABLE, 1CC	7/1/2016	$201.36		No	N/A
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	7/1/2016	$201.36		No	N/A
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	7/1/2016	$1,419.93		No	N/A
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	7/1/2016	$8.61		No	N/A
Q4116	ALLODERM, PER SQUARE CENTIMETER	7/1/2016	$29.31		No	N/A
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	6/1/2016	$0.00		No	N/A
Q4121	THERASKIN, PER SQUARE CENTIMETER	7/1/2016	$34.63		No	N/A
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	7/1/2016	$20.02		No	N/A
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	1/1/2012	$10.26		No	N/A
Q4132	GRAFIX CORE, PER SQUARE CENTIMETER	7/1/2018	$119.00		No	N/A
Q4133	GRAFIX PRIME, PER SQUARE CENTIMETER	7/1/2018	$118.61		No	N/A
Q4134	HMATRIX, PER SQUARE CENTIMETER	1/1/2013	$0.00		No	N/A
Q4135	MEDISKIN, PER SQUARE CENTIMETER	7/1/2017	$345.44		No	N/A
Q4136	EZ-DERM, PER SQUARE CENTIMETER	1/1/2013	$0.00		No	N/A

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Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	7/1/2019	$74.21		No	N/A
Q4138	BIODFENCE DRYFLEX, PER SQUARE CENTIMETER	7/1/2017	$45.24		No	N/A
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC	1/1/2014	$0.00		No	N/A
Q4140	BIODFENCE, PER SQUARE CENTIMETER	1/1/2014	$0.00		No	N/A
Q4141	ALLOSKIN AC, PER SQUARE CENTIMETER	1/1/2014	$0.00		No	N/A
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	1/1/2014	$0.00		No	N/A
Q4143	REPRIZA, PER SQUARE CENTIMETER	1/1/2014	$0.00		No	N/A
Q4145	EPIFIX, INJECTABLE, 1 MG	7/1/2019	$17.27		No	N/A
Q4146	TENSIX, PER SQUARE CENTIMETER	1/1/2014	$0.00		No	N/A
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTIMETER	1/1/2014	$0.00		No	N/A
Q4148	NEOX 1K, PER SQUARE CENTIMETER	1/1/2014	$0.00		No	N/A
Q4149	EXCELLAGEN, 0.1 CC	1/1/2014	$0.00		No	N/A
Q4186	Epifix, per square centimeter	5/1/2019	$143.88		Yes	MCU
Q4187	Epicord, per square centimeter	5/1/2019	$143.88		Yes	MCU
Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	4/1/2019	$0.57		No	N/A
Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG (Special coverage instructions apply)	4/1/2018	$62.74		Yes	Pharmacy
Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG (Special coverage instructions apply)	4/1/2018	$63.34		Yes	Pharmacy
Q5105	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS (Special coverage instructions apply. See MCM: MCM 4273.1)	7/1/2018	$1.23		Yes	Pharmacy
Q5106	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS (Special coverage instructions apply. See 2049)	7/1/2018	$10.52		Yes	Pharmacy
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg (Special coverage instructions apply)	10/1/2019	$62.79		Yes	Pharmacy
Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	10/1/2018	$331.91		Yes	Pharmacy
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg (Special coverage instructions apply)	1/1/2019	$0.00		Yes	Pharmacy
Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM (Special coverage instructions apply. See MCM: 2049)	4/1/2019	$0.68		Yes	Pharmacy
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	6/1/2019	$322.52		Yes	Pharmacy
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	7/1/2019	$0.00		Yes	Pharmacy
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	7/1/2019	$0.00		Yes	Pharmacy
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	7/1/2019	$0.00		Yes	Pharmacy
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg (Special coverage instructions apply. See MCM: 2049)	7/1/2019	$0.00		Yes	Pharmacy
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	10/1/2019	$0.00		YES	Pharmacy
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	10/1/2019	$81.60		YES	Pharmacy
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	10/1/2019	$0.00		YES	Pharmacy
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	1/1/2016	$29.75		No	N/A
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	2/7/2005	$0.00		No	N/A
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML (Special coverage instructions apply. See MCM: 15022)	1/1/2008	$30.41		No	N/A
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER 100 ML (Special coverage instructions apply. See MCM: 15022)	7/1/2011	$9.57		No	N/A
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	2/7/2005	$0.00		No	N/A

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Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	7/1/2016	$31.42		No	N/A
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	7/1/2016	$47.13		No	N/A
Q9958	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2016	$0.07		No	N/A
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2005	$0.00		No	N/A
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2016	$0.17		No	N/A
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2016	$0.18		No	N/A
Q9962	HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	1/1/2008	$0.18		No	N/A
Q9963	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2016	$0.17		No	N/A
Q9964	HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	1/1/2008	$0.29		No	N/A
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2016	$0.79		No	N/A
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2016	$0.16		No	N/A
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML (Special coverage instructions apply. See MCM: 15022)	7/1/2016	$0.12		No	N/A
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG	1/1/2010	$0.00		No	N/A
Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE (Special coverage instructions apply)	1/1/2013	$10.00		No	N/A
Q9991	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG	7/1/2018	$1,507.32		Yes	Pharmacy
Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	7/1/2018	$1,507.32		Yes	Pharmacy
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, ONE PATIENT SEEN (Special coverage instructions apply. See MCM: 2070.4, 5244.B)	7/1/2011	$106.95		No	N/A
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, MORE THAN ONE PATIENT SEEN (Special coverage instructions apply. See MCM: 2070.4, 5244.B)	7/1/2011	$106.95		No	N/A
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG (Not payable by Medicare)	1/1/2000	$0.00		No	N/A
S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE) (Not payable by Medicare)	7/1/2015	$0.06		No	N/A
S0148	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG (Not payable by Medicare)	4/1/2009	$0.00		No	N/A
S0189	TESTOSTERONE PELLET, 75MG (Not payable by Medicare)	7/1/2012	$0.00		Yes	Pharmacy
S0190	MIFEPRISTONE, ORAL, 200 MG (Not payable by Medicare)	7/1/2019	$67.33		Yes	MCU
S0191	MISOPROSTOL, ORAL, 200 MCG (Not payable by Medicare)	7/1/2019	$0.68		Yes	MCU
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES (E.G., PATIENT COUNSELING, OFFICE VISITS, CONFIRMATION OF PREGNANCY BY HCG, ULTRASOUND TO CONFIRM DURATION OF PREGNANCY, ULTRASOUND TO CONFIRM COMPLETION OF ABORTION) EXCEPT DRUGS (Not payable by Medicare)	7/1/2019	$176.39		Yes	MCU

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S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S) (Not payable by Medicare)	4/1/2019	$564.50		Yes	MCU
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS (Not payable by Medicare)	1/1/1990	$0.00		No	N/A
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL) (Special coverage instructions apply)	8/1/2019	$100.00		No	N/A
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL) (Special coverage instructions apply)	8/1/2019	$51.00	UC	No	N/A
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL (Not payable by Medicare)	1/1/2008	$6.61		No	N/A
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK (Not payable by Medicare)	1/1/2008	$31.05		No	N/A
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK (Not payable by Medicare)	1/1/2008	$41.87		No	N/A
S8185	FLUTTER DEVICE (Not payable by Medicare)	1/1/2002	$0.00		No	N/A
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE (Not payable by Medicare)	1/1/2008	$20.62		No	N/A
S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE (Not payable by Medicare)	1/1/1990	$0.00		No	N/A
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM (Not payable by Medicare)	7/1/2018	$250.00		No	N/A
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT (Not payable by Medicare)	1/1/2008	$26.65		No	N/A
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES (Not payable by Medicare)	1/1/2008	$3.04		No	N/A
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES (Not payable by Medicare)	1/1/2008	$12.50	CG	No	N/A
T2001	NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT (Not payable by Medicare)	1/1/2008	$1.91		No	N/A
T2004	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS (Not payable by Medicare)	1/1/2008	$27.00		No	N/A
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.48		No	N/A
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.60		No	N/A
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.72		No	N/A
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.77		No	N/A
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.54		No	N/A
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.62		No	N/A
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.74		No	N/A

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T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.82		No	N/A
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.41		No	N/A
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.47		No	N/A
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.46		No	N/A
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.54		No	N/A
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.48		No	N/A
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.52		No	N/A
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.34		No	N/A
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$6.73		No	N/A
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$14.07		No	N/A
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$11.18		No	N/A
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$9.90		No	N/A
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH (Not payable by Medicare)	12/1/2008	$0.25		No	N/A
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH (Not payable by Medicare)	12/1/2008	$0.24		No	N/A
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH (Non-covered by Medicare. See CIM: 60-9)	12/1/2008	$0.76		No	N/A
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH (Non-covered by Medicare. See CIM: 60-9)	1/1/2018	$2.41		No	N/A
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS (Not payable by Medicare)	1/1/2008	$520.71		No	N/A
V2020	FRAMES, PURCHASES (Special coverage instructions apply. See MCM: 2130)	10/1/2018	$4.00		No	N/A
V2025	DELUXE FRAME (Non-covered by Medicare. See MCM: 3045.4)	6/1/2013	$35.00		Yes	NVA
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	10/1/2018	$12.00		No	N/A
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	6/1/2013	$5.00		No	N/A
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	6/1/2013	$8.00		No	N/A
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2018	$12.00		No	N/A
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	6/1/2013	$5.00		No	N/A
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	6/1/2013	$6.00		No	N/A

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V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	6/1/2013	$8.00		No	N/A
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	6/1/2013	$5.00		No	N/A
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	6/1/2013	$8.00		No	N/A
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	6/1/2013	$8.00		No	N/A
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	6/1/2013	$8.00		No	N/A
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	6/1/2013	$8.00		No	N/A
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS	6/1/2013	$8.00		No	N/A
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	6/1/2013	$8.00		No	N/A
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	6/1/2013	$8.00		No	N/A
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	6/1/2013	$30.00		Yes	NVA
V2118	ANISEIKONIC LENS, SINGLE VISION	6/1/2013	$49.00		No	N/A
V2121	LENTICULAR LENS, PER LENS, SINGLE (Special coverage instructions apply. See MCM: 2130.B)	6/1/2013	$58.00		Yes	NVA
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	10/1/2018	$99.00		No	N/A
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	6/1/2013	$11.00		No	N/A
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	6/1/2013	$11.00		No	N/A
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	6/1/2013	$11.00		No	N/A
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	6/1/2013	$11.00		No	N/A
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	6/1/2013	$11.00		No	N/A
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	6/1/2013	$11.00		No	N/A
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	6/1/2013	$11.00		No	N/A
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12 TO 2.00D CYLINDER, PER LENS	6/1/2013	$11.00		No	N/A
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	6/1/2013	$11.00		No	N/A
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	6/1/2013	$11.00		No	N/A
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER,PER LENS	6/1/2013	$11.00		No	N/A
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	6/1/2013	$15.00		No	N/A
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	6/1/2013	$15.00		No	N/A
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	6/1/2013	$15.00		No	N/A

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V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	6/1/2013	$50.00		No	N/A
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	6/1/2013	$40.00		Yes	NVA
V2218	ANISEIKONIC, PER LENS, BIFOCAL	6/1/2013	$50.00		No	N/A
V2219	BIFOCAL SEG WIDTH OVER 28MM	6/1/2013	$6.00		No	N/A
V2220	BIFOCAL ADD OVER 3.25D	6/1/2013	$15.00		No	N/A
V2221	LENTICULAR LENS, PER LENS, BIFOCAL (Special coverage instructions apply. See MCM: 2130.B)	6/1/2013	$15.00		Yes	NVA
V2299	SPECIALTY BIFOCAL (BY REPORT)	10/1/2018	$99.00		Yes	NVA
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	6/1/2013	$15.00		Yes	NVA
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	6/1/2013	$20.00		Yes	NVA
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	7/1/2008	$16.00		Yes	NVA
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	6/1/2013	$45.00		Yes	NVA
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	6/1/2013	$45.00		Yes	NVA
V2502	CONTACT LENS, PMMA, BIFOCAL, PER LENS	6/1/2013	$45.00		Yes	NVA
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	6/1/2013	$45.00		Yes	NVA
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	10/1/2018	$40.00		Yes	NVA
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	6/1/2013	$40.00		Yes	NVA
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	6/1/2013	$45.00		Yes	NVA
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	6/1/2013	$40.00		Yes	NVA
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS (Special coverage instructions apply. See CIM: 45-7, 65-1)	10/1/2018	$25.00		Yes	NVA
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS (Special coverage instructions apply. See CIM: 45-7, 65-1)	10/1/2018	$25.00		Yes	NVA
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS (Special coverage instructions apply. See CIM: 45-7, 65-1)	6/1/2013	$45.00		Yes	NVA
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS (Special coverage instructions apply. See CIM: 45-7, 65-1)	6/1/2013	$75.00		Yes	NVA
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	6/1/2013	$150.00		Yes	NVA
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325) (Special coverage instructions apply. See CIM: 65-3)	6/1/2013	$150.00		Yes	NVA
V2599	CONTACT LENS, OTHER TYPE	1/1/2013	$50.00		Yes	NVA
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	1/1/1985	$0.00		Yes	NVA
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM	1/1/1985	$0.00		Yes	NVA
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM (Special coverage instructions apply. See MCM: 2133)	7/1/2015	$923.24		No	N/A
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	7/1/2015	$69.66		No	N/A
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	7/1/2015	$423.49		No	N/A
V2626	REDUCTION OF OCULAR PROSTHESIS	7/1/2015	$228.28		No	N/A
V2627	SCLERAL COVER SHELL (Special coverage instructions apply. See CIM: 65-3)	7/1/2015	$1,474.32		Yes	MCU
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	7/1/2015	$348.12		No	N/A
V2629	PROSTHETIC EYE, OTHER TYPE	1/1/1985	$0.00		Yes	MCU
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS (Special coverage instructions apply. See MCM: 2130)	1/1/1985	$0.00		Yes	MCU
V2631	IRIS SUPPORTED INTRAOCULAR LENS (Special coverage instructions apply. See MCM: 2130)	1/1/1985	$0.00		Yes	MCU

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V2632	POSTERIOR CHAMBER INTRAOCULAR LENS (Special coverage instructions apply. See MCM: 2130)	1/1/1985	$0.00		Yes	MCU
V2700	BALANCE LENS, PER LENS	10/1/2018	$10.00		No	N/A
V2702	DELUXE LENS FEATURE (Non-covered by Medicare. See MCM: 2130B)	6/1/2013	$50.00		Yes	NVA
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	6/1/2013	$40.00		No	N/A
V2715	PRISM, PER LENS	6/1/2013	$3.00		No	N/A
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	6/1/2013	$20.00		No	N/A
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	6/1/2013	$25.00		No	N/A
V2745	ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER LENS (Special coverage instructions apply. See MCM: 2130.B)	10/1/2018	$10.00		Yes	NVA
V2760	SCRATCH RESISTANT COATING, PER LENS	7/1/2015	$13.74		No	N/A
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS (Special coverage instructions apply. See MCM: 2130.B)	7/1/2015	$50.20		No	N/A
V2770	OCCLUDER LENS, PER LENS	6/1/2013	$20.00		No	N/A
V2780	OVERSIZE LENS, PER LENS	6/1/2013	$20.00		No	N/A
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS (Special coverage instructions apply. See MCM: 2130.B)	6/1/2013	$25.00		Yes	NVA
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS (Special coverage instructions apply. See MCM: 2130.B)	6/1/2013	$25.00		Yes	NVA
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS (Special coverage instructions apply. See MCM: 2130.B)	10/1/2018	$10.00		No	N/A
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	1/1/1990	$0.00		No	N/A
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS (Non-covered by Medicare. Statute reference: 1862(a)(7))	6/1/2013	$100.00		No	N/A
V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS (Non-covered by Medicare. Statute reference: 1862(a)(7))	6/1/2013	$100.00		No	N/A
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	1/1/2001	$0.00		No	N/A
V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	7/1/2008	$0.00		Yes	NVA
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	10/1/2018	$100.00		Yes	MCU
V5008	HEARING SCREENING (Non-covered by Medicare. See MCM: 2320)	1/1/2008	$12.57		No	N/A
V5014	REPAIR/MODIFICATION OF A HEARING AID (Non-covered by Medicare. Statute reference: 1862A7)	1/1/1990	$0.00		No	N/A
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$565.38		Yes	MCU
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$565.38		Yes	MCU
V5050	HEARING AID, MONAURAL, IN THE EAR (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$629.00		No	N/A
V5060	HEARING AID, MONAURAL, BEHIND THE EAR (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$625.11		No	N/A
V5100	HEARING AID, BILATERAL, BODY WORN (Non-covered by Medicare. Statute reference: 1862A7)	4/1/2019	$721.31		No	N/A
V5120	BINAURAL, BODY (Non-covered by Medicare. Statute reference: 1862A7)	7/1/2011	$962.40		No	N/A
V5130	BINAURAL, IN THE EAR (Non-covered by Medicare. Statute reference: 1862A7)	7/1/2011	$1,088.72		No	N/A

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V5140	BINAURAL, BEHIND THE EAR (Non-covered by Medicare. Statute reference: 1862A7)	7/1/2011	$1,088.72		No	N/A
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite) (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$432.15		No	N/A
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc) (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$432.15		No	N/A
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte) (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$432.15		No	N/A
V5211	Hearing aid, contralateral routing system, binaural, ite/ite (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$757.85		No	N/A
V5212	Hearing aid, contralateral routing system, binaural, ite/itc (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$757.85		No	N/A
V5213	Hearing aid, contralateral routing system, binaural, ite/bte (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$757.85		No	N/A
V5214	Hearing aid, contralateral routing system, binaural, itc/itc (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$757.85		No	N/A
V5215	Hearing aid, contralateral routing system, binaural, itc/bte (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$777.13		No	N/A
V5221	Hearing aid, contralateral routing system, binaural, bte/bte (Non-covered by Medicare statute. Statute reference: 1862A7)	1/1/2019	$777.13		No	N/A
V5254	HEARING AID, DIGITAL, MONAURAL, CIC (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$581.87		No	N/A
V5255	HEARING AID, DIGITAL, MONAURAL, ITC (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$581.87		No	N/A
V5256	HEARING AID, DIGITAL, MONAURAL, ITE (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$549.75		No	N/A
V5257	HEARING AID, DIGITAL, MONAURAL, BTE (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$549.74		No	N/A
V5258	HEARING AID, DIGITAL, BINAURAL, CIC (Non-covered by Medicare. Statute reference: 1862A7)	7/1/2011	$1,097.64		No	N/A
V5259	HEARING AID, DIGITAL, BINAURAL, ITC (Non-covered by Medicare. Statute reference: 1862A7)	7/1/2011	$1,097.64		No	N/A
V5260	HEARING AID, DIGITAL, BINAURAL, ITE (Non-covered by Medicare. Statute reference: 1862A7)	7/1/2011	$1,049.92		No	N/A
V5261	HEARING AID, DIGITAL, BINAURAL, BTE (Non-covered by Medicare. Statute reference: 1862A7)	7/1/2011	$1,049.92		No	N/A
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2002	$0.00		No	N/A
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2002	$0.00		No	N/A
V5266	BATTERY FOR USE IN HEARING DEVICE (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2008	$1.00		No	N/A
V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Modifier	PA Always Required	PA Reviewer (Who the PA is submitted to)
V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT OTHERWISE SPECIFIED (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY TYPE (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE (Non-covered by Medicare. Statute reference: 1862a7)	1/1/2013	$0.00		Yes	MCU
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED (Non-covered by Medicare. Statute reference: 1862A7)	1/1/2003	$0.00		Yes	MCU
V5299	HEARING SERVICE, MISCELLANEOUS (Special coverage instructions apply. See MCM: 2320)	1/1/1982	$0.00		Yes	MCU