Introduction

Pursuant to Mississippi Code Annotated (MCA), section 71-3-15(3)(Rev. 2000), the following Fee Schedule, including Cost Containment and Utilization Management rules and guidelines, is hereby established in order to implement a medical cost containment program. This Fee Schedule, and accompanying rules and guidelines, applies to medical services rendered after the effective date of ~~August 1, 2008,~~ July 1, 2010, and, in the case of inpatient treatment, to services where the discharge date is on or after ~~August 1, 2008~~ July 1, 2010. This Fee Schedule establishes the maximum level of medical and surgical reimbursement for the treatment of work-related injuries and/or illnesses, which the Mississippi Workers' Compensation Commission deems to be fair and reasonable.

This Fee Schedule shall be used by the Workers' Compensation Commission, insurance payers, and self-insurers for approving and paying medical charges of physicians, surgeons, and other health care providers for services rendered under the Mississippi Workers' Compensation Law. This Fee Schedule applies to all medical services provided to injured workers by physicians, and also covers other medical services arranged for by a physician. In practical terms, this means professional services provided by hospital-employed physicians, as well as those physicians practicing independently, are reimbursed under this Fee Schedule.

The Commission will require the use of the most current version of the CPT book and HCPCS codes and modifiers in effect at the time services are rendered. All coding, billing and other issues, including disputes, associated with a claim, shall be determined in accordance with the CPT rules and guidelines in effect at the time service is rendered, unless otherwise provided in this Fee Schedule or by the Commission. As used in this Fee Schedule, CPT refers to the American Medical Association's *Current Procedural Terminology* codes and nomenclature. CPT is a registered trademark of the American Medical Association. HCPCS is an acronym for the Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedure Coding System and includes codes for procedures, equipment, and supplies not found in the CPT book. However, the inclusion of a service, product or supply in the CPT book or HCPCS book does not necessarily imply coverage, reimbursement or endorsement.

I. FORMAT

This Fee Schedule is comprised of the following sections: Introduction; General Rules; Billing and Reimbursement Rules; Medical Records Rules; Dispute Resolution Rules; Utilization Review Rules; Rules for Modifiers and Code Exceptions; Pharmacy Rules; Nurse Practitioner and Physician Assistant Rules; Home Health Rules; Skilled Nursing Facility Rules; Evaluation and Management; Anesthesia; Pain Management; Surgery; Radiology; Pathology and Laboratory; Medicine Services; Physical Medicine; Dental; Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes; Inpatient Hospital Payment Schedule and Rules; and Forms. Each section listed above has specific instructions (rules/guidelines). The Fee Schedule is divided into these sections for structural purposes only. Providers are to use the specific section(s) that contains the procedure(s) they perform or the service(s) they render. In the event a rule/guideline contained in one of the specific service sections conflicts with a general rule/guideline, the specific section rule/guideline will supersede.

CPT only © 2007 American Medical Association. All Rights Reserved.

Medical Fee Schedule **Effective July 1, 2010**

This Fee Schedule utilizes *Current Procedural Terminology* (CPT) codes and guidelines under copyright agreement with the American Medical Association. The descriptions included are full procedure descriptions. A complete list of modifiers is included in a separate section for easy reference.

II. SCOPE

The *Mississippi Workers' Compensation Medical Fee Schedule* does the following:

A. Establishes rules/guidelines by which the employer shall furnish, or cause to be furnished, to an employee who suffers a bodily injury or occupational disease covered by the Mississippi Workers' Compensation Law, reasonable and necessary medical, surgical, and hospital services medicines, supplies or other attendance or treatment as necessary. The employer shall provide to the injured employee such medical or dental surgery, crutches, artificial limbs, eyes, teeth, eyeglasses, hearing apparatus, and other appliances which are reasonable and necessary to treat, cure, and/or relieve the employee from the effects of the injury/illness, in accordance with MCA §71-3-15 (Rev. 2000), as amended.

B. Establishes a schedule of maximum reimbursement allowances (MRA) for such treatment, attendance, service, device, apparatus, or medicine.

C. Establishes rules/guidelines by which a health care provider shall be paid the lesser of (a) the provider's total billed charge, or (b) the maximum reimbursement allowance (MRA) established under this Fee Schedule.

D. Establishes rules for cost containment to include utilization review of health care and health care services, and provides for the acquisition by an employer/payer, other interested parties, and the Mississippi Workers' Compensation Commission, of the necessary records, medical bills, and other information concerning any health care or health care service under review.

E. Establishes rules for the evaluation of the appropriateness of both the level and quality of health care and health care services provided to injured employees, based upon medically accepted standards.

F. Authorizes employers/payers to withhold payment from, or recover payment from, health facilities or health care providers that have made excessive charges or which have provided unjustified and/or unnecessary treatment, hospitalization, or visits.

G. Provides for the review by the employer/payer or Commission any health facility or health care provider records and/or medical bills that have been determined not to be in compliance with the schedule of charges established herein.

H. Establishes that a health care provider or facility may be required by the employer/payer to explain in writing the medical necessity of health care or health care service that is not usually associated with, is longer and/or more frequent than, the health care or health care service usually accompanying the diagnosis or condition for which the patient is being treated.

I. Provides for medical cost containment review and decision responsibility. The rules and definitions hereunder are not intended to supersede or modify the Workers' Compensation Act, the administrative rules of the Commission, or court decisions interpreting the Act or the Commission's administrative rules.

J. Provides for the monitoring of employer/payers to determine their compliance with the criteria and standards established by this Fee Schedule.

K. Establishes deposition/witness fees.

L. Establishes fees for medical reports.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

M. Provides for uniformity in billing of provider services.

N. Establishes rules/guidelines for billing.

O. Establishes rules/guidelines for reporting medical claims for service.

P. Establishes rules/guidelines for obtaining medical services by out-of-state providers.

Q. Establishes rules/guidelines for Utilization Review to include pre-certification, concurrent review, discharge planning and retrospective review.

R. Establishes rules for dispute resolution which includes an appeal process for determining disputes which arise under this Fee Schedule.

S. Establishes a Peer Review system for determining medical necessity. Peer review is conducted by professional practitioners of the same specialty as the treating medical provider on a particular case.

T. Establishes the list of health care professionals who are considered authorized providers to treat employees under the Mississippi Workers' Compensation Law; and who, by reference in this rule, will be subject to the rules, guidelines and maximum reimbursement limits in this Fee Schedule.

U. Establishes financial and other administrative penalties to be levied against payers or providers who fail to comply with the provisions of the Fee Schedule, including but not limited to interest charges for late billing or payment, percentage penalties for late billing or payment, and additional civil penalties for practices deemed unreasonable by the Commission.

III. MEDICAL NECESSITY

The concept of medical necessity is the foundation of all treatment and reimbursement made under the provision of section 71-3-15, Mississippi Code of 1972, as amended. For reimbursement to be made, services and supplies must meet the definition of "medically necessary." The sole use of extraneous guidelines, including but not limited to, the Official Disability Guidelines ("ODG"), to determine the appropriateness or extent of treatment or reimbursement is prohibited. Continuation of treatment shall be based on the concept of medical necessity and predicated on objective or appropriate subjective improvements in the patient's clinical status. Arbitrary limits on treatment or reimbursement based solely on diagnosis or guidelines outside this Schedule are not permitted.

A. For the purpose of the Workers' Compensation Program, any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient's diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries, is considered "medically necessary." The service must be widely accepted by the practicing peer group, based on scientific criteria, and determined to be reasonably safe. It must not be experimental, investigational, or research in nature except in those instances in which prior approval of the payer has been obtained. For purposes of this provision, "peer group" is defined as similarly situated physicians of the same specialty, licensed in the State of Mississippi, and qualified to provide the services in question.

B. Services for which reimbursement is due under this Fee Schedule are those services meeting the definition of "medically necessary" above and includes such testing or other procedures reasonably necessary and required to determine or diagnose whether a work-related injury or illness has been sustained, or which are required for the remedial treatment or diagnosis of an on-the-job injury, a work-related illness, a pre-existing condition affected by the injury or illness, or a complication

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

resulting from the injury or illness, and which are provided for such period as the nature of the injury or process of recovery may require.

C. Treatment of conditions unrelated to the injuries sustained in an industrial accident may be denied as unauthorized if the treatment is directed toward the non-industrial condition or if the treatment is not deemed medically necessary for the patient's rehabilitation from the industrial injury.

IV. DEFINITIONS

Act means Mississippi Workers' Compensation Law, Mississippi Code Annotated (MCA), section 71-3-1 et seq. (Rev. 2000 as amended).

Adjust means that a payer or a payer's agent reduces or otherwise alters a health care provider's request for payment.

Appropriate care means health care that is suitable for a particular patient, condition, occasion, or place.

Bill means a claim submitted by a provider to a payer for payment of health care services provided in connection with a covered injury or illness.

Bill adjustment means a reduction of a fee on a provider's bill, or other alteration of a provider's bill.

By report (BR) means that the procedure is new, or is not assigned a maximum fee, and requires a written description included on or attached to the bill. "BR" procedures require a complete listing of the service, the dates of service, the procedure code, and the payment requested. The report is included in the reimbursement for the procedure.

Carrier means any stock company, mutual company, or reciprocal or inter-insurance exchange authorized to write or carry on the business of Workers' Compensation Insurance in this State, or self-insured group, or third-party payer, or self-insured employer, or uninsured employer.

CMS-1500 means the CMS-1500 form and instructions that are used by noninstitutional providers and suppliers to bill for outpatient services. Use of the most current CMS-1500 form is required.

Commission means the Mississippi Workers' Compensation Commission.

Case means a covered injury or illness occurring on a specific date and identified by the worker's name and date of injury or illness.

Consultation means a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. If a consultant, subsequent to the first encounter, assumes responsibility for management of the patient's condition, that physician becomes a treating physician. The first encounter is a consultation and shall be billed and reimbursed as such. A consultant shall provide a written report of his/her findings. *A second opinion is considered a consultation.*

Controverted claim is a workers' compensation claim which is pending before the Commission and in which the patient or patient's legal representative has filed a Petition to Controvert.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Covered injury or illness means an injury or illness for which treatment is mandated under the Act.

Critical care means care rendered in a variety of medical emergencies that requires the constant attention of the practitioner, such as cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, and is usually provided in a critical care unit or an emergency department.

Day means a continuous 24-hour period.

Diagnostic procedure means a service that helps determine the nature and causes of a disease or injury.

Durable medical equipment (DME) means specialized equipment designed to stand repeated use, appropriate for home use, and used solely for medical purposes.

Expendable medical supply means a disposable article that is needed in quantity on a daily or monthly basis.

Follow-up care means the care which is related to the recovery from a specific procedure and which is considered part of the procedure's maximum reimbursement allowance, but does not include complications.

Follow-up days are the days of care following a surgical procedure which are included in the procedure's maximum reimbursement allowance amount, but which do not include complications. The follow-up day period begins on the day of the surgical procedure(s).

Health care review means the review of a health care case, bill, or both by the payer or the payer's agent.

Incident to means that the services and supplies are commonly furnished as an integral part of the primary service or procedure.

Incidental surgery means surgery performed through the same incision, on the same day, by the same doctor, not increasing the difficulty or follow-up of the main procedure, or not related to the diagnosis.

Incorrect payment means the provider was not reimbursed according to the rules/guidelines of the Fee Schedule and the payer has failed to provide any reasonable basis for the adjusted payment.

Independent medical examination (IME) means a consultation provided by a physician to evaluate a patient at the request of the Commission. This evaluation may include an extensive record review and physical examination of the patient and requires a written report.

Independent procedure means a procedure that may be carried out by itself, completely separate and apart from the total service that usually accompanies it.

Inpatient services means services rendered to a person who is admitted as an inpatient to a hospital.

Maximum reimbursement allowance (MRA) means the maximum fee allowed for medical services as set forth in this Fee Schedule.

Medical only case means a case that does not involve more than five (5) days of disability or lost work time and for which only medical treatment is required.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Medical Fee Schedule **Effective July 1, 2010**

Medically accepted standard means a measure set by a competent authority as the rule for evaluating quality or quantity of health care or health care services and which may be defined in relation to any of the following:

- Professional performance
- Professional credentials
- The actual or predicted effects of care
- The range of variation from the norm

Medically necessary means any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient's diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries.

Medical record means a record in which the medical service provider records the subjective findings, objective findings, diagnosis, treatment rendered, treatment plan, and return to work status and/or goals and impairment rating as applicable.

Medical supply means either a piece of durable medical equipment or an expendable medical supply.

Observation services means services rendered to a person who is designated or admitted to a hospital or facility as observation status.

Operative report means the practitioner's written description of the surgery and includes all of the following:

- A preoperative diagnosis;
- A postoperative diagnosis;
- A step-by-step description of the surgery;
- A description of any problems that occurred in surgery; and
- The condition of the patient upon leaving the operating room.

Optometrist means an individual licensed to practice optometry.

Orthotic equipment means an orthopedic apparatus designed to support, align, prevent, or correct deformities, or improve the function of a moveable body part.

Orthotist means a person skilled in the construction and application of orthotic equipment.

Outpatient service means services provided to patients at a time when they are not hospitalized as inpatients.

Payer means the employer or self-insured employed group, carrier, or third-party administrator (TPA) who pays the provider billings.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Pharmacy means the place where the science, art, and practice of preparing, preserving, compounding, dispensing, and giving appropriate instruction in the use of drugs is practiced.

Practitioner means a person licensed, registered, or certified as an acupuncturist, audiologist, doctor of chiropractic, doctor of dental surgery, doctor of medicine, doctor of osteopathy, doctor of podiatry, doctor of optometry, massage therapist, nurse, nurse anesthetist, nurse practitioner, occupational therapist, orthotist, pharmacist, physical therapist, physician assistant, prosthetist, psychologist, or other person licensed, registered, or certified as a health care professional or provider.

Primary procedure means the therapeutic procedure most closely related to the principal diagnosis, and in billing, the CPT code with the highest relative value unit (RVU) that is neither an add-on code nor a code exempt from modifier 51 shall be considered the primary procedure. Reimbursement for the primary procedure is not dependent on the ordering or re-ordering of codes.

Procedure means a unit of health service.

Procedure code means a five–digit numerical sequence or a sequence containing an alpha character and preceded or followed by four digits, which identifies the service performed and billed.

Properly submitted bill means a request by a provider for payment of health care services submitted to a payer on the appropriate forms with appropriate documentation and within the time frame established under the guidelines of the Medical Fee Schedule.

Prosthesis means an artificial substitute for a missing body part.

Prosthetist means a person skilled in the construction and application of prostheses.

Provider means a facility, health care organization, or a practitioner who provides medical care or services.

Secondary procedure means a surgical procedure performed during the same operative session as the primary surgery but considered an independent procedure that may not be performed as part of the primary surgery.

Special report means a report requested by the payer to explain or substantiate a service or clarify a diagnosis or treatment plan.

Specialist means a board-certified practitioner, board-eligible practitioner, or a practitioner otherwise considered an expert in a particular field of health care service by virtue of education, training, and experience generally accepted by practitioners in that particular field of health care service.

Usual and customary rate/fee is a reimbursement allowance equal to the amount displayed by the Ingenix MDR Charge Payment System (Mississippi State Version) for the procedure at the 40th percentile. The Ingenix MDR Charge Payment System is a national database of Relative and Actual Charge Data (RACD) which includes charge information for the State of Mississippi.

V. HOW TO INTERPRET THE FEE SCHEDULE

CPT Code

The first column lists the American Medical Association's (AMA) CPT code. *CPT 2008* codes are used by arrangement with the AMA.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Medical Fee Schedule Effective July 1, 2010

Add-on Codes

+ denotes procedure codes that are considered "add-on" codes as defined in the CPT book.

Modifier 51 Exempt

* denotes procedure codes that are exempt from the use of modifier 51 and are not designated as add-on procedures/services as defined in the CPT book.

Conscious Sedation

K denotes procedure codes that include conscious sedation as an inherent part of providing the procedure.

Description

This Fee Schedule uses actual 2008 CPT full descriptions.

Relative Value

This column lists the relative value unit (RVU) assigned to each procedure. There are, however, procedures too variable to accept a set value—these are "by report" procedures and are noted BR.

Amount

This column lists the total reimbursable as a monetary amount.

PC Amount

Where there is an identifiable professional and technical component to a procedure, the portion considered to be the professional component is listed. The professional component gives the total reimbursable as a monetary amount. The technical component can be identified as the Amount minus the PC Amount.

FUD

Follow-up days included in a surgical procedure's global charge are listed in this column.

Assist Surg

The assistant surgeon column identifies procedures that are approved for an assistant to the primary surgeon whether a physician, physician assistant (PA), registered nurse first assistant (RNFA, RA), or other individual qualified for reimbursement as an assistant under the Fee Schedule.

ASC Amount

Ambulatory Surgery Center (ASC) payment is made for facility services furnished in conjunction with outpatient surgical procedures.

Facility Fee

The facility fee is paid to the facility for the technical portion of services provided in conjunction with outpatient pain management, pathology, laboratory, and radiology procedures.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Effective July 1, 2010 **Medical Fee Schedule**

VI. AUTHORIZED PROVIDERS

The following health care providers are recognized by the Mississippi Workers' Compensation Commission as acceptable to provide treatment to injured workers under the terms of the Act, and must comply with the rules, guidelines, billing and reimbursement policies and maximum reimbursement allowance (MRA) contained in this Fee Schedule when providing treatment or service under the terms of the Act:

Acupuncturist (L.A.C.)

Audiologist

Certified Registered Nurse Anesthetist (C.R.N.A.)

Doctor of Chiropractic (D.C.)

Doctor of Dental Surgery (D.D.S.)/Doctor of Dental Medicine (D.D.M.)

Doctor of Osteopathy (D.O.)

Licensed Clinical Social Worker (L.C.S.W.)

Licensed Nursing Assistant

Licensed Practical Nurse (L.P.N.)

Massage Therapist

Medical Doctor (M.D.)

Nurse Practitioner (N.P.)

Occupational Therapist (O.T.)

Optometrist (O.D.)

Oral Surgeon (M.D., D.O., D.M.D., D.D.S.)

Pharmacist (R.Ph.)

Physical Therapist (P.T.)

Physical Therapist Assistant (P.T.A.)

Physician Assistant (P.A.)

Podiatrist (D.P.M.)

Prosthetist or Orthotist

Psychologist (Ph.D.)

Registered Nurse (R.N.)

Registered Nurse First Assistant (R.N.F.A., R.A.)

Speech Therapist

All health care providers, as listed herein, are subject to the rules, limitations, exclusions, and maximum reimbursement allowances of this Fee Schedule. Medical treatment under the terms of the Act may be provided by any other person licensed, registered or certified as a health care professional if approved by the payer or Commission, and in such case, said provider and payer shall be subject to the rules and guidelines, including maximum reimbursement amounts, provided herein.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Medical Fee Schedule **Effective July 1, 2010**

VII. INFORMATION PROGRAM

The Workers' Compensation Commission shall provide ongoing information regarding this Fee Schedule for providers, payers, their representatives and any other interested persons or parties. This information shall be provided primarily through informational sessions and seminar presentations at our Annual Education Conference as well as the distribution of appropriate information materials via the Commission's website, and by other means as needed.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

General Rules

I. CONFIRMATORY CONSULTATION

As provided in section 71-3-15(1) of the Act, and in M.W.C.C. General Rule 9, a payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered. This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site-specific consultation code with modifier 32 appended to indicate a mandated service and paid in accordance with the Fee Schedule.

II. CODING STANDARD

A. The most current version of the American Medical Association's *Current Procedural Terminology* (CPT) book, and, where appropriate, the codes and descriptors of the American Society of Anesthesiologists' *Relative Value Guide*™, in effect at the time service is rendered or provided shall be the authoritative coding guide, unless otherwise specified in this Fee Schedule.

B. The most current version of HCPCS Level II codes developed by CMS in effect at the time service is rendered or provided shall be the authoritative coding guide for durable medical equipment, prosthetics, orthotics, and other medical supplies (DMEPOS), unless otherwise specified in this Fee Schedule.

III. DEPOSITION/WITNESS FEES; MEDICAL RECORDS AFFIDAVIT

A. Any health care provider who gives a deposition or is otherwise subpoenaed to appear in proceedings pending before the Commission shall be paid a witness fee as provided by M.W.C.C. Procedural Rule 18(h) in the amount of $25.00 per day plus mileage reimbursement at the rate authorized by M.W.C.C. General Rule 14. Procedure code 99075 must be used to bill for a deposition.

B. In addition to the above fee and mileage reimbursement, any health care provider who gives testimony by deposition or who appears in person to testify at a hearing before the Commission shall be paid $500.00 for the first hour and $125.00 per quarter hour thereafter. This fee includes necessary preparation time. In the event a deposition is cancelled through no fault of the provider, the provider shall be entitled to a payment of $250.00 unless notice of said cancellation is given to the provider at least 72 hours in advance. In the event a deposition is cancelled through no fault of the provider within 24 hours of the scheduled time, then, in that event, the provider shall be paid the rate due for the first hour of a deposition. Nothing stated herein shall prohibit a medical provider and a party seeking to take the medical provider's deposition from entering into a separate contract which provides for reimbursement other than as above provided.

CPT only © 2007 American Medical Association. All Rights Reserved.

C. Pursuant to Mississippi Workers' Compensation Commission Procedural Rule 9, an examining or treating physician may execute an affidavit in lieu of direct testimony. The Physician's Medical Record Custodian is allowed to sign the affidavit in lieu of the physician's signature. Such charge for execution of the affidavit is limited to a maximum reimbursement of $25.00. Reimbursement for copies of medical records that are attached to affidavits shall be made as outlined elsewhere in the Fee Schedule.

IV. IMPAIRMENT RATING

A. In determining the extent of permanent impairment attributable to a compensable injury, the provider shall base this determination on the most current edition of the *Guides to the Evaluation of Permanent Impairment,* as published and copyrighted by the American Medical Association which is in effect at the time the service is rendered. Only a medical doctor is entitled under these rules to reimbursement for conducting an impairment rating evaluation.

B. A provider is entitled to reimbursement for conducting an impairment rating evaluation and determining the extent of permanent impairment, and should bill for such services using CPT codes 99455. ~~or 99456.~~ The reimbursement for CPT code 99455 shall be $250.00.

V. INDEPENDENT MEDICAL EXAMINATION (IME)

A. An independent medical examination (IME) may be ordered by the Mississippi Workers' Compensation Commission or its Administrative Judges. A practitioner other than the treating practitioner must do the medical examination, and the Commission or Judge shall designate the examiner.

B. An independent medical examination (IME) shall include a study of previous history and medical care information, diagnostic studies, diagnostic x-rays, and laboratory studies, as well as an examination and evaluation. An IME can only be ordered by the Workers' Compensation Commission or one of its Administrative Judges. A copy of the report must be sent to the patient, or his attorney if represented, the payer, and the Mississippi Workers' Compensation Commission.

C. The fee for the IME may be set by the Commission or Judge, or negotiated by the payer and provider prior to setting the appointment, and in such cases, reimbursement shall be made according to the order of the Commission or Judge, or according to the mutual agreement of the parties. In the absence of an agreement or order regarding reimbursement for an IME, the provider shall bill for the IME using the appropriate level and site-specific consultation code appended with modifier 32 to indicate a mandated service, and shall be reimbursed according to the Fee Schedule.

VI. MAXIMUM MEDICAL IMPROVEMENT

A. When an employee has reached maximum medical improvement (MMI) for the work related injury and/or illness, the physician should promptly, and at least within fourteen (14) days, submit a report to the payer showing the date of maximum medical improvement.

B. Maximum medical improvement is reached at such time as the patient reaches the maximum benefit from medical treatment or is as far restored as the permanent character of his injuries will permit and/or the current limits of medical science will permit. Maximum medical improvement may be found even though the employee will require further treatment or care.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

VII. Out-of-State Medical Treatment

A. Each employer shall furnish all reasonable and necessary drugs, supplies, hospital care and services, and medical and surgical treatment for the work-related injury or illness. All such care, services, and treatment shall be performed at facilities within the state when available.

B. When billing for out-of-state services, supporting documentation is necessary to show that the service being provided cannot be performed within the state, the same quality of care cannot be provided within the state, or more cost-effective care can be provided out-of-state. In determining whether out-of-state treatment is more cost effective, this question must be viewed from both the payer and patient's perspective. As stated in General Rule 9, treatment should be provided in an area reasonably convenient to the place of the injury or the residence of the injured employee, in addition to being reasonably suited to the nature of the injury.

C. Reimbursement for out-of-state services shall be based on one of the following, in order of preference: (1) the workers' compensation fee schedule for the state in which services are rendered; or (2) in cases where there is no applicable fee schedule for the state in which services are rendered, or the fee schedule in said state excludes or otherwise does not provide reimbursement allowances for the services rendered, reimbursement should be paid at the usual and customary rate for the geographical area in which the services are rendered; or (3) reimbursement for out-of-state services may be based on the mutual agreement of the parties.

D. Prior authorization must be obtained from the payer for referral to out-of-state providers. The documentation must include the following:

1. Name and location of the out-of-state provider,
2. Justification for an out-of-state provider, including qualifications of the provider and description of services being requested.

VIII. Authorization for Treatment

A. Prior Authorization. Providers must request authorization from the payer before service is rendered for the services and supplies listed below:

1. Non-emergency elective inpatient hospitalization
2. Non-emergency elective inpatient surgery
3. Non-emergency elective outpatient surgery
4. Physical medicine treatments after 15 visits or 30 days, whichever comes first
5. Rental or purchase of supplies or equipment over the amount of $50.00 per item
6. Rental or purchase of TENS
7. Home health services
8. Pain clinic/therapy programs, including interdisciplinary pain rehabilitation programs.
9. External spinal stimulators
10. Pain control programs.
11. Work hardening programs, back schools~~, functional capacity testing, ISO kinetic testing~~
12. Referral for orthotics or prosthetics
13. Referral for acupuncture

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

14. Referral for biofeedback
15. Referral to psychological testing/counseling
16. Referral to substance abuse program
17. Referral to weight reduction program
18. Referral to any non-emergency medical service outside the State of Mississippi
19. Repeat MRI (more than one per injury)
20. Repeat CT Scan (more than one per injury)
21. Intraoperative neurophysiologic monitoring (e.g., SSEP, VEP, DEP, BAEP, MEP)

B. Response Time. The payer must respond within two (2) business days to a request of prior authorization for non-emergency services.

C. Federal Facilities. Treatment provided in federal facilities requires authorization from the payer. However, federal facilities are exempt from the billing requirements and reimbursement policies in this manual.

D. Pre-certification for Non-emergency Surgery. Providers must pre-certify all non-emergency surgery. However, certain catastrophic cases require frequent returns to the operating room (O.R.) (e.g., burns may require daily surgical debridement). In such cases, it is appropriate for the provider to obtain certification of the treatment plan to include multiple surgical procedures. The provider's treatment plan must be specific and agreement must be mutual between the provider and the payer regarding the number and frequency of procedures certified.

E. Retrospective Review. Failure to obtain pre-certification as required by this Fee Schedule shall not, in and of itself, result in a denial of payment for the services provided. Instead, the payer, if requested to do so by the provider within one (1) year of the date of service or discharge, shall conduct a retrospective review of the services, and if the payer determines that the services provided would have been pre-certified, in whole or in part, if pre-certification had been timely sought by the provider, then the payer shall reimburse the provider for the approved services according to the Fee Schedule, or, if applicable, according to the separate fee agreement between the payer and provider, less a ten percent (10%) penalty for the provider's failure to obtain pre-certification as required by this Fee Schedule. This penalty shall be computed as ten percent (10%) of the total allowed reimbursement. If, upon retrospective review, the payer determines that pre-certification would not have been given, or would not have been given as to part of the requested services, then the payer shall dispute the bill and proceed in accordance with the Billing and Payment Rules as hereafter provided.

F. Authorization Provided by Employer or Payer. When authorization for treatment is sought and obtained from the employer, or payer, whether verbally or in writing, and medical treatment is rendered in good faith reliance on this authorization, the provider is entitled to payment from the employer or payer for the initial visit or evaluation, or in emergency cases, for treatment which is medically necessary to stabilize the patient. Reimbursement is not dependent on, and payment is due regardless of, the outcome of medically necessary services which are provided in good faith reliance upon authorization given by the employer or payer.

IX. RETURN TO WORK

If an employee is capable of some form of gainful employment, it is advisable for the physician to release the employee to light work and make a specific report to the payer as to the date of such release and setting out any restrictions on such light work. It can be to the employee's economic advantage to be released to light or alternative work, since he/she can receive compensation based on sixty-six and two-thirds percent (66 2/3%) of the difference between the employee's earnings in such work and the employee's pre-injury average weekly wage. The physician's judgment in such matters is extremely

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

important, particularly as to whether the patient is medically capable of returning to work in some capacity.

Return to work decisions should be based on objective findings, and the physician's return to work assessment should identify, if possible, any alternative duty employment to which the patient may return if return to full duty is not medically advisable.

X. SELECTION OF PROVIDERS

The selection of appropriate providers for diagnostic testing or analysis, including but not limited to CAT scans, MRI, x-ray, and laboratory, shall be at the direction of the treating or prescribing physician. In the absence of specific direction from the treating or prescribing physician, the selection shall be made by the payer, in consultation with the treating or prescribing physician.

Physical or occupational therapy, including work hardening, functional capacity evaluations, back schools, chronic pain programs, or massage therapy shall be provided upon referral from a physician. In the absence of specific direction from the treating or prescribing physician, the selection of a provider for these services shall be made by the payer in consultation with the treating or prescribing physician.

The selection of providers for the purchase or rental of durable medical equipment shall be at the direction of the payer.

The selection of providers for medical treatment or service, other than as above provided, shall be in accordance with the provisions of MCA section 71-3-15 (Rev. 2000).

XI. DRUG SCREENING

Only one (1) drug screen or drug test result shall be eligible for reimbursement for each drug test conducted on the same patient on the same day, except and unless the initial screening results are deemed by the prescribing provider to be inconsistent or inherently unreliable. In that event, a confirmation screening may be ordered by the prescribing provider and paid for by the payer. In addition, treatment may not be discontinued based on the results of a drug test absent a confirmation test, which shall be reimbursed in addition to the initial screening test. Merely duplicate screenings or tests which are rerun to confirm initial results are not otherwise eligible for reimbursement.

XII. MILEAGE REIMBURSEMENT

The payer shall reimburse each claimant for all travel to obtain medical treatment which is being obtained under the provisions of the Mississippi Workers' Compensation Law, including travel to a pharmacy to obtain medication or supplies necessary for treatment of a compensable injury, regardless of the number of miles traveled. Reimbursement shall be made for each mile of round trip travel necessitated by the compensable injury, at the rate adopted by the Commission and in effect at the time of the travel. Only reasonable and necessary miles traveled are subject to reimbursement.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Billing and Reimbursement Rules

I. GENERAL PROVISIONS

A. Maximum Reimbursement Allowance (MRA). Unless the payer and provider have a separate fee contract which provides for a different level of reimbursement, the maximum reimbursement allowance for health care services shall be the lesser of (a) the provider's total billed charge, or (b) the maximum specific fee established by the Fee Schedule. Items or services or procedures which do not have a maximum specific fee established by this Fee Schedule shall be reimbursed at the usual and customary fee as defined in this Fee Schedule, and in such cases, the maximum reimbursement allowance shall be the lesser of (1) the provider's total billed charge, or (2) the usual and customary fee as defined by this Fee Schedule.

If this Fee Schedule does not establish a maximum specific fee for a particular service or procedure, and a usual and customary rate cannot be determined because the Ingenix MDR Charge Payment System database does not contain a fee for same, then the maximum reimbursement allowance shall be equal to the national Medicare allowance plus thirty percent (30%). In the absence of an established Medicare value, and assuming none of the above provisions apply, the maximum reimbursement allowance shall be the provider's total billed charge.

B. Separate Fee Contract. An employer/payer may enter into a separate contractual agreement with a medical provider regarding reimbursement for services provided under the provisions of the Mississippi Workers' Compensation Law, and if an employer/payer has such a contractual agreement with a provider designed to reduce the cost of workers' compensation health care services, the contractual agreement shall control as to the amount of reimbursement and shall not be subject to the maximum reimbursement allowance otherwise established by the Fee Schedule. However, all other rules, guidelines and policies as provided in this Fee Schedule shall apply and shall be considered to be automatically incorporated into such agreement.

1. Repricing Agreements. Payers and providers may voluntarily enter into repricing agreements designed to contain the cost of workers' compensation health care after the medical care or service has been provided, and in such case, the reimbursement voluntarily agreed to by the parties shall control to the exclusion of the Fee Schedule. However, the time spent by the payer and provider attempting to negotiate a post-care repricing agreement does not extend the time elsewhere provided in this Fee Schedule for billing claims, paying claims, requesting correction of an incorrect payment, requesting reconsideration, seeking dispute resolution, or reviewing and responding to requests for correction or reconsideration or dispute resolution. In addition,

CPT only © 2007 American Medical Association. All Rights Reserved.

applicable interest and penalties related to late billing and/or late payment shall continue to accrue as otherwise provided. Efforts to negotiate a post-care repricing agreement do not justify late billing or payment, and either party may seek further relief in accordance with the rules provided herein should billing or payment not be made within the time otherwise due under these rules. No party shall be obligated to negotiate or enter into a repricing agreement of any kind whatsoever.

No party, in attempting to negotiate a repricing or other post treatment price reduction agreement, shall state or imply that consent to such an agreement is mandatory, or that the failure to enter into any such agreement may result in audit, delay of payment, or other adverse consequence. If the Commission determines that any party, or other person in privity therewith, has made such false or misleading statements in an effort to coerce another party's consent to a repricing or other price reduction agreement outside the Fee Schedule, the Commission may refer the matter to the appropriate authorities to consider whether such conduct warrants criminal prosecution under section 71-3-69 of the Law. This statute declares that any false or misleading statement or representation made for the purpose of wrongfully withholding any benefit or payment otherwise due under the terms of the Workers' Compensation Law shall be considered a felony. In addition, the Commission may levy a civil penalty in an amount not to exceed ten thousand dollars ($10,000.00) if it finds that payment of a just claim has been delayed without reasonable grounds, as provided in section 71-3-59(2) of the Law.

C. Billing Forms. Billing for provider services shall be standardized and submitted on the following forms: Providers must bill outpatient professional services on the most recently authorized paper or electronic version, 837p, of the CMS-1500 form, regardless of the site of service. Health care facilities must bill on the most recently authorized uniform billing form. The electronic version, 837i, of the UB-04 (CMS-1450) is required beginning May 23, 2007.

D. Identification Number. All professional reimbursement submissions by Covered Healthcare Providers as defined under CMS rules for the implementation of the National Provider Identifier (NPI) must include the National Provider Identifier (NPI) field so as to enable the specific identification of individual providers without the need for other unique provider identification numbers. Providers who do not yet have an NPI should continue to use their legacy identifiers until such time as an NPI is obtained. Providers are required to obtain an NPI within the dates specified by CMS in its implementation rules.

E. Physician Specialty. The rules and reimbursement allowances in the *Mississippi Workers' Compensation Medical Fee Schedule* do not address physician specialization within a specialty. Payment is not based on the fact that a physician has elected to treat patients with a particular/specific problem. Reimbursement to qualified physicians is the same amount regardless of specialty.

F. "No Show" Appointments. When an appointment is made for a physician visit by the employer or payer, and the claimant/patient does not show, the provider is entitled to payment at the rate allowed for a minimal office visit.

G. "After Hours" and Other Adjunct Service Codes. When an office service occurs after a provider's normal business hours, procedure code 99050 may be billed. Other adjunct service codes (99051–99060) may be billed as appropriate. Typically, only a single adjunct service code is reported per encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.

H. Portable Services. When procedures are performed using portable equipment, bill the appropriate procedure code. The charge for the procedure includes the cost of the portable equipment.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

I. Injections.

1. Reimbursement for injections includes charges for the administration of the drug and the cost of the supplies to administer the drug. Medications are charged separately.
2. The description must include the name of the medication, strength, and dose injected.
3. When multiple drugs are administered from the same syringe, reimbursement will be for a single injection.
4. Reimbursement for anesthetic agents such as Xylocaine and Carbocaine, when used for infiltration, is included in the reimbursement for the procedure performed and will not be separately reimbursed.
5. Reimbursement for intra-articular and intra-bursal injections (steroids and anesthetic agents) may be separately billed. The description must include the name of the medication, strength, and volume given.

J. Supplies. Use CPT code 99070 or specific HCPCS Level II codes to report supplies over and above those usually included with the office visit or service rendered. Do not bill for supplies that are currently included in surgical packages, such as gauze, sponges, and Steri-Strips®. Supplies and materials provided by the physician over and above those usually included with the office visit (drugs, splints, sutures, etc.) may be charged separately and reimbursed at a reasonable rate.

II. INSTRUCTIONS TO PROVIDERS

A. All bills for service must be coded with the appropriate CPT, ASA, or HCPCS Level II code.

B. The medical provider must file the appropriate billing form and necessary documentation within thirty (30) days of rendering services on a newly diagnosed work-related injury or illness. Subsequent billings must be submitted at least every thirty (30) days, or within thirty (30) days of each treatment or visit, whichever last occurs, with the appropriate medical records to substantiate the medical necessity for continued services. Late billings will be subject to discounts, not to exceed one and one-half percent (1.5%) per month of the bill or part thereof which was not timely billed, from the date the billing or part thereof is first due until received by the payer. Any bill or part thereof not submitted to the payer within sixty (60) days after the due date under this rule shall be subject to an additional discount penalty equal to ten percent (10%) of the total bill or part thereof. Any bill for services rendered which is not submitted to the payer within one (1) year after the date of service, or date of discharge for inpatient care, will not be eligible or considered for reimbursement under this Fee Schedule, unless otherwise ordered by the Commission or its Cost Containment Division.

C. Fees in excess of the maximum reimbursement allowance (MRA) must not be billed to the employee, employer, or payer. The provider cannot collect any non-allowed amount.

D. If it is medically necessary to exceed the Fee Schedule limitations and/or exclusions, substantiating documentation must be submitted by the provider to the payer with the claim form.

E. If a provider believes an incorrect payment was made for services rendered, or disagrees for any reason with the payment and explanation of review tendered by the payer, then the provider may request reconsideration pursuant to the rules set forth herein.

F. If, after the resolution of a reconsideration request or a formal dispute resolution request, or otherwise, the provider is determined to owe a refund to the payer, the amount refunded shall bear interest at the rate of one and one-half percent (1.5%) per month from the date the refunded amount was first received by the provider, until refunded to the payer.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

III. INSTRUCTIONS TO PAYERS

A. An employer's/payer's payment shall reflect any adjustments in the bill made through the employer's/payer's bill review program. The employer/payer must provide an explanation of review (EOR) to a health care provider whenever reimbursement differs from the amount billed by the provider. This must be done individually for each bill.

B. In a case where documentation does not indicate the service was performed, the charge for the service may be denied. The explanation of review (EOR) must clearly and specifically indicate the reason for the denial.

C. (1) When a billed service is documented, but the code selected by the provider is not, in the payer's/reviewer's estimation, the most accurate code available to describe the service, the reviewer must not deny payment, but shall reimburse based on the revised code. The explanation of review (EOR) must clearly and specifically detail the reason(s) for recoding the service or otherwise altering the claim. No claim shall be recoded or otherwise revised or altered without the payer having actually reviewed the medical records associated with the claim which document the service(s) provided.

(2) As an alternative to recoding or altering a claim, the payer may treat the matter under rule E(1) and (2) below by paying any undisputed portion of the bill, and notifying the provider by explanation of review (EOR) that the remaining parts of the bill are denied or disputed.

(3) Recoding cannot be used solely for cost containment. Recoding may only be used for the correction of miscoded services. Whenever there is any dispute concerning coding, the provider must be notified immediately and given the opportunity to furnish additional information, although nothing herein suspends the time periods for making payment or giving notice of dispute. Any recoding or so-called "down coding," which is found by the Commission or its Cost Containment Division to be solely for the purpose of cost containment, will subject the party engaging in such conduct to additional penalties as allowed by law.

D. Properly submitted bills must be paid within thirty (30) days of receipt by the payer. Properly submitted bills not fully paid within thirty (30) days of receipt by the payer shall automatically include interest on the unpaid balance at the rate of one and one-half percent (1.5%) per month from the due date of any unpaid remaining balance until such time as the claim is fully paid and satisfied. Properly submitted bills not fully paid within sixty (60) days of receipt will be subject to an additional penalty equal to ten percent (10%) of the unpaid remaining balance, including interest as herein provided.

E. (1) When an employer/payer disputes or otherwise adjusts a bill or portion thereof, the employer/payer shall pay the undisputed or unadjusted portion of the bill within thirty (30) days of receipt of the bill. Failure to pay the undisputed portion when due shall subject the payer to interest and penalty as above provided on the undisputed portion of the bill. If the dispute is ultimately resolved in the provider's favor, interest and penalty on the disputed amounts will apply from the original due date of the bill.

(2) When a payer disputes a bill or portion thereof, the payer shall notify the provider within thirty (30) days of the receipt of the bill of the reasons for disputing the bill or portion thereof, and shall notify the provider of its right to provide additional information and to request reconsideration of the payer's action. The payer shall set forth the clear and specific reasons for disputing a bill or portion thereof on the explanation of review (EOR), and shall provide additional documentation if necessary to provide an adequate explanation of the dispute.

F. Reimbursement determinations shall be based on medical necessity of services to either establish a diagnosis or treat an injury/illness. Thus, where service is provided in good faith reliance on authorization given by the employer or payer, reimbursement shall not be dependent on the outcome of medically necessary diagnostic services or treatment.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

IV. FACILITY FEE RULES

Please refer to the Pain Management section for the State-specific facility reimbursement rules to be used for outpatient pain management procedures.

Please refer to the Surgery section for the State-specific facility reimbursement rules to be used for ambulatory surgery center (ASC) procedures.

A. Prepayment Review for Facilities. The payer must perform a prepayment review on inpatient hospital bills and outpatient surgery bills in order to verify the charges submitted.

1. At a minimum, the pre-payment review should:
   a. Validate that prior authorization was approved according to Fee Schedule guidelines;
   b. Validate that the length of stay and the level of service was appropriate for the diagnosis;
   c. Review the bill for possible overcharges or billing errors;
   d. Determine if an on-site audit is appropriate;
   e. Identify over utilization of services;
   f. Identify those bills and case records that shall be subject to professional review by a physician or appropriate peer.
2. The payer must reimburse the hospital within thirty (30) days of receipt of a valid claim form if prepayment review criteria are met. An exception to the thirty (30) day payment time will be made if additional documentation is requested for prepayment review, and in such cases, payment should be made within thirty (30) days following receipt of this additional documentation if prepayment review criteria are met. If a full audit is scheduled, fifty percent (50%) of the total bill must be paid prior to the audit, and in such event, the payer shall not be liable for interest and penalty as above provided on any additional sums which may be due following completion of the audit. Failure to pay fifty percent (50%) of the total bill prior to the audit shall result in interest and penalty as above provided being added to the total amount determined to be due, from the original due date until paid.
3. If the hospital does not forward copies of requested medical records to the payer after two (2) consecutive written requests following the initial request, or if it fails to submit necessary or adequate documentation to support the hospital services rendered, the payer should perform a charge audit.

B. Charge Audit. All charge audits must be performed on-site unless otherwise agreed to by the provider and payer.

1. The following information must be provided to the hospital by the payer/auditor when scheduling an audit:
   a. Patient name
   b. Account number
   c. Date(s) of service
   d. Diagnosis(es)
   e. Total amount of bill
   f. Insurance company

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

g. Name of audit requester

h. Telephone number and address of requester

2. A hospital must schedule a charge audit within thirty (30) days of a request by a payer/auditor.
3. Hospitals shall be reimbursed an audit fee of $50.00 for associated audit costs.
4. When a charge audit is necessary, the auditor must identify additional charges for medically necessary hospital services that were ordered by the authorized physician and were provided, but were not included, on the initial bill.
5. The auditor must review and verify the audit findings with a hospital representative at the conclusion of the audit. The hospital may waive its right to the exit conference.
6. The auditor must provide written explanation of the final reimbursement determination based on the audit findings, whether or not an exit conference is held with the hospital. This written explanation must be provided within thirty (30) days following the conclusion of the audit.

C. When any hospital bill that has been prescreened and found to be correct, or when corrections have been made to the bill as required, or when a hospital bill has been audited and verified as correct, it must be paid within thirty (30) days thereafter.

D. Any hospital bill not paid when due under these rules shall automatically include interest at the rate of one and one-half percent (1.5%) per month from the due date of such bill until paid. Any such bill not paid within sixty (60) days after it is due under these rules will be subject to an additional penalty equal to ten percent (10%) of the total amount due, including interest as herein provided.

E. Implantables. An implantable is an item that is implanted into the body for the purpose of permanent placement, and remains in the body as a fixture. Absorbable items, temporary items, or other items used to help place the implant, are not within the definition of "implantable" and are not reimbursed as such.

Implantables are included in the applicable DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables. For implantables used in the outpatient setting, reimbursement shall be made separately from the facility fee and all other charges; the provider shall furnish a suitable invoice evidencing the cost of the implantable to the payer within sixty (60) days from the date of service. Upon receipt of this invoice, the payer shall pay the amount due within thirty (30) days thereafter. Implantables shall be reimbursed at cost plus ten percent (10%).

A "suitable invoice" is an acquisition invoice from the manufacturer ~~or supplier~~ that contains pricing information showing the actual cost of the implant(s) being billed, or, as in situations such as a bulk purchase, containing information from which the actual cost of the implant(s) can be readily determined. The invoice must be on company letterhead from the implant supplier or manufacturer, not the hospital/facility, unless otherwise agreed to by the payer. Reimbursement is limited to 110% of the original manufacturer's invoice price.

V. EXPLANATION OF REVIEW (EOR)

A. Payers must provide an explanation of review (EOR) to health care providers for each bill whenever the payer's reimbursement differs from the amount billed by the provider, or when an original claim is altered or adjusted by the payer. The EOR must be provided within thirty (30) days of receipt of the bill, and must accompany any payment that is being made.

B. A payer may use the listed EOR codes and descriptors or may develop codes of their own to explain why a provider's charge has been reduced or disallowed, or why a claim has been altered or adjusted in some other way. In all cases, the payer must clearly and specifically detail the reasons for adjusting or altering a bill, including references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR. Should the EOR include an alteration in the codes

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

submitted on the original claim, it must be based on a review of the medical records documenting the service.

C. The EOR must contain appropriate identifying information to enable the provider to relate a specific reimbursement to the applicable claimant, the procedure billed, and the date of service.

D. Acceptable EORs may include manually produced or computerized forms that contain the EOR codes, written explanations, and the appropriate identifying information.

E. The following EOR codes may be used by the payer to explain to the provider why a procedure or service is not reimbursed as billed, provided clear and specific detail is included, along with references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR:

001 These services are not reimbursable under the Workers' Compensation Law for the following reason(s): [Provide specific reason(s) why services are not reimbursable under the Workers' Compensation Law]

002 Charges exceed maximum reimbursement allowance [Specify]

003 Charge is included in the basic surgical allowance [Specify]

004 Surgical assistant is not routinely allowed for this procedure. Documentation of medical necessity required [Specify]

005 This procedure is included in the basic allowance of another procedure [Specify the other procedure]

006 This procedure is not appropriate to the diagnosis [Specify]

007 This procedure is not within the scope of the license of the billing provider [Specify]

008 Equipment or services are not prescribed by a physician [Specify]

009 This service exceeds reimbursement limitations [Specify]

010 This service is not reimbursable unless billed by a physician [Specify]

011 Incorrect billing form [Specify]

012 Incorrect or incomplete identification number of billing provider [Specify]

013 Medical report required for payment [Specify]

014 Documentation does not justify level of service billed [Specify]

015 Place of service is inconsistent with procedure billed [Specify]

016 Invalid procedure code [Specify]

017 Prior authorization was not obtained [Specify]

VI. REQUEST FOR RECONSIDERATION

A. When, after examination of the explanation of review (EOR) and other documentation, a health care provider is dissatisfied with a payer's payment or dispute of a bill for medical services, reconsideration may be requested by the provider. Any other matter in dispute between the provider and payer may be subject to reconsideration as herein provided at the request of either party, including, but not limited to, a request by the payer for refund of an alleged over-payment. Alleged over-payments should be addressed through the dispute resolution process, if necessary, and not by way of unilateral recoupment initiated by the payer on subsequent billings.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

B. A provider or payer must make a written request for reconsideration within thirty (30) days from the receipt of the explanation of review (EOR) or other written documentation evidencing the basis for the dispute. A request for reconsideration must be accompanied by a copy of the bill in question, the payers' explanation of review (EOR), and/or any additional documentation to support the request for reconsideration.

C. The payer or provider, upon receipt of a request for reconsideration, must review and re-evaluate the original bill and accompanying documentation, and, must notify the requesting party within twenty (20) days thereafter of the results of the reconsideration. The response must adequately explain the reason(s) for the decision, and cite the specific basis upon which the final determination was made. If the payer finds the provider's request for reconsideration is meritorious, and that additional payment(s) should be made, or if the provider finds the payer's request for refund or other payment is meritorious, the additional payment should be made within the above twenty (20) day period. Any additional payment(s) made in response to a provider's or payer's request for reconsideration shall include interest from the original due date of the bill or payment, and an additional ten percent (10%) penalty if applicable.

D. If the dispute is not resolved within the above time after a proper request for reconsideration has been served by the provider or payer, then either party may request further review by the Commission pursuant to the Dispute Resolution Rules set forth hereafter.

E. Failure to seek reconsideration within the time above provided shall bar and prohibit any further reconsideration or review of the bill or other issue in question unless, for good cause shown, the Commission or its representative extends the time for seeking reconsideration or review under these rules. In no event shall the time for seeking reconsideration hereunder be extended by more than an additional thirty (30) days, and any such request for additional time in which to seek reconsideration or further review must be made in writing to the Commission within the initial thirty (30) day period set forth in paragraph B. above.

F. Requests by either provider or payer for refunds, or for additional payment, or other requests related to the billing or payment of a claim, must be sought in accordance with the specific rules set forth herein. No retrospective audits or dispute requests shall be allowed beyond the time otherwise provided herein for seeking reconsideration and/or review.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Medical Records Rules

I. MEDICAL RECORDS

A. The medical record, which documents the patient's course of treatment, is the responsibility of the provider and is the basis for determining medical necessity and for substantiating the service(s) rendered; therefore, failure to submit necessary or adequate documentation to support the services rendered may result in the services being disallowed.

B. A medical provider may not charge any fee for completing a medical report or form required by the Workers' Compensation Commission which is part of the required supporting documentation which accompanies a request for payment. The supporting documentation that is required to substantiate the medical treatment is included in the fee for service and does not warrant a separate fee as it is incidental to providing medical care. CPT code 99080 is appropriate for billing special reports beyond those required by this Fee Schedule and requested by the payer or their representatives.

C. Medical records must be legible and include, as applicable:

1. Initial office visit notes which document a history and physical examination appropriate to the level of service indicated by the presenting injury/illness or treatment of the ongoing injury/illness;
2. Progress notes which reflect patient complaints, objective findings, assessment of the problem, and plan of care or treatment;
3. Copies of lab, x-ray, or other diagnostic tests that reflect current progress of the patient and/or response to therapy or treatment;
4. Physical medicine/occupational therapy progress notes that reflect the patient's response to treatment/therapy;
5. Operative reports, consultation notes with report, and/or dictated report; and
6. Impairment rating (projected and actual) and anticipated MMI date.

D. A plan of care should be included in the medical record and should address, as applicable, the following:

1. The disability;
2. Degree of restoration anticipated;
3. Measurable goals;
4. Specific therapies to be used;
5. Frequency and duration of treatments to be provided;
6. Anticipated return to work date;
7. Projected impairment.

CPT only © 2007 American Medical Association. All Rights Reserved.

E. Health care providers must submit copies of records and reports to payers upon request. Providers can facilitate the timely processing of claims and payment for services by submitting appropriate documentation to the payer when requested. Only those records for a specific date of injury are considered non-privileged as it relates to a workers' compensation injury. The employer/payer is not privileged to non-work related medical information.

F. Providers must submit documentation for the following:

1. The initial office visit;
2. A progress report if still treating after thirty (30) days;
3. Evaluation for physical medicine treatment (P.T., O.T., C.M.T., O.M.T.);
4. A progress report every thirty (30) days for physical medicine services;
5. An operative report or office note (if done in the office) for a surgical procedure;
6. A consultation;
7. The anesthesia record for anesthesia services;
8. A functional capacity or work hardening evaluation;
9. When billing a by-report (BR) service, a description of the service is required;
10. Whenever a modifier is used to describe an unusual circumstance;
11. Whenever the procedure code descriptors include a written report.

G. Hospitals and other inpatient facilities must submit required documentation with the appropriate billing forms as follows:

1. Admission history and physical;
2. Discharge summary;
3. Operative reports;
4. Pathology reports;
5. Radiology reports;
6. Consultations;
7. Other dictated reports;
8. Emergency room records.

II. COPIES OF RECORDS

A. Outpatient Records. The payer may request additional records or reports from the provider concerning service or treatment provided to a patient other than on an inpatient basis. These additional records and reports will be reimbursed as follows:

1-5 pages — $15.00

6+ pages — $.50 per page in addition to the above fee

This applies to copies of microfiche and other electronic media or storage systems.

As provided by MCA section 11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars ($15.00) for retrieving records stored off the premises where the provider's facility or office is located.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

B. Inpatient Records. The payer may request additional records or reports from a facility concerning inpatient service or treatment provided to a patient. Such reports or records requested by the payer will be reimbursed as follows:

   1-5 pages — $15.00/per admission

   6+ pages — $.50 per page/per admission in addition to the above fee

   This applies to copies of microfiche and other electronic media or storage systems.

   There is a maximum reimbursement allowance of fifty dollars ($50.00) for a particular inpatient medical record, exclusive of postage, handling and retrieval charges as set forth below. This is per admission.

   As provided by MCA section 11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars ($15.00) for retrieving records stored off the premises where the provider's facility or office is located.

C. Copies of records requested by the patient and/or the patient's attorney or legal representative will be reimbursed by the requesting party according to the provisions of this section on additional reports and records.

D. Documentation submitted by the provider which has not been specifically requested will not be subject to reimbursement.

E. Health care providers may charge up to ten dollars ($10.00) per film for copying x-rays or for providing copies of x-rays via electronic or other magnetic media. (Copies of film do not have to be returned to the provider.)

F. Payers, their representatives, and other parties requesting records and reports must be specific in their requests so as not to place undue demands on provider time for copying records.

G. Providers should respond promptly (within fourteen (14) working days) to requests for additional records and reports.

H. Records requested by the Mississippi Workers' Compensation Commission will be furnished by the provider without charge to the Commission.

I. Any additional reimbursement, including copy service vendors, other than is specifically set forth above, is not required, and providers or their vendors will not be paid any additional amounts.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Dispute Resolution Rules

I. General Provisions

A. Unresolved disputes may be appealed to and resolved by the Mississippi Workers' Compensation Commission.

B. Reconsideration must be sought by the provider or payer prior to a request for resolution of a dispute being sent to the Commission. This provides the payer and provider an opportunity to resolve most concerns in a timely manner.

C. All communication between parties in dispute will be handled by the Mississippi Worker's Compensation Commission, Cost Containment Division. In addition, there will be no communication between the parties in dispute and any Peer Reviewer who might be called upon to assist the Commission in the resolution of a dispute.

II. Forms and Documentation

A. Valid requests for resolution of a dispute must be submitted on the "Request for Resolution of Dispute" form (in the Forms section) along with the following:

1. Copies of the original and resubmitted bills in dispute that include dates of service, procedure codes, charges for services rendered and any payment received, and an explanation of any unusual services or circumstances;
2. EOR including the specific reimbursement;
3. Supporting documentation and correspondence;
4. Specific information regarding contact with the payer; and
5. Any other information deemed relevant by the applicant for dispute resolution.

B. A request for Resolution of Dispute must be submitted to:

Mississippi Workers' Compensation Commission
Cost Containment Division
1428 Lakeland Drive
P.O. Box 5300
Jackson, MS 39296-5300

CPT only © 2007 American Medical Association. All Rights Reserved.

III. TIME FOR FILING

A Request for Resolution of Dispute must be filed with the Commission within twenty (20) days following the payer's or provider's response to a request for reconsideration of any matter in dispute, or, in cases where the payer or provider fails to respond to a request for reconsideration, within twenty (20) days of the expiration of the time in which said response should have been provided. Failure to file a Request for Resolution of Dispute within this time shall bar any further action on the disputed issue(s) unless, for good cause shown, the Commission or its Cost Containment Director extends the time for filing said request. In no event will the time for filing a Request for Resolution of Dispute be extended more than once or more than an additional twenty (20) days from the time said request was first due to be filed, provided the request for additional time in which to file a Request for Resolution of Dispute is filed within the initial twenty (20) day period provided herein; and, absent compelling circumstances, a dispute resolution request will not be considered by the Cost Containment Division if submitted more than one (1) year after the date of service. The decision to extend the time for filing a Request for Resolution of Dispute based on "good cause" shall be entirely at the discretion of the Commission or its Cost Containment Director. Mere neglect will not constitute "good cause."

IV. PROCEDURE BY COST CONTAINMENT DIVISION

A. Requests for dispute resolution will be reviewed and decided by the Cost Containment Division of the Commission within thirty (30) days of receipt of the request, unless additional time is required to accommodate a Peer Review. The payer and/or provider may be contacted by telephone or other means for additional information if necessary; however, both parties to a dispute may submit in writing any information or argument they deem relevant to the issue in dispute, if not already submitted with the request for dispute resolution, and this information shall be considered by the Cost Containment Division when rendering a decision. Any written information or argument submitted for consideration by a party to a dispute, without a request from the Commission, must be received by the Cost Containment Division within ten (10) days after filing the request for dispute resolution in order to merit consideration.

B. Every effort will be made to resolve disputes by telephone or in writing. The payer and provider may be requested to attend an informal hearing conducted by a Commission representative. Failure to appear at an informal hearing may result in dismissal of the request for dispute resolution.

C. Following review of all documentation submitted for dispute resolution and/or following contact with the payer and/or provider for additional information and/or negotiation, the Cost Containment Division shall render an administrative decision on the request for dispute resolution.

D. Cases involving medical care determination may be referred for Peer Review, but only on request of the Commission. The peer review consultant will render an opinion and submit same to the Commission representative within the time set by the Cost Containment Division. The Commission representative will notify the parties in dispute if a Peer Review has been requested, and of the peer consultant's determination.

V. COMMISSION REVIEW OF A DISPUTE

A. Any party aggrieved by the decision of the Cost Containment Division shall have twenty (20) days from the date of said decision to request review by the Commission. Failure to file a written request for review with the Commission within this twenty (20) day period shall bar any further review or action with regard to the issue(s) presented. No extension of time within which to file for Commission review of a dispute under these Rules shall be allowed. In the event no request for review is filed with the Commission within twenty (20) days, the parties to the dispute shall have fourteen (14) days thereafter in which to comply with the final decision of the Cost Containment Division.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

1. A party to a dispute may, when no written request for review has been filed with the Commission within the above twenty (20) day period, file with the Commission a written request to compel compliance with the final administrative decision of the Cost Containment Division. The Commission may consider such a request with or without a hearing. A request to compel compliance with the final decision of the Cost Containment Division may be filed at any time following fourteen (14) days after the decision of the Cost Containment Division becomes final.

B. The request for review by the Commission shall be filed with the Cost Containment Division of the Mississippi Workers' Compensation Commission, and shall be in writing and shall state the grounds on which the requesting party relies. All documentation submitted to and considered by the Cost Containment Division, including the Request for Resolution of Dispute form, along with a copy of the decision of the Cost Containment Division, shall be attached to the request for review which is filed with the Commission.

C. The Commission shall review the issue(s) solely on the basis of the documentation submitted to the Cost Containment Division. No additional documentation not presented to and considered by the Cost Containment Division shall be considered by the Commission on review, unless specifically requested by the Commission, and no hearing or oral argument shall be allowed.

D. The Commission shall consider the request for review and issue a decision thereon within thirty (30) days after said request is filed, unless otherwise provided by the Commission.

E. Following the decision of the Commission, or following the conclusion of the dispute resolution process at any stage without an appeal to the Commission, no further audit, adjustment, refund, review, consideration, reconsideration or appeal with respect to the claim in question may be sought by either party.

F. The costs incurred in seeking Commission review, including reasonable attorney fees, if any, shall be assessed to the party who requested review if that party's position is not sustained by the Commission. Otherwise, each party shall bear their own costs, including attorney's fees.

G. If the Commission determines that a dispute is based on or arises from a billing error, a payment adjustment or error, including but not limited to improper bundling of service codes, unbundling, downcoding, code shifting, or other action by either party to the dispute, or if the Commission determines that a provider or payer has unreasonably refused to comply with the Law, the Rules of the Commission, including this Fee Schedule, or with any decision of the Commission or its representatives, and that this causes proceedings with respect to the billing and/or payment for covered medical services to be instituted or continued or delayed without reasonable grounds, then the Commission may require the responsible party or parties to pay the reasonable expenses, including attorney's fees, if any, to the opposing party; and, in addition, the Commission may levy against the responsible party or parties a civil penalty not to exceed the sum of ten thousand dollars ($10,000.00), payable to the Commission, as provided in section 71-3-59(2) of the Law. The award of costs and penalties as herein provided shall be in addition to interest and penalty charges which may apply under other provisions of this Fee Schedule.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Utilization Review Rules

The Mississippi Workers' Compensation Commission requires mandatory utilization review of certain medical services and charges associated with the provision of medical treatment covered under the Act and subject to the Fee Schedule. These rules are set forth to encourage consistency in the procedures for interaction between workers' compensation utilization review agents, representatives or organizations, providers, and payers. The provisions herein set forth regarding utilization review are in addition ~~subject~~ to the requirements of MCA section 41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure, and in the event of conflict between this Fee Schedule, and the requirements of the above statute, and any implementing regulations, the provisions of this Fee Schedule or other applicable rules of the Mississippi Workers' Compensation Commission shall govern.

I. SERVICES REQUIRING UTILIZATION REVIEW

~~Mandatory~~ Utilization review is required for all services or treatment requiring prior authorization under the General Rules set forth in this Schedule. ~~authorization for the following~~:

~~A. All admissions to inpatient facilities of any type~~

~~B. All surgical procedures, inpatient and outpatient~~

~~C. Repeat MRI (more than one per injury)~~

~~D. Repeat CT Scan (more than one per injury)~~

~~E. Work hardening programs, pain management programs, back schools, massage therapy, acupuncture, biofeedback~~

~~F. External spinal stimulators~~

~~G. FCE and isokinetic testing~~

~~H. Physical medicine treatments, after fifteen (15) visits or thirty (30) days, whichever comes first~~

~~I. Home health~~

~~J. Psychiatric treatment~~

II. DEFINITIONS

Case Management. The clinical and administrative process in which timely, individualized, and cost effective medical rehabilitation services are implemented, coordinated, and evaluated by a nurse or other case manager employed by the payer ,on an ongoing basis for patients who have sustained an injury or illness. Use of case management is optional in Mississippi.

Certification. A determination by a utilization review organization or agent that an admission, extension of stay, or other health care service has been reviewed and, based on the information provided, meets the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness under the requirements of the workers' compensation program.

CPT only © 2007 American Medical Association. All Rights Reserved.

Clinical Peer. A health professional that holds unrestricted license and is qualified to practice in the same or similar specialty as would typically manage the medical condition, procedures, or treatment under review. Generally, as a peer in a similar specialty, the individual must be in the same profession (i.e., the same licensure category as the ordering provider).

Clinical Rationale. A statement that provides additional clarification of the clinical basis for a non-certification determination. The clinical rationale should relate the non-certification determination to the worker's condition or treatment plan, and should supply a sufficient basis for a decision to pursue an appeal.

Clinical Review Criteria. The criteria ~~written screens, decision rules, medical protocols, or guidelines~~ used by the payer's Utilization Management Program ~~as an element~~ in the evaluation of medical necessity and appropriateness of requested admissions, procedures, and services.

Concurrent Review. Utilization management conducted during a worker's hospital stay or course of treatment, sometimes called continued stay review.

Discharge Planning. The process of assessing a patient's need for medically appropriate treatment after hospitalization and affecting an appropriate and timely discharge.

Expedited Appeal. An expedited appeal is a request for additional review of a determination not to certify imminent or ongoing services, an admission, an extension of stay, or other medical services of an imminent or ongoing nature. Also sometimes referred to as a reconsideration request.

First Level Clinical Review. ~~Review conducted by registered nurses and other appropriate licensed or certified health professionals. First level clinical review staff may approve requests for admissions, procedures, and services that meet clinical review criteria, but must refer requests that do not meet clinical review criteria to second level clinical peer reviewers for approval or denial.~~ Clinical review of a request for admission, procedure, service or treatment conducted by an appropriately licensed clinical peer.

Notification. Correspondence transmitted by mail, telephone, facsimile, and/or electronic data interchange (EDI).

Pre-certification. The review and assessment of medical necessity and appropriateness of services before they occur. The appropriateness of the site or level of care is assessed along with the duration and timing of the proposed services.

Provider. A licensed health care facility, program, agency, or health professional that delivers health care services.

Retrospective Review. Utilization review conducted after services have been provided to the worker.

Second Level Clinical Review. ~~Clinical review conducted by appropriate clinical peers when a request for an admission, procedure, or service does not meet clinical review criteria.~~ Clinical review conducted by appropriate clinical peers who were not involved in the first level of review when a decision by the first level reviewer not to approve or certify admission, procedure, services or treatment is appealed by the patient, or by the provider proposing to render the treatment in question. The second level peer reviewer must be licensed in the same specialty, in the State of Mississippi, as the provider proposing to render the treatment in question

Standard Appeal. A request to review a determination not to certify an admission, extension of stay, or other health care service.

~~Third Level Clinical Review. Clinical review conducted by appropriate clinical peers who were not involved in second level review when a decision not to certify a requested admission, procedure, or service has~~

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

~~been appealed. The third level peer reviewer must be in the same or like specialty as the requesting provider.~~

Utilization Review. Evaluation of the necessity, appropriateness, and efficiency for the use of health care services. It includes both prospective and concurrent review, and may include retrospective review under certain circumstances.

Utilization Reviewer. An entity, organization, or representative thereof, or other person performing utilization review activities or services on behalf of an employer, payer or third-party claims administrator.

Variance. A deviation from a specific standard.

III. STANDARDS

Utilization review organizations or programs are required to meet the following standards:

A. The payer's utilization reviewer must comply with the requirements of MCA section 41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure, and shall have utilization review agents or representatives who are properly qualified, trained, supervised, and supported by explicit clinical review criteria and review procedures.

~~B. The first level review is performed by individuals who are health care professionals, who possess a current and valid professional license, and who have been trained in the principles and procedures of utilization review.~~

~~C. The first level reviewers are required to be supported by a doctor of medicine who has an unrestricted license to practice medicine.~~

~~D.~~ B. The first ~~second~~ level review is performed by clinical peers who hold a current, unrestricted license and are oriented in the principles and procedures of utilization review, except that a decision or determination to approve an admission or other requested service may be made by individuals such as a registered nurse who are health care professionals holding a valid professional license. ~~The second level review shall be conducted for all cases where clinical determination to certify cannot be made by first level clinical reviewers~~. ~~Second~~ First level clinical reviewers shall be available within one (1) business day by telephone or other electronic means to discuss the determination with the attending physicians or other ordering providers. In the event more information is required before a determination can be rendered by a first ~~second~~ level reviewer, the attending/ordering provider must be immediately notified of the delay and given a specific time frame for determination.

E. The payer's utilization reviewer shall ~~conduct third level reviews by requiring~~ require its second level clinical peers who serve in this capacity to hold a current, unrestricted license to practice in the State of Mississippi and be board certified in a specialty board approved by the American Board of Medical Specialties. Board certification requirement is not applicable to reviewers who are not doctors of medicine. Second ~~Third~~ level clinical reviewers shall be in the same ~~profession or similar~~ specialty as typically manages the medical condition, procedure, or treatment under review.

F. The payer's utilization reviewer shall maintain written policies and procedures for the effective management of its utilization review activities, which shall be made available to the provider, or the Commission, upon request..

G. The payer maintains the responsibility for the oversight of the delegated functions if the payer delegates utilization review responsibility to a vendor. The vendor or organization to which the function is being delegated must be currently certified by the Mississippi Board of Health, Division of Licensure and Certification to perform utilization management in the State of Mississippi. A copy of

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

the license or certification held by the utilization review agent shall be furnished to the provider, or to the Commission, upon request. The payer who has another entity perform utilization review functions or activities on its behalf maintains full responsibility for compliance with the rules.

H. The payer's utilization reviewer shall maintain a telephone review service that provides access to its review staff at a toll free number from at least 9:00 a.m. to 5:00 p.m. CST each normal business day. There should be an established procedure for receiving or redirecting calls after hours or receiving faxed requests. Reviews should be conducted during hospitals' and health professionals' reasonable and normal business hours.

I. The payer's utilization reviewer shall collect only the information necessary to certify the admission procedure or treatment, length of stay, frequency, and duration of services. The utilization reviewer should have a process to share all clinical and demographic information on individual workers among its various clinical and administrative departments to avoid duplicate requests to providers. (Providers may use the Mississippi Workers' Compensation Commission Utilization Review Request Form.)

IV. PROCEDURES FOR REVIEW DETERMINATIONS

The following procedures are required for effective review determination.

A. Review determinations must be made within two (2) ~~business~~ days of receipt of the necessary information on a proposed non-emergency admission or service requiring a review determination. The Mississippi Workers' Compensation Utilization Review Request Form may be used to request pre-certification.

B. When an initial determination is made to certify or approve an admission or service, notification shall be provided ~~promptly~~ immediately, and at least within one (1) business day or before the service is scheduled, whichever first occurs, either by telephone or by written or electronic notification to the provider or facility rendering the service. If an initial determination to certify is provided by telephone, a written notification of the determination shall be provided within two (2) ~~business~~ days thereafter. The written notification shall include the number of days approved, the new total number of days or services approved, and the date of admission or onset of services.

C. When a determination is made not to certify or approve an admission or service, the utilization reviewer must notify the attending or ordering provider or facility by telephone within one (1) business day and send a written notification within one (1) business day thereafter. The written notification must include the principal reason/clinical rationale for the determination not to certify and instructions for initiating an appeal. ~~Reasons for a determination not to certify may include, among other things, the lack of adequate information to certify after a reasonable attempt has been made to contact the attending physician.~~

D. The payer's utilization reviewer shall inform the attending physician and/or other ordering provider of their right to initiate an expedited appeal or standard appeal of a determination not to certify, and the procedure to do so.

1. Expedited appeal—When an initial determination not to certify a health care service is made prior to or during an ongoing service requiring review, and the attending physician believes that the determination warrants immediate appeal, the attending physician shall have an opportunity to appeal that determination over the telephone or by electronic mail or facsimile on an expedited basis within one (1) ~~business~~ day.

   a. Each private review agent shall provide for reasonable access to its consulting physician(s) for such appeals.

   b. Both providers of care and private review agents should attempt to share the maximum information by phone, fax, or otherwise to resolve the expedited appeal (sometimes called a reconsideration request) satisfactorily.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

c. Expedited appeals, which do not resolve a difference of opinion, may be resubmitted through the standard appeal process, or immediately submitted to the Commission's Cost Containment Division for further review.

2. Standard appeal—A standard appeal will be considered, and notification of the appeal decision given to the provider, not later than ~~thirty (30)~~ seven (7) days after receiving the required documentation for the appeal.

   a. An attending physician who has been unsuccessful in an attempt to reverse a determination not to certify should be provided the clinical rationale for the determination upon request.

3. Retrospective review—For retrospective review, the review determination shall be based on the medical information available to the attending or ordering provider at the time the medical care was provided, and on any other relevant information regardless of whether the information was available to or considered by the provider at the time the care or service was provided.

   a. When there is retrospective determination not to certify an admission, stay, or other service, the attending physician or other ordering provider and hospital or facility shall receive written notification, or notification by facsimile or electronic mail, within fourteen (14) days after receiving the request for retrospective review and all necessary and supporting documentation.

   b. Notification should include the principal reason for the determination and a statement of method for standard appeal.

4. Emergency admissions or surgical procedures—Emergency admissions or surgical procedures must be reported to the payer by the end of the next business day. Post review activities will be performed following emergency admissions, and a continued stay review will be initiated.

   a. If a licensed physician certifies in writing to the payer or its agent or representative within seventy-two (72) hours of an admission that the injured worker admitted was in need of emergency admission to hospital care, such shall constitute a prima facie case for the medical necessity of the admission. An admission qualifies as an emergency admission if it results from a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to admit to hospital care could reasonably result in (1) serious impairment of bodily function(s), (2) serious or permanent dysfunction of any bodily organ or part or system, (3) permanently placing the person's health in jeopardy, or (4) other serious medical consequence.

   b. To overcome a prima facie case for emergency admission as established above, the utilization reviewer must demonstrate by clear and convincing evidence that the patient was not in need of an emergency admission.

E. Failure of the health care provider to provide necessary information for review, after being requested to do so by the payer or its review agent, may result in denial of certification.

F. When a payer and provider have completed the utilization review appeals process and cannot agree on a resolution to a dispute, either party, or the patient, can appeal to the Cost Containment Division of the Mississippi Workers' Compensation Commission, and should submit this request on the Request for Dispute Resolution Form adopted by the Commission. A request for resolution of a utilization review dispute should be filed with the Commission within twenty (20) days following the conclusion of the underlying appeal process provided by the utilization reviewer. The Commission shall consider and decide a request for resolution of a utilization review dispute in accordance with the Dispute Resolution Rules provided elsewhere in this Fee Schedule.

G. Failure of either the first or second level clinical reviewer to timely notify the provider of their decision whether to certify or approve an admission, procedure, service or other treatment shall be deemed to constitute approval by the payer of the requested treatment. Timely notification means notification by

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

mail, facsimile, electronic mail, or telephone followed by written notification, to the provider within the applicable time periods set forth in these Utilization Review Rules.

H. Upon request of the provider, or the Commission, a utilization reviewer or review agent must furnish a copy of the license or certification obtained from the State Department of Health which authorizes the reviewer to engage in utilization review activities in the State of Mississippi. Failure to furnish proof of licensure or certification to either the provider or the Commission, upon request, shall constitute valid grounds to disregard any determination made by the reviewer.

I. Upon a finding by the Commission, or its Cost Containment Director, that a payer or the payer's review agent has failed without reasonable grounds to comply with the time requirements of these rules, penalties as provided for in Miss. Code Ann. Section 71-3-59 (Rev. 2000) may be assessed against the payer.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Rules for Modifiers and Code Exceptions

Please see the modifier rules in each section of the *Mississippi Workers' Compensation Medical Fee Schedule* for a complete listing of appropriate modifiers for each area.

A. Modifier codes must be used by providers to identify procedures or services that are modified due to specific circumstances.

B. When modifier 22 is used to report an increased service, a report explaining the medical necessity of the situation must be submitted with the claim to the payer. It is not appropriate to use modifier 22 for routine billing.

C. The use of modifiers does not imply or guarantee that a provider will receive reimbursement as billed. Reimbursement for a modified service or procedure is based on documentation of medical necessity and determined on a case-by-case basis.

D. Modifiers allow health care providers to indicate that a service was altered in some way from the stated description without actually changing the definition of the service.

I. MODIFIERS FOR CPT (HCPCS LEVEL I) CODES

This section contains a list of modifiers used with CPT codes. Also consult each practice-area section of the Fee Schedule for additional modifiers.

21 Prolonged Evaluation and Management Services

When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier 21 to the evaluation and management code number. A report may also be appropriate.

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

23 Unusual Anesthesia

Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

CPT only © 2007 American Medical Association. All Rights Reserved.

24 Unrelated Evaluation and Management Services by the Same Physician During a Postoperative Period

The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

26 Professional Component

Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

TC Technical Component (HCPCS Level II Modifier)

Certain procedures are a combination of a physician component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number.

Mississippi's note: The technical component is calculated by subtracting the professional component amount from the total amount for the reimbursement.

32 Mandated Services

Services related to mandated consultation and/or related services (e.g., third-party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

47 Anesthesia by Surgeon

Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) Note: Modifier 47 would not be used as a modifier for the anesthesia procedures 00100-01999.

Mississippi's note: Reimbursement is made for base units only.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier 50 to the appropriate five-digit code.

51 Multiple Procedures

When multiple procedures, other than E/M Services, physical medicine and rehabilitation services, or provision of supplies (e.g., vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes (see the applicable CPT book appendix).

Mississippi's note: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the applicable CPT book.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure

Under certain circumstances the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only

When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only

When one physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

56 Preoperative Management Only

When one physician performed the preoperative care and evaluation and another physician performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery

An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operating or procedure room, see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

62 Two Surgeons

When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If an additional procedure(s) (including an add-on procedure(s)) is performed during the same surgical session, a separate code(s) may be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those service(s) may be reported using a separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

66 Surgical Team

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

76 Repeat Procedure by Same Physician

It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure/service.

77 Repeat Procedure by Another Physician

The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure/service.

78 Return to the Operating Room for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures on the same day, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period

The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

80 Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

Mississippi's note: Reimbursement is twenty percent (20%) of the maximum reimbursement allowance.

81 Minimum Assistant Surgeon

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Mississippi's note: Physician reimbursement is ten percent (10%) of the allowable.

82 Assistant Surgeon (when qualified resident surgeon not available)

The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describes a series of test results (e.g.,

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

glucose tolerance tests, evocative/suppression testing). This modifier may only be used for a laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing

When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703). The test does not require permanent dedicated space; hence by its design it may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers

Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AA Anesthesiologist Services Performed Personally by an Anesthesiologist

Report modifier AA when the anesthesia services are personally performed by an anesthesiologist.

AD Medical Supervision by a Physician: More Than Four Concurrent Anesthesia Procedures

Report modifier AD when the anesthesiologist supervises more than four concurrent anesthesia procedures.

AS Assistant at Surgery Services Provided by Registered Nurse First Assistant, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist (Mississippi Modifier)

Assistant at surgery services provided by a registered nurse first assistant or other qualified individual (excluding assistant at surgery services provided by a physician) are identified by adding modifier AS to the listed applicable surgical procedures. The use of the AS modifier is appropriate for any code that otherwise is reimbursable for a physician assisting a surgeon in the operating room.

Mississippi's note: AS reimbursement is ten percent (10%) of the allowable. For assistant at surgery services provided by a physician, see modifiers 80, 81, and 82.

NP Nurse Practitioner (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by a nurse practitioner.

PA Physician Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by a physician assistant.

QK Medical Direction of Two, Three, or Four Concurrent Anesthesia Procedures Involving Qualified Individuals (CRNA) by an Anesthesiologist

Report modifier QK when the anesthesiologist supervises two, three, or four concurrent anesthesia procedures involving qualified individuals (CRNA or AA).

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

QX CRNA Service: With Medical Direction by an Anesthesiologist

Regional or general anesthesia provided by the CRNA or AA with medical direction by a physician may be reported by adding modifier QX.

QY Medical Direction of One Certified Registered Nurse Anesthetist (CRNA) by an Anesthesiologist

Report modifier QY when the anesthesiologist supervises one CRNA or AA.

QZ CRNA Service: Without Medical Direction by an Anesthesiologist

Regional or general anesthesia provided by the CRNA or AA without medical direction by a physician may be reported by adding modifier QZ.

II. MODIFIERS APPROVED FOR AMBULATORY SURGERY CENTER (ASC) HOSPITAL OUTPATIENT USE

This section contains a list of modifiers used with ambulatory surgery center and hospital-based outpatient services. Also consult each practice-area section of the Fee Schedule for additional modifiers.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (e.g., hospital emergency department, clinic). Note: This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (e.g., hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine Services codes.

50 Bilateral Procedure

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier 50 to the appropriate five digit code.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operating or procedure room, see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

74 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

76 Repeat Procedure by Same Physician

It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure/service.

77 Repeat Procedure by Another Physician

The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure/service.

78 Return to the Operating Room for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures on the same day, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period

The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

III. MODIFIERS FOR HCPCS LEVEL II CODES

This section contains a list of commonly used modifiers with HCPCS Level II DME codes. Other HCPCS Level II modifiers, including those which can be used with CPT codes, are acceptable modifiers.

AU Item furnished in conjunction with a urological, ostomy, or tracheostomy supply

AV Item furnished in conjunction with a prosthetic device, prosthetic, or orthotic

AWItem furnished in conjunction with a surgical dressing

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

KC Replacement of special power wheelchair interface

NU Purchased new equipment

RR Rental equipment (listed amount is the per-month allowance)

UE Purchased used equipment

IV. CODE EXCEPTIONS

A. Unlisted Procedure Codes. If a procedure is performed that is not listed in the Medical Fee Schedule, the provider must bill with the appropriate "Unlisted Procedure" code and submit a narrative report to the payer explaining why it was medically necessary to use an unlisted procedure code.

The CPT book contains codes for unlisted procedures. Use these codes only when there is no procedure code that accurately describes the service rendered. A report is required as these services are reimbursed by report (see below).

B. By Report (BR) Codes. By report (BR) codes are used by payers to determine the reimbursement for a service or procedure performed by the provider that does not have an established maximum reimbursement allowance (MRA).

1. Reimbursement for procedure codes listed as "BR" must be determined by the payer based on documentation submitted by the provider in a special report attached to the claim form. The required documentation to substantiate the medical necessity of a procedure does not warrant a separate fee. Information in this report must include, as appropriate:
   a. A complete description of the actual procedure or service performed;
   b. The amount of time necessary to complete the procedure or service performed;
   c. Accompanying documentation that describes the expertise and/or equipment required to complete the service or procedure.
2. Reimbursement of "BR" procedures should be based on the usual and customary rate.

C. Category II Codes. This Fee Schedule does not include Category II codes as published in *CPT 2008.* Category II codes are supplemental tracking codes that can be used for performance measurements. These codes describe clinical components that are typically included and reimbursed in other services such as evaluation and management (E/M) or laboratory services. These codes do not have an associated relative value or fee.

D. Category III Codes. This Fee Schedule does not include Category III codes published in *CPT 2008.* If a provider bills a Category III code, payment may be denied.

E. Add-On Codes. Some of the listed procedures are commonly carried out in addition to the primary procedure performed. These additional or supplemental procedures are designated as add-on codes with a + symbol, and are listed in the applicable CPT book. Add-on codes can be readily identified by specific descriptor nomenclature which includes phrases such as "each additional" or "(List separately in addition to code for primary procedure)."

The "add-on" code concept in the CPT book applies only to add-on procedures/services performed by the same physician. Add-on codes describe additional intra-service work associated with the primary procedure (e.g., additional digit(s), lesion(s) neurorrhaphy(s), vertebral segment(s), tendon(s), joint(s)).

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Add-on codes are always performed in addition to the primary service/procedure, and must never be reported as a stand-alone code. All add-on codes found in the CPT book are exempt from the multiple procedure concept (see modifier 51 definition in this section). Add-on codes are reimbursed at one hundred percent (100%) of the maximum reimbursement allowance.

Refer to the most current version of the CPT book for a complete list of add-on codes.

F. Codes Exempt From Modifier 51. Certain codes are exempt from the use of modifier 51 but have not been designated as CPT add-on procedures/services. Please consult the most current CPT book for the list of codes that are exempt from modifier 51. Codes designated as exempt from modifier 51 are identified with a Θ symbol, and are listed in the most current CPT book.

All codes exempt from modifier 51 found in the CPT book are exempt from the multiple procedure concept (see modifier 51 definition in this section). Codes exempt from modifier 51 are reimbursed at one hundred percent (100%) of the maximum reimbursement allowance or the provider's usual charge whichever is less.

G. Moderate (Conscious) Sedation. To report moderate (conscious) sedation provided by the physician also performing the diagnostic or therapeutic service for which conscious sedation is being provided, see codes 99143–99145. It is not appropriate for the physician performing the sedation and the service for which the conscious sedation is being provided to report the sedation separately when the code is listed with the conscious sedation symbol K. The conscious sedation symbol identifies services that include moderate (conscious) sedation. A list of codes for services that include moderate (conscious) sedation is also included in the most current CPT book.

For procedures listed with K, when a second physician other than the health care professional performing the diagnostic or therapeutic services provides moderate (conscious) sedation in the facility setting (e.g., hospital, outpatient hospital/ambulatory surgery center, skilled nursing facility), the second physician reports the associated moderate sedation procedure/service using codes 99148–99150. Moderate (conscious) sedation services are not reported additionally when performed by the second physician in the non-facility setting (e.g., physician office, freestanding imaging center).

Moderate sedation codes are not used to report minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Nurse Practitioner, ~~and~~ Physician Assistant and Physical Therapy Assistant Rules

I. Modifier NP should be attached to the appropriate CPT code when billing services rendered by the nurse practitioner. The nurse practitioner must use his/her unique identifier to bill for all services. Nurse practitioners must comply with the requirements for a National Provider Identifier (NPI) as specified in the Billing and Reimbursement Rules of this Fee Schedule.

II. The nurse practitioner is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

III. There is only one fee allowed for each CPT code. It is the decision of the physician or the nurse practitioner as to who will bill for a service when both have shared in the provision of the service. Incorrect billing of the service may cause a delay or improper payment by the payer. The payer will reimburse the bill which is received first.

The medical doctor (MD) must be on-site on the date of service in order for physician reimbursement to apply.

IV. The physician assistant shall be reimbursed at the same rate as for the nurse practitioner, and the same rules as apply to the nurse practitioners with regard to billing and reimbursement, shall apply to the physician assistant.

V. Modifier PA should be attached to the appropriate CPT code when billing services rendered by the physician assistant.

VI. The Physical Therapy Assistant shall be reimbursed at fifty-percent (50%) of the maximum allowable fee for the Physical Therapist.

CPT only © 2007 American Medical Association. All Rights Reserved.

Pharmacy Rules

I. SCOPE

This section provides specific rules for the dispensing of and payment for medications and other pharmacy services prescribed to treat work-related injury/illness under the terms of the Act.

II. DEFINITIONS

A. Medications are defined as drugs prescribed by a licensed health care provider and include name brand and generic drugs as well as patented or over-the-counter drugs, compound drugs and physician-dispensed or repackaged drugs.

B. Average Wholesale Price means the AWP based on the most current edition of the *Drug Topics Red Book* in effect at the time the medication is dispensed.

III. RULES

A. Generic Equivalent Drug Products. Unless otherwise specified by the ordering physician, all prescriptions will be filled under the generic name.

When the physician writes "brand medically necessary" on the prescription, the pharmacist will fill the order with the brand name. When taking telephone orders, the pharmacist will assume the generic brand is to be used unless "brand medically necessary" is specifically ordered by the treating physician. Without exception, the treating physician has the authority to order a brand name medication if he/she feels the trademark drug is substantially more effective.

B. A payer or provider may not prohibit or limit any person from selecting a pharmacy or pharmacist of his/her choice, and may not require any person to purchase pharmacy services, including prescription drugs, exclusively through a mail-order pharmacy or program, or to obtain medication dispensed by the physician or in the physician's office, provided the pharmacy or pharmacist selected by the claimant has agreed to be bound by the terms of the Workers' Compensation Law and this Fee Schedule with regard to the provision of services and the billing and payment therefor.

C. Dietary supplements, including but not limited to minerals, vitamins, and amino acids are not reimbursable unless a specific compensable dietary deficiency has been clinically established.

D. Not more than one dispensing fee shall be paid per drug within a ten (10) day period.

IV. REIMBURSEMENT

A. Reimbursement for pharmaceuticals ordered for the treatment of work-related injury/illness is as follows:

1. Brand/Trade Name Medications: Average Wholesale Price (AWP) plus a five dollar ($5.00) dispensing fee.

CPT only © 2007 American Medical Association. All Rights Reserved.

2. Generic Medications: Average Wholesale Price (AWP) plus a five dollar ($5.00) dispensing fee.
3. Over-the-counter medications are reimbursed at usual and customary rates.
4. Dispensing fees are payable only if the prescription is filled under the direct supervision of a registered pharmacist. If a physician dispenses medications from his/her office, a dispensing fee is not allowed.
5. Repackaged and/or Physician Dispensed Medication. If the National Drug Code ("NDC") for the drug product as dispensed is a repackaged drug, the maximum allowable fee shall be the lesser of AWP using a) the NDC for the underlying drug product from the original labeler, or b) the therapeutic equivalent drug product from the original labeler NDC.

   For purposes of this provision, "therapeutically equivalent drugs" means drugs that have been assigned the same Therapeutic Equivalent Code starting with the letter "A" in the Food and Drug Administration's publication "Approved Drug Products with Therapeutic Equivalence Evaluations" ("Orange Book"). The Orange Book may be accessed through the Food and Drug Administration website at http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm.

   National Drug Code "for the underlying drug product from the original labeler" means the NDC of the drug product actually utilized by the repackager in producing the repackaged product.

6. Compound Medications. Compound drugs or medications shall be billed by listing each drug and its NDC number included in the compound and calculating the charge for each drug separately. Payment shall be based on the sum of the fee for each ingredient, plus a single dispense fee. If the NDC for any ingredient is a repackaged drug, reimbursement for the repackaged ingredient(s) shall be as above provided.
7. If information pertaining to the original labeler of the underlying drug product used in repackaged or compound medications is not provided or is unknown, then the payer shall select the most reasonable and closely related AWP to use for reimbursement of the repackaged or compounded drug.

B. Supplies and equipment used in conjunction with medication administration should be billed with the appropriate HCPCS codes and shall be reimbursed according to the Fee Schedule. Supplies and equipment not listed in the Fee Schedule will be reimbursed at the usual and customary rate.

C. Mail-order pharmaceutical services are subject to the rules and reimbursement limitations of this Fee Schedule when supplying medications to Mississippi Workers' Compensation claimants.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Home Health Rules

I. SCOPE

This section of the Fee Schedule pertains to home health services provided to patients who have a work-related injury/illness.

A. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be pre-certified as medically necessary by the payer's Utilization Management Program.

B. All nursing services and personal care services shall have prior authorization by the payer.

C. A description of needed nursing or other attendant care must accompany the request for authorization.

II. REIMBURSEMENT

A. If a payer and provider have a mutually agreed upon contractual arrangement governing the payment for home health services to injured/ill employees, the payer shall reimburse under the contractual agreement and not according to the Fee Schedule.

B. In the absence of a mutually agreed upon contractual arrangement governing payment for home health service, reimbursement shall be made as in other cases (see Billing and Reimbursement Rules) in an amount equal to the maximum reimbursement allowance (MRA).

Billing for home health services is appropriate using the applicable billing form for other institutional providers or facilities.

C. A visit made simultaneously by two or more workers from a home health agency to provide a single covered service for which one supervises or instructs the other shall be counted as one visit.

D. A visit is defined as time up to and including the first two hours.

E. The maximum reimbursement rates listed herein are inclusive of mileage and other incidental travel expenses, unless otherwise agreed to by the payer and provider.

F. The hourly rates set forth in this section of the Schedule apply to all hours worked. No additional reimbursement is allowed for overtime hours, unless otherwise agreed to by the parties in a separate fee contract.

III. RATES

A. The following rates and codes apply to services provided by or through a home health agency:

CPT only © 2007 American Medical Association. All Rights Reserved.

Medical Fee Schedule

Effective July 1, 2010

Service	Fee Per Visit	Billing Code
Skilled Nursing Care	$110.00	G0154
Physical Therapy	$120.00	G0151
Speech Therapy	$125.00	G0153
Occupational Therapy	$125.00	G0152
Medical Social Services	$125.00	G0155
Home Health Aid	$60.00	G0156

For services that exceed two hours, reimbursement for time in excess of the first two hours shall be pro-rated and based on an hourly rate equal to fifty percent (50%) of the above visit fee. For home health services rendered in two (2) hours or less, reimbursement shall be made for a visit as above provided.

NOTE: In addition to the Skilled Nursing Care fees above, an additional sum of $7.16 per visit shall be added to cover the cost of medical supplies, provided the billing form adequately specifies what supplies were utilized.

B. The following Private Duty Rates shall apply:

Skilled Nursing Care – R.N.	$44.00 per hour
Skilled Nursing Care – L.P.N.	$37.00 per hour
Certified Nurse Assistant	$20.00 per hour
Sitter	$13.00 per hour

C. Any reimbursement to persons not working under a professional license, such as a spouse or relative, will be at the rate of $8.00 per hour unless otherwise negotiated by the payer and caregiver or provider.

D. Professional providers not assigned a maximum allowable rate for home health services and who have not negotiated their rates with the payer prior to provision of home health care, shall be reimbursed at the usual and customary rate, or the total billed charge, whichever is less.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Skilled Nursing Facility Rules

I. The maximum reimbursement amount for medical care provided within the confines of a freestanding skilled nursing facility, a hospital based skilled nursing facility, or a swing bed facility, shall be three hundred dollars ($300.00) per day. This rate covers and includes all routine and ancillary health care services provided to a claimant during each day of a covered skilled nursing facility stay.

II. The following services are excluded from the daily skilled nursing facility rate, and shall reimbursed separately and in addition to the above daily rate: cardiac catheterization; angiography; magnetic resonance imaging (MRI) and computerized axial tomography (CT) scans; radiation therapy and chemotherapy; emergency services, which are defined as an admission or services necessitated by a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to provide services could reasonably result in (a) serious impairment of bodily function(s), (b) serious or permanent dysfunction of any bodily organ or part or system, (c) permanently placing the person's health in jeopardy, or (d) other serious medical consequence; outpatient services when provided in a hospital or other free standing outpatient facility separate from the skilled nursing facility; customized prosthetic services; ambulance transportation related to any of the above service; and services provided independent of the facility by physicians, and other medical practitioners (e.g., NP, PA, CRNA, psychologist).

III. As in other cases, the above provisions shall not apply to any mutual agreement or contract entered into by the payer and provider which sets forth the terms for the provision of skilled nursing facility services and reimbursement therefor.

CPT only © 2007 American Medical Association. All Rights Reserved.

Evaluation and Management

This section contains rules and codes used to report evaluation and management services.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section.

I. DEFINITIONS AND RULES

Definitions and rules pertaining to evaluation and management services are as follows:

A. Consultations. The CPT book defines a consultation as "a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source." (This includes referrals for a second opinion.) Consultations are reimbursable only to physicians with the appropriate specialty for the services provided.

   In order to qualify as a consultation the following criteria must be met:

   - The verbal or written request for a consult must be documented in the patient's medical record;
   - The consultant's opinion and any services ordered or performed must be documented by the consulting physician in the patient's medical record;
   - The consulting physician must provide a written report to the requesting physician or other appropriate source.

   A payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered, as provided in MCA §71-3-15(1) (Rev. 2000). This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site specific consultation code, 99241–99245 for office or other outpatient consultations and 99251–99255 for inpatient consultations, with modifier 32 appended to indicate a mandated service.

B. Referral. Subject to the definition of "consultation" provided in this Fee Schedule, a referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. (Initial evaluations and subsequent services are designated as listed in E/M services).

C. New and Established Patient Service. Several code subcategories in the Evaluation and Management section are based on the patient's status as new or established. The new versus established patient guidelines also clarify the situation in which a physician is on call or covering for another physician. In this instance, classify the patient encounter the same as if it were for the physician who is unavailable.

CPT only © 2007 American Medical Association. All Rights Reserved.

- *New Patient.* A new patient is one who has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, for this same injury or within the past three years.
- *Established Patient.* An established patient is a patient who has been treated for the same injury by any physician, of the same specialty, who belongs to the same group practice.

D. E/M Service Components. The first three components of history, examination, and medical decision-making are the keys to selecting the correct level of E/M codes, and all three components must be met or exceeded in the documentation of an initial evaluation. However, in established, subsequent, and follow-up categories, only two of the three must be met or exceeded for a given code.

1. The history component is categorized by four levels:
   a. *Problem Focused.* Chief complaint; brief history of present illness or problem.
   b. *Expanded Problem Focused.* Chief complaint; brief history of present illness; problem-pertinent system review.
   c. *Detailed.* Chief complaint; extended history of present illness; problem-pertinent system review extended to include a review of limited number of additional systems; pertinent past, family medical and/or social history directly related to the patient's problems.
   d. *Comprehensive.* Chief complaint; extended history of present illness; review of systems that are directly related to the problems identified in the history of the present illness, plus a review of all additional body systems; complete past, family, and social history.
2. The physical exam component is similarly divided into four levels of complexity:
   a. *Problem Focused.* An exam limited to the affected body area or organ system.
   b. *Expanded Problem Focused.* A limited examination of the affected body area or organ system and other symptomatic or related organ systems.
   c. *Detailed.* An extended examination of the affected body areas and other symptomatic or related organ systems.
   d. *Comprehensive.* A general multi-system examination or a complete examination of a single organ system.

The CPT book identifies the following body areas:

- Head, including the face
- Neck
- Chest, including breasts and axillae
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

The CPT book identifies the following organ systems:

- Constitutional symptoms (fevers, weight loss, etc.)
- Eyes
- Ears, nose, mouth, and throat
- Cardiovascular
- Respiratory
- Gastrointestinal

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/lymphatic

3. Medical decision-making is the final piece of the E/M coding process. Medical decision making refers to the complexity of establishing a diagnosis or selecting a management option that can be measured by the following:
   a. The number of diagnoses and/or the number of management options to be considered.
   b. The amount and/or complexity of medical records, diagnostic tests, and other information that must be retrieved, reviewed, and analyzed.
   c. The risk of significant complications, morbidity, mortality, as well as co-morbidities associated with the patient's presenting problems, the diagnostic procedures, and/or the possible management options.

E. Contributory Components.

1. Counseling, coordination of care, and the nature of the presenting problem are not major considerations in most encounters, so they generally provide contributory information to the code selection process. The exception arises when counseling or coordination of care dominates the encounter (more than fifty percent (50%) of the time spent). Document the exact amount of time spent to substantiate the selected code and what was clearly discussed during the encounter. Counseling is defined in the CPT book as a discussion with a patient and/or family concerning one or more of the following areas:
   a. Diagnostic results, impressions, and/or recommended diagnostic studies;
   b. Prognosis;
   c. Risks and benefits of management (treatment) options;
   d. Instructions for management (treatment) and/or follow-up;
   e. Importance of compliance with chosen management (treatment) options;
   f. Risk factor reduction;
   g. Patient and family education.
2. E/M codes are designed to report actual work performed, not time spent. But when counseling or coordination of care dominates the encounter, time overrides the other factors and determines the proper code. For office encounters, count only the time spent face-to-face with the patient and/or family. For hospital or other inpatient encounters, count the time spent rendering services for that patient while on the patient's unit, on the patient's floor, or at the patient's bedside.

F. Interpretation of Diagnostic Studies in the Emergency Room

1. Only one fee for the interpretation of an x-ray or EKG procedure will be reimbursed per procedure.
2. The payer is to provide reimbursement to the provider that directly contributed to the diagnosis and treatment of the individual patient.
3. It is necessary to provide a signed report in order to bill the professional component of a diagnostic procedure. The payer may require the report before payment is rendered.
4. If more than one bill is received, physician specialty should not be the deciding factor in determining which physician to reimburse.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Example: In many EDs, an emergency room (ER) physician orders the x-ray on a particular patient. If the ER physician interprets the x-ray making a notation as to the findings in the chart and then treats the patient according to these radiological findings, the ER physician should be paid for the interpretation and report. There may be a radiologist on staff at the particular facility with quality control responsibilities at that particular facility. However, the fact that the radiologist reads all x-rays taken in the ED for quality control purposes is not sufficient to command a separate or additional reimbursement from the payer.

5. A review alone of an x-ray or EKG does not meet the conditions for separate payment of a service, as it is already included in the ED visit.

II. General Guidelines

The E/M code section is divided into subsections by type and place of service. Keep the following in mind when coding each service setting:

- A patient is considered an outpatient at a health care facility until formal inpatient admission occurs.
- All physicians use codes 99281–99285 for reporting emergency department services, regardless of hospital-based or non-hospital-based status.
- Admission to a hospital or nursing facility includes E/M services provided elsewhere on the same day.

III. Office or Other Outpatient Services (99201–99215)

Use the Office or Other Outpatient Services codes to report the services for most patient encounters. Multiple office or outpatient visits provided on the same calendar date are billable if medically necessary and include documentation to support medical necessity.

IV. Hospital Observation Services (99217–99220)

CPT codes 99217 through 99220 report E/M services provided to patients designated or admitted as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital to use these codes; however, whenever a patient is placed in a separately designated observation area of the hospital or emergency department, these codes should be used.

The instructional notes for Initial Hospital Observation Care include the following:

A. Use these codes to report the encounters by the supervising physician when the patient is designated as "observation status."

B. These codes include initiation of "observation status," supervision of the health care plan for observation, and performance of periodic reassessments.

C. When a patient is admitted to observation status in the course of an encounter in another site of service (e.g., hospital emergency department, physician's office, nursing facility), all E/M services provided by that physician on the same day are included in the admission for hospital observation. Only one physician can report initial observation services. Do not use these observation codes for post-recovery of a procedure that is considered a global surgical service.

D. Observation services are included in the inpatient admission service when provided on the same date. Use Initial Hospital Care codes for services provided to a patient who, after receiving

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

observation services, is admitted to the hospital on the same date. The observation service is not reported separately.

E. Admission to a hospital or nursing facility includes evaluation and management services provided elsewhere (office or emergency department) by the admitting physician on the same day.

F. For a patient admitted to the hospital on a date subsequent to the date of observation status, the hospital admission would be reported separately with the appropriate Initial Hospital Care code 99221–99223.

G. For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234–99236.

See Office and Other Outpatient Consultation codes to report observation encounters by other physicians.

V. Observation Care Discharge Services (99217)

A. CPT code 99217 is used only if discharge from observation status occurs on a date other than the initial date of observation. The code includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records.

B. If a patient is admitted to and subsequently discharged from observation status on the same date, see codes 99234–99236.

C. Do not report observation discharge 99217 in conjunction with a hospital admission.

VI. Hospital Inpatient Services (99221–99239)

The codes for hospital inpatient services report admission to a hospital setting, follow-up care provided in a hospital setting, and hospital discharge day management. For inpatient care, the time component includes not only face-to-face time with the patient but also the physician's time spent in the patient's unit or on the patient's floor. This time may include family counseling or discussing the patient's condition with the family; establishing and reviewing the patient's record; documenting within the chart; and communicating with other health care professionals, such as other physicians, nursing staff, respiratory therapists, etc.

A. If the patient is admitted to a facility on the same day as any related outpatient encounter (office, emergency department, nursing facility, etc.), report the total care as one service with the appropriate Initial Hospital Care code.

B. For initial hospital care of a patient admitted on one date and discharged a subsequent day, report 99221–99223 for the initial inpatient care, 99231–99233 for the subsequent hospital care excluding the discharge day.

C. For a patient admitted and discharged for inpatient services or observation status on the same date, report the service with CPT codes 99234–99236.

D. Code 99238 or 99239 reports hospital discharge day management, but excludes discharge of a patient from observation status and inpatients admitted and discharged on the same date. When concurrent care is provided on the day of discharge by a physician other than the attending physician, report these services using Subsequent Hospital Care codes.

VII. Multiple Hospital Visits

Not more than one hospital visit per day shall be payable except when documentation describes the medical necessity of more than one visit by a particular practitioner. Hospital visit codes shall be combined into the single code that best describes the service rendered.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

VIII. CONSULTATIONS (99241–99255)

Consultations in *CPT 2008* fall under two subcategories: Office or Other Outpatient Consultations, and Inpatient Consultations. If counseling dominates the encounter, time determines the correct code.

Most requests for a consultation come from the attending physician, the employer, an attorney, or other appropriate source. Include the name of the requesting physician or other source on the claim form or electronic billing. Confirmatory consultations may be requested by the patient and/or family or may result from a second (or third) opinion. When requested by the patient and/or family the service is not reported with consultation codes, but may be reported using the office, home service, or domiciliary/rest home care codes. When required by the attending physician or other appropriate source, report the service with a consultation code for the appropriate site of service, 99241–99245 for office or other outpatient consultation or 99251–99255 for inpatient consultation.

The consultant may initiate diagnostic and/or therapeutic services, such as writing orders or prescriptions and initiating treatment plans.

The opinion rendered and services ordered or performed must be documented in the patient's medical record and a report of this information communicated to the requesting entity.

Report separately any identifiable procedure or service performed on, or subsequent to, the date of the initial consultation.

When the consultant assumes responsibility for the management of any or all of the patient's care subsequent to the consultation encounter, consult codes are no longer appropriate. Depending on the location, identify the correct subsequent or established patient codes.

IX. EMERGENCY DEPARTMENT SERVICES (99281–99288)

Emergency department (ED) service codes do not differentiate between new and established patients and are used by hospital-based and non-hospital-based physicians. The notes in the CPT book clearly define an emergency department as "an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day." This guideline indicates that care provided in the ED setting for convenience should not be coded as an ED service. Also note that more than one ED service can be reported per calendar day if medically necessary.

Codes 99281–99288 are used to report services provided in a medical emergency. If, however, the physician sees the patient in the emergency room out of convenience for either the patient or physician, the appropriate office visit code should be reported (99201–99215) and reimbursement will be made accordingly.

X. CRITICAL CARE SERVICES (99291–99300)

Critical care is the direct delivery by a physician(s) of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition. Critical care involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition. Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure. Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

present. Critical care may be provided on multiple days, even if no changes are made in the treatment rendered to the patient, provided that the patient's condition continues to require the level of physician attention described above.

Providing medical care to a critically ill, injured, or postoperative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the above requirements. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, pediatric intensive care unit, respiratory care unit, or the emergency care facility.

Critical care services provided to infants 29 days through 24 months of age are reported with pediatric critical care codes 99293 and 99294. Critical care services provided to infants older than one month of age at the time of admission to an intensive care unit are reported with critical care codes 99291 and 99292. Critical care services provided to neonates (28 days of age or less at the time of admission to an intensive care unit) are reported with the neonatal critical care codes 99295, 99296, 99298, 99299, and 99300. The neonatal critical care codes are reported as long as the neonate qualifies for critical care services during the hospital stay. The reporting of pediatric and neonatal critical care services is not based on time, the type of unit (e.g., pediatric or neonatal critical care unit) or the type of provider delivering the care. For additional instructions on reporting these services, see the Inpatient Neonatal and Pediatric Critical Care section of the CPT book and codes 99293–99300.

Services for a patient who is not critically ill but happens to be in a critical care unit are reported using other appropriate E/M codes.

Critical care and other E/M services may be provided to the same patient on the same date by the same physician.

The following services are included in reporting critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest x-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (e.g., ECGs, blood pressures, Hematologic data (99090)); gastric intubation (43752, 91105); temporary transcutaneous pacing (92953); ventilatory management (94002–94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591). Any services performed which are not listed above should be reported separately when performed in conjunction with critical services reported with code 99291–99292. When reporting inpatient neonatal and pediatric critical care services 99293–99300, consult the CPT book for additional procedures that are bundled into codes 99293–99300.

Codes 99291–99292 should not be reported for the physician's attendance during the transport of critically ill or injured patients to or from a facility or hospital. Physician transport services of the critically ill or injured pediatric patient (24 months of age or less) are separately reportable, see 99289, 99290.

The critical care codes 99291 and 99292 are used to report the total duration of time spent by a physician providing critical care services to a critically ill or critically injured patient, even if the time spent by the physician on that date is not continuous. For any given period of time spent providing critical care services, the physician must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same period of time.

XI. NURSING FACILITY SERVICES (99304–99318)

Nursing facility E/M services have been grouped into four subcategories: Initial Nursing Facility Care, Subsequent Nursing Facility Care, Nursing Facility Discharge Services, and Other Nursing Facility Services. Included in these codes are E/M services provided to patients in nursing facilities (formerly called skilled nursing facilities (SNFs)), intermediate care facilities (ICFs), long-term care facilities

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

(LTCFs), and psychiatric residential treatment centers. Psychiatric residential treatment centers must provide a "24 hour therapeutically planned and professionally staffed group living and learning environment." Report other services, such as medical psychotherapy, separately when provided in addition to E/M services.

XII. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services (99324–99340)

The evaluation and management codes are used to report care given to patients residing in a facility that provides room and board and other personal assistance services. The facility is generally a long-term facility. The facility's services do not include a medical component. Typical times have not been established for this code group.

XIII. Home Services (99341–99350)

Services and care provided at the patient's home are coded from this subcategory. Typical times have not been established for this code group.

XIV. Prolonged Services (99354–99359)

A. *Prolonged Physician Service with Direct Patient Contact (99354–99357).* Prolonged physician services are reportable in addition to other physician services, including any level of E/M service. The codes report the total duration of face-to-face time spent by the physician on a given date, even if the time is not continuous.

   Codes 99354 or 99356 report the first hour of prolonged service on a given date, depending on the place of service. Code 99355 or 99357 is used to report each additional 30 minutes beyond the first hour. Services lasting less than 30 minutes are not reportable in this category, and the services must extend 15 minutes or more into the next time period to be reportable. For example, services lasting one hour and twelve minutes are reported by code 99354 or code 99356 alone. Services lasting one hour and seventeen minutes are reported using the code for the first hour plus the code for an additional 30 minutes.

   Prolonged physician services should be reported only once per date of service, even if the time spent is not continuous. Please refer to the most current CPT book for a more complete explanation of prolonged physician care.

B. *Prolonged Physician Service without Direct Patient Contact.* Use code 99358 to report the first hour and 99359 for each additional 30 minutes. All aspects of time reporting are the same as explained above for direct patient contact services.

   Prolonged physician services without direct patient contact may include review of extensive records and tests, and communication (other than telephone calls, 99441–99443) with other professionals and/or the patient and family. These are beyond the usual services and include both inpatient and outpatient settings. Report these services in addition to other services provided, including any level of E/M service.

XV. Physician Standby Services (99360)

Code 99360 is used to report physician standby service that is requested by another physician and that involves prolonged physician attendance without direct (face-to-face) patient contact. The physician may

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

not be providing care or services to other patients during this period. This code is not used to report time spent proctoring another physician. It is also not used if the period of standby ends with the performance of a procedure subject to a "surgical" package by the physician who was on standby.

Code 99360 is used to report the total duration of time spent by a physician on a given date on standby. Standby service of less than 30 minutes total duration on a given date is not reported separately.

Second and subsequent periods of standby beyond the first 30 minutes may be reported only if a full 30 minutes of standby was provided for each unit of service reported.

XVI. Case Management Services (99363–99368)

Physician case management is a process in which a physician is responsible for direct care of a patient, and for coordinating and controlling access to or initiating and/or supervising other health care services needed by the patient.

XVII. Care Plan Oversight Services (99339–99340, 99374–99380)

Care plan oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility, or domiciliary services. The complexity and the approximate physician time spent in care plan oversight services provided within a thirty (30) day period determines the code to be billed.

Only one physician may report care plan oversight services during a given period of time, reflecting the physician's sole or predominant supervisory role with the patient. These codes should not be used for supervision of a patient in a nursing facility or under the care of a home health agency unless they require recurrent supervision of therapy. Care plan oversight services are considered part of the patient evaluation and management services when less than fifteen (15) minutes are provided during a thirty (30) day period.

XVIII. Special Evaluation and Management Services (99450–99456)

This series of codes was introduced in *CPT 1995* to report physician evaluations in order to establish baseline information for insurance certification and/or work-related or medical disability.

XIX. Other Evaluation and Management Services (99499)

This is an unlisted code to report E/M services not specifically defined in the CPT book.

XX. Modifiers

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used with E/M procedures are as follows:

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

21 Prolonged Evaluation and Management Services

When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier 21 to the evaluation and management code number. A report may also be appropriate.

24 Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period

The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57.

For significant, separately identifiable non-E/M services, see modifier 59.

32 Mandated Services

Services related to mandated consultation and/or related services (eg, third-party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

57 Decision for Surgery

An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Anesthesia

I. INTRODUCTION

The base units in this section have been determined on an entirely different basis from the relative values in other sections. A conversion factor applicable to this section is not applicable to any other section.

The American Society of Anesthesiologists' (ASA) *Relative Value Guide*™ ~~2008~~ 2010 is recognized as an appropriate assessment of current relative values for specific anesthesiology procedures. It is the basis for the assigned base units for CPT codes in the Anesthesia section of the Fee Schedule.

The conversion factor for anesthesia services has been designated at $~~42~~ 45.00 per unit.

Total anesthesia value is defined in the following formula:

(Base units + time units + modifying units) x conversion factor = reimbursement

II. BASE UNITS

Base units are listed for most procedures. This value is determined by the complexity of the service and includes all usual anesthesia services except the time actively spent in anesthesia care and the modifying factors. The base units include preoperative and postoperative visits, the administration of fluids and/or blood incident to the anesthesia care, and interpretation of noninvasive monitoring (ECG, temperature, blood pressure, oximetry, and other usual monitoring procedures). The basic anesthesia unit includes the routine follow-up care and observation (including recovery room observation and monitoring). When multiple surgical procedures are performed during the same period of anesthesia, only the highest base unit allowance of the various surgical procedures will be used.

III. TIME UNITS

Time begins when the anesthesiologist begins to prepare the patient for anesthesia care in the operating room or in an equivalent area. Time ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision. The anesthesia time units will be calculated in 15-minute intervals, or portions thereof, equaling one (1) time unit. No additional time units are allowed for recovery room time and monitoring.

CPT only © 2007 American Medical Association. All Rights Reserved.

IV. SPECIAL CIRCUMSTANCES

A. Physical Status Modifiers

Physical status modifiers are represented by the initial letter P followed by a single digit from one (1) to six (6) defined below:

Status	Description	Base Units
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A patient declared brain-dead whose organs are being removed for donor purposes	0

The above six levels are consistent with the American Society of Anesthesiologists' (ASA) ranking of patient physical status. Physical status is included in the CPT book to distinguish between various levels of complexity of the anesthesia service provided.

B. Qualifying Circumstances

1. Qualifying circumstances warrant additional value due to unusual events. The following list of CPT codes and the corresponding anesthesia unit values may be listed if appropriate. The unit value listed is added to the existing anesthesia base units.

CPT	Description	Units
99100	Anesthesia for patient of extreme age, younger than one year and older than seventy (List separately in addition to code for primary anesthesia procedure)	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	5
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	5

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

99140	Anesthesia complicated by emergency conditions (specify conditions) (List separately in addition to code for primary anesthesia procedure) (An emergency is defined as existing when delay in treatment of a patient would lead to a significant increase in the threat to life or body part.)	2

2. Payers must utilize their medical consultants when there is a question regarding modifiers and/or special circumstances for anesthesia charges.

V. MONITORED ANESTHESIA CARE

Monitored anesthesia care occurs when the attending physician requests that an anesthesiologist be present during a procedure. This may be to insure compliance with accepted procedures of the facility. Monitored anesthesia care includes pre-anesthesia exam and evaluation of the patient. The anesthesiologist must participate or provide medical direction for the plan of care. The anesthesiologist, resident, or nurse anesthetist must be in continuous physical presence and provide diagnosis and treatment of emergencies. This will also include noninvasive monitoring of cardiocirculatory and respiratory systems with administration of oxygen and/or intravenous administration of medications. Reimbursement will be the same as if general anesthesia had been administered (time units + base units).

VI. REIMBURSEMENT FOR ANESTHESIA SERVICES

A. Criteria for Reimbursement

Anesthesia services may be billed for any one of the three following circumstances:

1. An anesthesiologist provides total and individual anesthesia service.
2. An anesthesiologist directs a CRNA or AA.
3. Anesthesia provided by a CRNA or AA working independent of an anesthesiologist's supervision is covered under the following conditions:
   a. The service falls within the CRNA's or AA's scope of practice and scope of license as defined by law.
   b. The service is supervised by a licensed health care provider who has prescriptive authority in accordance with the clinical privileges individually granted by the hospital or other health care organization.

B. Reimbursement

1. The maximum reimbursement allowance for anesthesia is calculated by adding the base unit value, the number of time units, any applicable modifier and/or unusual circumstances units, and multiplying the sum by a dollar amount (conversion factor) allowed per unit.
2. Reimbursement includes the usual pre- and postoperative visits, the care by the anesthesiologist during surgery, the administration of fluids and/or blood, and the usual monitoring services. Unusual forms of monitoring, such as central venous, intra-arterial, and Swan-Ganz monitoring, may be reimbursed separately.
3. When an unlisted service or procedure is provided, the value should be substantiated with a report. Unlisted services are identified in this Fee Schedule as by report (BR).

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

4. When it is necessary to have a second anesthesiologist, the necessity should be substantiated BR. The second anesthesiologist will receive five base units + time units (calculation of total anesthesia value).
5. Payment for covered anesthesia services is as follows:
   a. When the anesthesiologist provides an anesthesia service directly, payment will be made in accordance with the Billing and Reimbursement Rules of this Fee Schedule.
   b. When an anesthesiologist provides medical direction to the CRNA or AA providing the anesthesia service, then the reimbursement will be divided between the two of them at fifty percent (50%).
   c. When the CRNA or AA provides the anesthesia service directly, then payment will be the lesser of the billed charge or eighty percent (80%) of the maximum allowable listed in the Fee Schedule for that procedure.
6. Anesthesiologists, CRNAs, and AAs must bill their services with the appropriate modifiers to indicate which one provided the service. Bills NOT properly coded may cause a delay or error in reimbursement by the payer. Application of the appropriate modifier to the bill for service is the responsibility of the provider, regardless of the place of service. Modifiers are as follows:

   AA Anesthesiologist services performed personally by an anesthesiologist

   AD Medical supervision by a physician: more than four concurrent anesthesia procedures

   QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals (CRNA or AA) by an anesthesiologist

   QX CRNA or AA service: with medical direction by an anesthesiologist

   QY Medical direction of one certified registered nurse anesthetist (CRNA or AA) by an anesthesiologist

   QZ CRNA service: without medical direction by an anesthesiologist

VII. ANESTHESIA MODIFIERS

All anesthesia services are reported by using the anesthesia five-digit procedure codes. The basic value for most procedures may be modified under certain circumstances as listed below. When applicable, the modifying circumstances should be identified by the addition of the appropriate modifier (including the hyphen) after the usual anesthesia code. Certain modifiers require a special report for clarification of services provided.

Modifiers commonly used in anesthesia are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

Mississippi's note: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

23 Unusual Anesthesia
Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

32 Mandated Services
Services related to mandated consultation and/or related services (e.g., third-party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

53 Discontinued Procedure
Under certain circumstances the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite.

59 Distinct Procedural Service
Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

AA Anesthesia Services Performed Personally by the Anesthesiologist:
Report modifier AA when the anesthesia services are personally performed by an anesthesiologist.

AD Medical Supervision by a Physician; More Than Four Concurrent Anesthesia Procedures:
Report modifier AD when the anesthesiologist supervises more than four concurrent anesthesia procedures.

QK Medical Direction of Two, Three, or Four Concurrent Anesthesia Procedures Involving Qualified Individuals:
Report modifier QK when the anesthesiologist supervises two, three, or four concurrent anesthesia procedures.

QX CRNA or AA Service with Medical Direction by a Physician:
Regional or general anesthesia provided by the CRNA or AA with medical direction by a physician may be reported by adding modifier QX.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

QY Medical Supervision by Physician of One CRNA or AA:
Report modifier QY when the anesthesiologist supervises one CRNA or AA.

QZ CRNA or AA Service without Medical Direction by a Physician:
Regional or general anesthesia provided by the CRNA or AA without medical direction by a physician may be reported by adding modifier QZ.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Pain Management

In addition to the General Rules, this section provides specific rules for Pain Management services.

I. REIMBURSEMENT FOR PAIN MANAGEMENT SERVICES

A. Reimbursement for pain management services is based on the Resource Based Relative Value Scale (RBRVS).

~~Pain Management Base Units for Professional Services~~
~~Base units for professional services in the Pain Management section are state-specific and have been authorized by the Mississippi Workers' Compensation Commission for the professional reimbursement of procedures in Pain Management. Reimbursement is for base units only. Time units will not be considered for reimbursement purposes.~~

~~The conversion factor for Pain Management is forty-two dollars ($42.00) per unit. The formula for calculating professional reimbursement is:~~

~~Base unit x conversion factor ($42.00) = professional reimbursement~~

~~B. Facility Fees~~
~~Pain management facility fees are state-specific and are based upon the intensity of the procedure and the amount of resources required in completing the procedure. The facility fee is paid for the use of personnel, materials, drugs, equipment and space. The facility reimbursement is all-inclusive and will not be unbundled.~~

B. Use of Fluoroscopy

The reimbursement for the use of fluoroscopy (CPT codes 77002 and 77003) is based on the RBRVS, ~~to be one hundred dollars ($100.00),~~ regardless of the number of procedures performed, and may only be billed once per date of service.

CPT code 77002 is to be used for fluoroscopic guidance for needle placement for CPT code 64510 Cervical (stellate ganglion) sympathetic block, or CPT code 64520 Thoracic or lumbar blocks.

CPT code 77003 is to be used for fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (i.e., epidural, transforaminal epidural, ~~paravertebral facet joint or facet joint nerve,~~ or sacroiliac joint), and including facet nerve neurolytic agent destruction.

~~The facility reimbursement amount for pain management services is listed in the Facility Fee column. This amount is specific to the Pain Management section and the facility and not to be used for any other section or physician services. Reimbursement for multiple pain procedures performed in a facility shall be:~~

- ~~One hundred percent (100%) for the primary procedure~~
- ~~Fifty percent (50%) for the second and any subsequent procedures~~

CPT only © 2007 American Medical Association. All Rights Reserved.

C. Reimbursement for Injection/Destruction Procedures

1. The current CPT codes for Pain Management typically have separate codes for injections that may involve additional levels (e.g., ~~64470~~ 64490 is for injection of cervical facet single or first level, and ~~64472 is~~ 64491 and 64492 are used for additional levels).
2. Facet injections, medial branch blocks and nerve destruction procedures are reimbursed at a maximum of three (3) total anatomic joint levels. Additional level or bilateral modifiers may be used to allow up to a maximum of two (2) additional service levels (but not more) for facet or medial branch blocks in the cervical/thoracic (~~64472~~ 64491 and 64492) or lumbar (~~64476~~ 64494 and 64495) for a maximum of three (3) procedure levels reimbursed per treatment session or day. Additional injected site levels, beyond the first three (3), will not be reimbursed. These procedures are unilateral by definition. Bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement of the bilateral modifier is fifty percent (50%) of the base amount for the second or contralateral side.
3. Reimbursement for injection/destruction procedure codes is made on the basis of nerves treated (e.g., destruction by neurolytic agent of the L4–L5 facets counts as two (2) levels/nerves and should be billed as 64622 (first level/nerve) and 64623 (each additional level)). There are two nerves supplying each joint and reimbursement is based upon nerve(s) treated, not the joint levels treated. This applies to CPT codes 64622, 64623 (lumbar), and 64626, 64627 (cervical/thoracic). These procedures are unilateral by definition. Additionally, bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement of the bilateral modifier is fifty percent (50%) of the base amount for the second or contralateral side.
4. Multiple Epidural Injections in a Single Treatment Day/Session. In order to obtain reimbursement for more than one epidural injection in a single treatment day/session (either multiple levels or bilateral injections) there must be appropriate documentation in the medical records of a medical condition for which multiple injections would be appropriate. For bilateral injections, this includes the presence of significant bilateral radiating/radicular pain. For multiple level injections, this includes conditions for which an additional injected level could be anticipated to result in improved clinical outcomes. These conditions would include:
   - Disc pathology (e.g., protrusion) at one level with a dermatomal pain distribution of an adjacent level (e.g., disc affects the traversing nerve root, such as an L4/5 disc herniation affecting the traversing L5 nerve root).
   - Multiple dermatomal nerve root involvement.

   A maximum of two (2) levels of transforaminal epidural steroid injections are reimbursable for a given date of service. This applies to codes 64479, 64480, 64483, and 64484.

   Reimbursement is still limited to two epidural procedures (either two levels, or one level bilaterally) per date of service.
5. A maximum of one (1) interlaminar epidural steroid injection is reimbursable for a given date of service. This applies to codes 62310 and 62311.
6. A maximum of three (3) facet level procedures are reimbursable for a given date of service. This maximum applies to facet joint injections and nerve blocks, codes ~~64470–64476~~ 64490 - 64495. Nerve destruction procedures, codes 64622–64627, are limited to two (2) facet levels (three (3) nerve branches), unilateral and bilateral, per given date of service.

D. Multiple Procedure Reimbursement

~~Reimbursement for multiple pain procedures shall be:~~

- ~~One hundred percent (100%) for the primary procedure~~
- ~~Fifty percent (50%) for the second and any subsequent procedures~~

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

~~For purposes of reimbursement, each injection is considered a separate procedure and will be reimbursed according to the multiple procedure rule. Multiple level injection codes reported with add-on codes (e.g., 64480, 64484, 64627) shall be reimbursed as additional procedures under applicable multiple injection rules as explained in this section. The reimbursement rate for these add-on procedure codes is fifty percent (50%) of the rate for the primary (base) procedure. Because these are add-on codes, the listed amount for the procedure is fifty percent (50%) of the primary (base) procedure and the add-on code will be reimbursed at the full amount listed in the Fee Schedule.~~

~~No more than two (2) types of pain management procedures can be performed on a given day, unless otherwise approved by the payer.~~

Only one (1) type of pain management procedure is reimbursable on a given date of service, unless otherwise approved by the payer. This rule does NOT include multiple level injections or bilateral procedures of the same type, with appropriate modifiers. This also does not include separate procedures performed as part of a single primary service, such as implantation of a spinal cord stimulator, for example.

"Type" is defined as any procedure code involving an anatomically different structure (e.g., spinal nerve, facet joint, sacroiliac joint, trigger point, etc.). Joints and nerves in different anatomical regions (cervical, thoracic, lumbar, sacral) are considered to be different "types" and are limited to two (2) procedures per given day. Additional level or bilateral injections of a single procedure in the same area are not considered different "types," and for the purpose of this rule, are considered to be the same "type." However, the multiple level restrictions, as detailed herein, still apply.

Example: A three-level lumbar facet injection would be billed as ~~64475~~ 64493 for the first level and ~~64476~~ 64494 and 64495 for each additional level.

~~Reimbursement is as follows:~~

~~**Level**~~	~~**Code**~~	~~**Base Units**~~	~~**Reimbursement**~~
~~**First**~~	~~64475~~	~~10~~	~~$420.00~~
~~**Second**~~	~~64476~~	~~5~~	~~$210.00~~
~~**Third**~~	~~64476~~	~~5~~	~~$210.00~~
~~**Total Reimbursement**~~			~~$840.00~~

~~Note: The reimbursement for each of the additional levels is fifty percent (50%) of the reimbursement amount for the first level. However, because these are add-on codes, the reduction in reimbursement is a function of the reduction in the base units. The base units for the second and additional levels already reflect the fifty percent (50%) reduction, so an additional reduction would not be applied when adjudicating the claim. Add-on codes are reimbursed at one hundred percent (100%) of the allowable.~~

II. REIMBURSEMENT FOR REFILL OF PAIN PUMPS

A. Code 95990. This CPT code, which applies to refilling and maintenance of an implantable pump or reservoir for drug delivery spinal (intrathecal, epidural) or brain (intraventricular), is reimbursed at the specified MRA listed in the Medicine section of the Fee Schedule.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

B. Evaluation and Management Services. Refilling and maintenance of implantable pump or reservoir for pain management drug delivery is a global service. An evaluation and management service is not paid additionally unless significant additional or other cognitive services are provided and documented. To report a significant, separately identifiable evaluation and management service, append modifier 25 to the appropriate evaluation and management code. Documentation is required and payment will be allowed if supported by the documentation.

C. Drugs. Those drugs used in the refill of the pain pump shall be reimbursed in accordance with the Pharmacy Rules contained in the Pharmacy Rules section of this Fee Schedule.

D. Compounding Fee. If the drugs used in the refill of the pain pump must be compounded, the compounding service shall be reimbursed at $157.44 per individual refill. Report the compounding service with code S9430, Pharmacy compounding and dispensing services.

III. "DIAGNOSTIC ONLY" INJECTIONS AND PROCEDURES

A. Valid "diagnostic only" injections require a reasonably alert patient capable of adequately determining the amount or level of pain relieved or produced by the procedure. This requires judicious use of sedatives in the performance of such procedures. Clearly, analgesic medications such as intravenous narcotics are to be avoided during the procedure and evaluation phase of testing, as these medications can affect the validity of such diagnostic tests. The results of the tests and drugs used during the injection or procedure must be part of the medical records, and available for review by the payer. Failure to document the patient's response to a diagnostic procedure or injection, and the level of alertness following the procedure or injection, could result in denial of reimbursement.

B. Discography requires a reasonably alert patient capable of discriminating the quality and quantity of discomfort during the performance of the procedure in order to provide valid information on concordant or non-concordant pain. The results of the tests and drugs used during the procedure must be part of the medical records, and available for review by the payer. Failure to document the patient's response to the procedure, and level of alertness during discography could result in denial of reimbursement.

C. Medial branch (facet nerve) or *diagnostic* intra-articular facet injections require an alert patient, free from undue influence of intravenous narcotics in order to more reliably determine the analgesic response to the procedure. Failure to document the patient's response to the procedure or injection, and level of alertness after the procedure for diagnostic facet nerve or facet intra-articular injections could result in denial of reimbursement.

D. Diagnostic injections with local anesthetics require documentation of analgesic response through any validated pain measurement test (e.g., numerical pain scale, visual analogue scale). This should be performed after the procedure during the time that there would be an expected analgesic response (every thirty (30) minutes for at least one (1) hour). This must be documented and the documentation must be available to the payer for review. The documentation must also include the drugs used during the procedure, and comments on the patient's level of alertness at each time period when the pain or response is evaluated. If the patient's pre-procedure pain was determined by provocative exam tests or maneuvers, these should be repeated during the evaluation period following the procedure, to differentiate analgesia related to the procedure from positional analgesia, such as, for example, that which may be provided by lying in a recovery bed.

E. Intravenous narcotic pain medications are typically to be avoided for diagnostic analgesic injections, such as facet joint or nerve blocks, as they would be expected to provide an analgesic benefit completely independent of the injection itself. Sedatives such as midazolam or propofol can be used judiciously, if necessary, avoiding excessive post-procedure sedation, depending on the experience level of the practitioner ordering or administering the medication. Proper documentation of a lack of

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

undue influence of sedation and analgesics must be provided to support a request for reimbursement for diagnostic procedures.

F. Other injections with both therapeutic and potentially diagnostic benefit, such as selective nerve root or peripheral nerve blocks or therapeutic facet injections (see T modifiers), would ideally be performed with minimal sedation and avoidance of intravenous narcotics. However, as these injections also have potential therapeutic benefit, this is NOT a requirement for reimbursement.

IV. PHYSICAL THERAPY

In the pain management setting, no more than two (2) modalities and/or procedures may be used on a date of service (e.g., heat/cold, ultrasound, diathermy, iontophoresis, TENS, electrical stimulation, muscle stimulation, etc.). Multiple modalities should be performed sequentially. Only one (1) modality can be reported for concurrently performed procedures.

V. GENERAL RULES

A. ~~Reimbursement for an approved epidural series is limited to two (2) injections~~. This Fee Schedule does not recognize a "series" of epidural injections, regardless of number. A trial of epidural injections is permitted provided there is appropriate documentation of a recognized indication for this procedure. Only a single injection can be approved unless there is documentation of analgesic response consistent with a response to the injection. Further injections require a positive analgesic response for approval. For the first injection, the initial analgesic response may be temporary. However, after the second injection, there must be a residual and progressive analgesic benefit in order to perform a third injection. Documentation of a positive patient response will be required to continue epidural treatment. If there is no documented residual pain relief after two (2) injections, no further injections will be considered medically necessary.

1. There is no recognized "series" of epidural injections, and repeat injections are contingent upon proper documentation of clinical responses as stated above. Repeat injections (up to two additional injections, for a total of three (3) per twelve (12) month period), however, do NOT require prior approval as long as the appropriate responses are properly documented. Specifically, the first injection must provide at least a temporary analgesic response. Subsequent epidural injections must provide progressive and durable relief of the targeted pain.

The sole use of extraneous guidelines, including but not limited to, the Official Disability Guidelines ("ODG"), to determine the appropriateness or extent of treatment or reimbursement is prohibited. Continuation of treatment shall be based on the concept of medical necessity and predicated on objective or appropriate subjective improvements in the patient's clinical status. Arbitrary limits on treatment or reimbursement based solely on diagnosis or guidelines outside this Schedule are not permitted.

B. Reimbursement will be limited to three (3) epidural pain injections in a twelve (12) month period unless the payer gives prior approval for more than three (3) such injections. Separate billing for the drug injected is not appropriate and will not be reimbursed.

C. Modifiers

PM Pain Management

Modifier PM, which is a Mississippi-specific pain management code modifier, is no longer required, and will not be recognized for reimbursement for dates of service beginning August 1, 2007.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Modifiers T and D (Mississippi State Modifiers)

Facet joint/nerve injections can be used for diagnostic or therapeutic indications, or both. These injections should be used with modifier D to indicate a diagnostic intention of the injection, or with modifier T to indicate a therapeutic intention of the injection.

Intra-articular joint injections (cervical, thoracic, lumbar), which can have both diagnostic and therapeutic indications, should always be considered primarily therapeutic and should be billed using modifier T.

The number of facet injections subject to reimbursement is limited to four (4) dates of service with a maximum of two (2) therapeutic and two (2) diagnostic injections for the initial twelve (12) month period of treatment per anatomical region. This allows for a total of four (4) dates of service, regardless of the number of levels treated, which levels are treated, or which side (left or right or bilateral) is treated, in the same anatomical region. For coding purposes, the spine is divided into three (3) anatomical regions, cervical, thoracic, and lumbar/sacral. If treatment for facet related pain continues past twelve (12) months, further injections are limited to a total of ~~three (3~~) two (2) dates of service per twelve (12) month period. This limit applies to both therapeutic and diagnostic injections combined, and reimbursement beyond the initial twelve (12) month period is further limited to no more than two (2) injections of either type, as determined by modifiers T or D, per twelve (12) month period. Failure to designate injections with the appropriate T or D modifier will limit reimbursement to no more than two (2) facet joint/nerve injections per twelve (12) month period. This rule applies to cervical, thoracic, and lumbar facet joint and facet joint nerve injections. Facet injections in different anatomical areas are not subject to the above limits, as each different anatomical area would be subject to its own separate limit as described above. Nerve-destructive procedures (e.g. radiofrequency facet nerve neurotomy, codes 64622, 64623, 64626, 64627) do NOT count as an additional therapeutic procedure for the purpose of this rule.

A "different anatomical area" refers to the lumbar, thoracic, and cervical areas. Injections within the lumbar spine, for example, are considered to be within the same anatomical area regardless of the actual lumbar joint/nerve level, or which side (right or left), is treated, and all limits would apply in this anatomical area. The same rule applies to the thoracic and cervical anatomical areas, regardless of the level or laterality treated within the same anatomical area.

Facet nerve (medial branch ablation) for cervical, thoracic or lumbar nerves will only be reimbursed once per nine (9) month period.

In order to perform a repeat therapeutic facet joint injection (cervical, thoracic, or lumbar; codes 64490 – 64495), there must be documentation of a significant analgesic response that persists for at least four (4) weeks. This relief must be at least fifty percent (50%) of the pain in the specific anatomical area targeted by the injection, or there must be documentation of a durable (also four (4) weeks) measurable improvement in the range of motion of the involved joint area being treated.

D. In order to be eligible for reimbursement under this Fee Schedule, pain management procedures or services which are specifically governed by the rules in this Pain Management section of the Fee Schedule must be performed by a licensed physician holding either an M.D. or D.O. degree. Pain management procedures specifically governed herein which are performed by any other person, such as a Certified Registered Nurse Anesthetist (CRNA), shall not be reimbursed under this Fee Schedule.

E. Trigger point injection is considered one (1) procedure and is reimbursed as such regardless of the number of injection sites. Billing for multiple injections, and multiple regions, falls under the same one-procedure rule. Two codes are available for reporting trigger point injections: use 20552 for injection(s) of single or multiple trigger point(s) in one or two muscles, or 20553 when three or more muscles are involved. When billing for multiple injections, and multiple regions, only code 20552 OR 20553 is allowed per date of service.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

F. Sacroiliac arthroscopy (CPT code 73542) assumes the use of a fluoroscope and is considered an integral part of the procedures(s). Therefore, an additional fee for the fluoroscopy (CPT code 77002) is not warranted and will not be reimbursed. This code may only be used once per twelve (12) month period.

G. Epidurography (CPT code 72275), a/k/a "epidural myelogram" or "epidural without dural puncture," is the proper code to use for contrast material injected into the epidural space. The epidurography code involves the inherent use of a fluoroscope, and, therefore, an additional fluoroscopy fee for procedure code 77003 is not reimbursable. This code may only be used once per twelve (12) month period.

H. CPT code 62318 includes needle placement, catheter infusion and subsequent injections. Code 62318 should be used for multiple solutions injected by way of the same catheter, or multiple bolus injections during the initial procedure. The epidural needle or catheter placement is inherent to the procedure, and, therefore, no additional charge for needle or catheter placement is allowed.

I. Investigational Procedures. The following procedures are considered investigational, and, therefore, do not presently qualify for reimbursement under the *Mississippi Workers' Compensation Medical Fee Schedule:*

1. Intradiscal electrothermal therapy (IDET) (22526, 22527) and intradiscal annuloplasty by other method (0062T, 0063T);
2. Intraventricular administration of Morphine;
3. Pulse radiofrequency, regardless of procedure involved or indication (e.g., medial branch radiofrequency, dorsal root radiofrequency, etc.). If pulsed radiofrequency is used, but not specifically recorded as such in the medical records, the payer may retroactively deny payment for the service and request for reimbursement from the provider;
4. Intradiscal therapies used in discography, such as percutaneous disc decompression (Dekompressor), fluoroscopic, laser, radiofrequency, and thermal disc therapies;
5. Percutaneous disc nucleoplasty;
6. Epidural adhesiolysis, also known as Racz procedure or lysis of epidural adhesions.

J. The following procedures must be performed fluoroscopically in order to qualify for reimbursement:

1. Facet injections (~~64470, 64472, 64475, 64476~~ 64490 - 64495)
2. Sacroiliac (SI) injections (27096)
3. Transforaminal epidural steroid injections (64479, 64480, 64483, 64484)
4. Cervical translaminar/interlaminar epidural injections (62310)

K. Any analgesia/sedation used in the performance of the procedures in this section is considered integral to the procedure, and will not be separately reimbursed. This rule applies whether or not the person administering the analgesia/sedation is the physician who is performing the pain management injection. Administration of analgesia/sedation by a different person from the physician performing the injection, including an RN, PA, CRNA, or MD/DO, DOES NOT allow for separate billing of analgesia/sedation.

L. Anatomical descriptions of the procedures performed must accompany the bill for service in order for reimbursement to be made. These descriptions must include landmarks used in determining needle positioning, needles used, and the type and quantity of drugs injected. Tolerance to the procedure, and side effects or lack thereof should be included in this documentation.

M. Discography. Discography is a diagnostic test to identify (or rule out) painful intervertebral discs. Discography is appropriate only in patients for whom no other treatment options remain except for possible surgical stabilization (spinal fusion). A discography is then used on these patients to determine which discs, if any, are painful and abnormal, so that a surgical correction (fusion) can be

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

performed. If a patient is not considered to be a candidate for surgery (fusion), then a discogram is not considered medically necessary. Investigational intradiscal therapies such as percutaneous disc decompression (Dekompressor), fluoroscopic, laser, radiofrequency, and thermal disc therapies are not an indication for a discography.

~~Reimbursement of discography:~~

~~62290 — 10 units; additional levels denoted with modifier 51 or 59 are reimbursed at five (5) units per level~~

~~62291 — 12 units; additional levels denoted with modifier 51 or 59 are reimbursed at six (6) units per level~~

~~72285, 72295 — 8 units~~

The radiographic interpretation codes 72285 and 72295 can only be used ONCE per treatment session and additional level modifiers are not allowed.

When reporting the radiological supervision and interpretation professional components for discography (72285, 72295), the anatomical localization for needle placement is inclusive with the procedure and code 77003 should NOT be additionally reported.

Radiographic interpretation codes 72285 and 72295 must include a thorough description of radiographic findings available in a separate report with hard copy radiographs or other media, such as digital, that will allow review of images (AP and lateral at a minimum).

N. BOTOX. BOTOX is not indicated for the relief of musculoskeletal pain, and its use as such is not covered by the Fee Schedule. An exception is made when BOTOX treatment is indicated for spasticity or other indications and requires prior approval.

O. Use of Opioids or Other Controlled Substances for Management of Chronic (Non-Terminal) Pain. It is recognized that optimal or effective treatment for chronic pain may require the use of opioids or other controlled substances. The proper and effective use of opioids or other controlled substances has been specifically addressed by the Mississippi Board of Medical Licensure. Unless otherwise directed by the Commission, reimbursement for prescriptions for opioids or other controlled substances used for the management or treatment of chronic, non-terminal pain shall not be provided under this Fee Schedule unless treatment is sufficiently documented and complies with the following Rules and Regulations, as promulgated by the Mississippi State Board of Medical Licensure, and supplemented by the Commission accordingly:

1. DEFINITIONS: For the purpose of this provision, the following terms have the meanings indicated:

   a. "Chronic Pain" is a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than six (6) months), then they will be considered for the purposes of this regulation to have "de facto" chronic pain and subject to the same requirements of this regulation. "Terminal Disease Pain" should not be confused with "Chronic Pain." For the purpose of this section, "Terminal Disease Pain" is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months.

   b. "Acute Pain" is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time limited and is responsive to therapies, including controlled substances as

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

defined by the U.S. Drug Enforcement Administration. Title 21 CFR Part 1301 Food and Drugs.

c. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.

d. "Physical Dependence" is a physiological state of neuroadaptation to a substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. Physical dependence is a normal physiological consequence of extended opioid therapy for pain and should not be considered addiction.

e. "Substance Abuse" is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.

f. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Such tolerance may or may not be evident during treatment and does not equate with addiction.

2. Notwithstanding any other provisions of these rules and regulations, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.

3. Notwithstanding any other provisions of these rules and regulations, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability, use of said medications in the treatment of chronic pain should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:

   a. Before initiating treatment utilizing a Schedules II, IIN, III, IIIN, IV or V controlled substance, or any other drug having addiction-forming and addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his own records of prior treatment, or review the records of prior treatment which another treating physician has provided to the physician, that there is an indicated need for long term controlled substance therapy. Such a determination shall take into account the specifics of each patient's diagnosis, past treatments and suitability for long term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain. This shall be clearly entered into the patient medical record, and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.

   b. Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances.

   c. Documentation of a written treatment plan which shall contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan should also contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. This should also include specific requirements of the patient, such as using one physician and pharmacy if

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

possible, and urine/serum medication level monitoring when requested, but no less than once every twelve (12) months.

d. Periodic review and documentation of the treatment course is conducted at reasonable intervals (no less than every six months) with modification of therapy dependent on the physician's evaluation of progress toward the stated treatment objectives. This should include referrals and consultations as necessary to achieve those objectives.

4. No physician shall administer, dispense or prescribe a controlled substance or other drug having addiction-forming and addiction-sustaining liability that is non-therapeutic in nature or non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.

5. No physician shall administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming and addiction-sustaining liability other than in strict compliance with the treating physician's directions. These circumstances include those patients obtaining controlled substances or other abusable drugs from more than one physician and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other abusable drugs before a prior prescription should have been consumed according to the treating physician's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose of their pain medication due to an acute exacerbation of their condition but have maintained a therapeutic dose level, however, it will be required of the treating physician to document in the patient record that such increase in dose level was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan shall be undertaken by the physician.

6. No physician shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability to a patient who is a drug addict for the purpose of "detoxification treatment," or "maintenance treatment," and no physician shall administer or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless they are properly registered in accordance with MCA section 303(g) 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Nothing in this paragraph shall prohibit a physician from administering or dispensing narcotic controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

7. In addition to the specific Rules and Regulations promulgated by the Mississippi State Board of Medical Licensure as set forth above and incorporated herein, the payer may, as in other cases, obtain a second opinion from an appropriate and qualified physician to determine the appropriateness of the treatment being rendered, including but not limited to the appropriateness of the continuing use of opioids or other controlled substances for treatment of the patient's chronic pain. However, any such second opinion shall not be used as the basis for abrupt withdrawal of medication or payment therefor. Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral or discontinuance of treatment, and the payer shall provide reimbursement in accordance with this Fee Schedule, as follows: not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Discontinuance of treatment or reimbursement of prescriptions based on a second

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

opinion obtained hereunder shall be subject to review by the Commission pursuant to the Dispute Resolution Rules set forth in the Dispute Resolution Rules section in this Fee Schedule.

P. Radiographic Codes in Pain Management. In the 2007 CPT book, code 76003 was replaced by code 77002, and code 76005 (fluoroscopy for injection) is replaced by code 77003. Description of service and reimbursement will remain the same.

Codes 72000–72220 which apply to radiographic examination of the spine are not reimbursed concurrent with the pain management procedures in this section or with fluoroscopy services.

Code 73542 is not separately reimbursed with facet or sacroiliac joint injections.

Q. Soft Tissue Injections. “Myofascial, myoneural, and trigger point injections” are synonymous and are to be reimbursed with the 20552 and/or 20553 codes. Modifiers for additional injections are not allowed with these codes. Reimbursement for codes 20552 and 20553 will be identical, and not additive.

Codes 20550 and 20551 are used for the injections of tendon origins and are NOT to be used for “myofascial, myoneural or trigger point” injections. Failure to observe this rule could result in denial of service on retrospective review and/or request for reimbursement.

Code 20612 is to be used for the aspirations/injection of a ganglion cyst and NOT for “myofascial, myoneural, or trigger point” injections. Failure to observe this rule could result in denial of service on retrospective review and/or request for reimbursement.

R. Implantation of spinal cord stimulators. The following conditions must be met for consideration of spinal cord stimulators.

- Patient must have a medical condition for which spinal cord stimulation (SCS) is a recognized and accepted form of treatment.
- There must be a trial stimulation that includes a minimum seven (7) day home trial with the temporary stimulating electrode.
- During the trial stimulation, the patient must report at least fifty percent (50%) pain reduction during the last four (4) days of the stimulation trial.
- Psychological screening must be used to determine if the patient is free from:
  - Substance abuse issues
  - Untreated psychiatric conditions
  - Major psychiatric illness that could impair the patient’s ability to respond appropriately to the trial stimulation

S. Sacroiliac joint injections (code 27096) require documentation of at least a four (4) week durable analgesic benefits or at least fifty percent (50%) pain relief in the anatomical area being targeted by the injection. A maximum of two (2) therapeutic sacroiliac joint injections are allowed per twelve (12) month period. This rule is limited only to the joint injected, and not the contralateral joint (i.e., right or left sided joint).

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Surgery

I. GENERAL GUIDELINES

A. Global Reimbursement

The reimbursement allowances for surgical procedures are based on a global reimbursement concept that covers performing the basic service and the normal range of care required after surgery.

Global reimbursement includes:

1. The operation per se
2. Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia
3. Subsequent to the decision and/or authorization for surgery, one related E/M encounter on the date immediately prior to or on the date of the procedure (including history and physical)

, but does not include the initial consultation

4. Immediate postoperative care, including dictating operative notes, talking with the family and other physicians
5. Writing orders
6. Evaluating the patient in the post-anesthesia recovery area
7. Normal, uncomplicated follow-up (FU) care for the time periods indicated in the follow- up days (FUD) column to the right of each procedure code. The number in that column establishes the days during which no additional reimbursement is allowed for the usual care provided following surgery, absent complications or unusual circumstances.
8. The maximum reimbursement allowances cover all normal postoperative care, including the removal of sutures by the surgeon or associate. Follow-up days are specified by procedure. Follow-up days listed are for 0, 10, or 90 days and are listed in the Fee Schedule as 000, 010, or 090. Follow-up days may also be listed as MMM indicating that services are for uncomplicated maternity care, XXX indicating that the global surgery concept does not apply, YYY indicating that the follow-up period is to be set by the payer (used primarily with BR procedures), or ZZZ indicating that the code is related to another service and is treated in the global period of the other procedure billed in conjunction with the ZZZ procedure (used primarily with add-on and exempt from modifier 51 codes). The day of surgery is day one when counting follow-up days. Hospital discharge day management is considered to be normal, uncomplicated follow-up care.

B. Follow-up Care for Diagnostic Procedures

Follow-up care for diagnostic procedures (e.g., endoscopy, injection procedures for radiography) includes only the care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or of other concomitant conditions is not included and may be charged for in accordance with the services rendered.

CPT only © 2007 American Medical Association. All Rights Reserved.

C. Follow-up Care for Therapeutic Surgical Procedures
Follow-up care for therapeutic surgical procedures includes only care that is usually part of the surgical procedure. Complications, exacerbations, recurrence, or the presence of other diseases or injuries requiring additional services concurrent with the procedure(s) or during the listed period of normal follow-up care may warrant additional charges.

D. Separate Procedures
Separate procedures are commonly carried out as an integral part of another procedure. They should not be billed in conjunction with the related procedure. These procedures may be billed when performed independently by adding modifier 59 to the specific "separate procedure" code.

E. Additional Surgical Procedure(s)
When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.

F. Microsurgery, Operating Microscope, and Use of Code 69990
The surgical microscope is employed when the surgical services are performed using the technique of microsurgery. Code 69990 should be reported (without modifier 51 appended) in addition to the code for the primary procedure performed. Do not use 69990 for reporting visualization with magnifying loupes or corrected vision. Do not report code 69990 in addition to procedures where the use of the operating microscope is considered an inclusive component. The operating microscope is considered inclusive in the following codes only: 15756–15758; 15842; 19364; 19368; 20955–20962; 20969–20973; 26551–26554; 26556; 31526; 31531; 31536; 31541; 31545; 31546; 31561; 31571; 43116; 43496; 49906; 61548; 63075-63078; 64727; 64820–64823; 65091–68850. For purposes of clarification, if microsurgery technique is employed and the primary procedure code is not contained in the aforementioned list, it is appropriate to report 69990 with the primary procedure performed and reimbursement is required for said services. (For example, code 63030 is not included in the aforementioned list and, as such, it is appropriate for providers to report 69990 along with 63030 to describe microsurgical technique. Reimbursement for 69990 is required provided operative documentation affirms microsurgical technique and not just visualization with magnifying loupes or corrected vision.

G. Unique Techniques
A surgeon is not entitled to an extra fee for a unique technique. It is inappropriate to use modifier 22 unless the procedure is significantly more difficult than indicated by the description of the code.

H. Surgical Destruction
Surgical destruction is part of a surgical procedure, and different methods of destruction (e.g., laser surgery) are not ordinarily listed separately unless the technique substantially alters the standard management of a problem or condition. Exceptions under special circumstances are provided for by separate code numbers.

I. Incidental Procedure(s)
An additional charge for an incidental procedure (e.g., incidental appendectomy, incidental scar excisions, puncture of ovarian cysts, simple lysis of adhesions, simple repair of hiatal hernia, etc.) is not customary and does not warrant additional reimbursement.

J. Endoscopic Procedures
When multiple endoscopic procedures are performed by the same practitioner at a single encounter, the major procedure is reimbursed at one hundred percent (100%). If a secondary procedure is performed through the same opening/orifice, fifty percent (50%) is allowable as a multiple procedure.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

However, diagnostic procedures during the same session and entry site are incidental to the major procedure.

K. Biopsy Procedures
A biopsy of the skin and another surgical procedure performed on the same lesion on the same day must be billed as one procedure.

L. Repair of Nerves, Blood Vessels, and Tendons with Wound Repairs
The repair of nerves, blood vessels, and tendons is usually reported under the appropriate system. The repair of associated wounds is included in the primary procedure unless it qualifies as a complex wound, in which case modifier 51 may be applied. Simple exploration of nerves, blood vessels, and tendons exposed in an open wound is also considered part of the essential treatment of the wound closure and is not a separate procedure unless appreciable dissection is required.

M. Suture Removal
Billing for suture removal by the operating surgeon is not appropriate as this is considered part of the global fee.

N. Joint Manipulation Under Anesthesia
There is no charge for manipulation of a joint under anesthesia when it is preceded or followed by a surgical procedure on that same day by that surgeon. However, when manipulation of a joint is the scheduled procedure and it indicates additional procedures are necessary and appropriate, fifty percent (50%) of the manipulation may be allowed.

O. Supplies and Materials
Supplies and materials provided by the physician (e.g., sterile trays/drugs) over and above those usually included with the office visit may be listed separately using CPT code 99070 or specific HCPCS Level II codes.

P. Plastic and Metallic Implants
Plastic and metallic implants or non-autogenous graft materials supplied by the physician are to be reimbursed at cost.

Q. Aspirations and Injections
Puncture of a cavity or joint for aspiration followed by injection of a therapeutic agent is one procedure and should be billed as such.

R. Surgical Assistant
1. Physician surgical assistant — For the purpose of reimbursement, a physician who assists at surgery is reimbursed as a surgical assistant. Assistant surgeons should use modifier 80 and are allowed twenty percent (20%) of the maximum reimbursement allowance (MRA) for the procedure(s).
2. Registered Nurse Surgical Assistant

or Physician Assistant

a. A physician assistant, or registered nurses who have completed an approved first assistant training course, may be allowed a fee when assisting a surgeon in the operating room (O.R.).

b. The maximum reimbursement allowance for the physician assistant or the

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

registered nurse first assistant (RNFA) is ten percent (10%) of the surgeon's fee for the procedure(s) performed.

c. Under no circumstances will a fee be allowed for an assistant surgeon and a physician assistant or

RNFA at the same surgical encounter.

d. Registered nurses on staff in the O.R. of a hospital, clinic, or outpatient surgery center do not qualify for reimbursement as an RNFA

.

e. CPT codes with modifier AS should be used to bill for physician assistant or

RNFA services on a CMS-1500 form and should be submitted with the charge for the surgeon's services.

S. Operative Reports
An operative report must be submitted to the payer before reimbursement can be made for the surgeon's or assistant surgeon's services.

T. Needle Procedures
Needle procedures (lumbar puncture, thoracentesis, jugular or femoral taps, etc.) should be billed in addition to the medical care on the same day.

U. Therapeutic Procedures
Therapeutic procedures (injecting into cavities, nerve blocks, etc.) (CPT codes 20526–20610, 64400, 64450) may be billed in addition to the medical care for a new patient. (Use appropriate level of service plus injection.)

In follow-up cases for additional therapeutic injections and/or aspirations, an office visit is only indicated if it is necessary to re-evaluate the patient. In this case, a minimal visit may be listed in addition to the injection. Documentation supporting the office visit charge must be submitted with the bill to the payer. Reimbursement for therapeutic injections will be made according to the multiple procedure rules.

Trigger point injection is considered one procedure and reimbursed as such regardless of the number of injection sites. Two codes are available for reporting trigger point injections. Use 20552 for injection(s) of single or multiple trigger point(s) in one or two muscles or 20553 when three or more muscles are involved.

V. Anesthesia by Surgeon
In certain circumstances it may be appropriate for the attending surgeon to provide regional or general anesthesia. Anesthesia by the surgeon is considered to be more than local or digital anesthesia. Identify this service by adding modifier 47 to the surgical code. Only base anesthesia units are allowed. See the Anesthesia section.

W. Therapeutic/Diagnostic Injections
Injections are considered incidental to the procedure when performed with a related invasive procedure.

X. Intervertebral Biomechanical Device(s) and Use of Code 2285
Code 22851 describes the application of an intervertebral biomechanical device to a vertebral defect or interspace. Code 22851 should be listed in conjunction with a primary procedure without the use of modifier 51. The use of 22851 is limited to one instance per single interspace or single vertebral defect regardless of the number of devices applied and infers additional qualifying training,

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data
© 2007 Ingenix

experience, sizing, and/or use of special surgical appliances to insert the biomechanical device. Qualifying devices include manufactured synthetic or allograft biomechanical devices, or methyl methacrylate constructs, and are not dependant on a specific manufacturer, shape, or material of which it is constructed. Qualifying devices are machine cut to specific dimensions for precise application to an intervertebral defect. (For example, the use of code 22851 would be appropriate during a cervical arthrodesis (22554) when applying a synthetic alloy cage, a threaded bone dowel, or a machine cut hexahedron cortical, cancellous, or corticocancellous allograft biomechanical device. Surgeons utilizing generic non-machined bony allografts or autografts are referred to code sets 20930–20931, 20936–20938 respectively.)

Y. Intra-operative neurophysiologic monitoring (e.g. SSEP, MEP, BAEP, TES, DEP, VEP). All intra-operative neurophysiologic monitoring requires pre-authorization. Reimbursement for intra-operative neurophysiologic monitoring will not be allowed in the following cases, unless mutually agreed to by the payer and the provider:

1. neuromuscular junction testing of each nerve during intraoperative monitoring;
2. intraoperative monitoring duringperipheral nerve entrapment releases, such as carpal release, ulnar nerve transposition at the elbow, and tarsal tunnel release;
3. during decompression of cervical nerve roots without myelopathy;
4. during placement of cervical instrumentation absent evidence of myelopathy;
5. during lumbar discectomy for radiculopaty; or
6. during lumbar decompression for treatment of stenosis without the need for instrumentation.

II. AMBULATORY SURGERY CENTERS

A. Definition

For purposes of this section of the Fee Schedule, "ambulatory surgery center" means an establishment with an organized medical staff of physicians; with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures; with continuous physicians and registered nurses on site or on call; which provides services and accommodations for patients to recover for a period not to exceed twenty-three (23) hours after surgery. An ambulatory surgery center may be a freestanding facility or may be attached to a hospital facility. For purposes of Workers' Compensation reimbursement to ASCs, the facility must be an approved Medicare ASC.

B. Coding and Billing Rules

1. Facility fees for ambulatory surgery must be billed on the UB-04 form.
2. The CPT/HCPCS code(s) of the procedure(s) performed determines the reimbursement for the facility fee. Report all procedures performed.
3. If more than one surgical procedure is furnished in a single operative encounter, the multiple procedure rule applies. The primary procedure is reimbursed at one hundred percent (100%) of the maximum reimbursable allowance (MRA), the second and subsequent procedures are reimbursed at fifty percent (50%) of the MRA.
4. If the billed total for an outpatient surgical encounter is less than the ASC MRA, the lesser of the charges is paid to the facility.
5. The payment rate for an ASC surgical procedure includes all facility services directly related to the procedure performed on the day of surgery. Facility services include:
   - Nursing and technician services

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

- Use of the facility
- Drugs, biologicals, surgical dressings, splints, casts and equipment directly related to the provision of the surgical procedure
- Materials for anesthesia
- Administration, record keeping and housekeeping items and services

6. Separate payment is not made for the following services that are directly related to the surgery:
   - Pharmacy
   - Medical/surgical supplies
   - Sterile supplies
   - Operating room services
   - Anesthesia
   - Ambulatory surgical care
   - Recovery room
   - Treatment or Observation room
7. Facility fees do not include physician services, x-rays, diagnostic procedures, laboratory procedures, CRNA or anesthesia physician services, prosthetic devices, ambulance services, braces, artificial limbs or DME for use in the patient's home. These items will be reimbursed according to Fee Schedule MRA or HCPCS MRA, whichever is appropriate.

C. Facility Fee Reimbursement for ASCs

1. The Mississippi Worker's Compensation Commission has adopted the Medicare ASC Payment Groups for classifying payment of facility fees for ambulatory surgery. The specific rates and groupings are more fully explained in the section on Inpatient and Outpatient Care Rules.
2. The ASC payment rate has been added to the CPT code listing of fees in the Surgery section of the Fee Schedule. The column lists the total approved facility fee for that particular CPT code.
3. The facility fees will be paid for medically necessary services only. All ambulatory elective procedures must be precertified according to the rules and guidelines of the Fee Schedule.
4. Procedures not assigned an ASC facility fee will be reimbursed according to the lesser of total billed charges or usual and customary rates.

III. MULTIPLE PROCEDURES

A. Multiple Procedure Reimbursement Rule

Multiple procedures performed during the same operative session at the same operative site are reimbursed as follows:

- One hundred percent (100%) of the allowable fee for the primary procedure
- Fifty percent (50%) of the allowable fee for the second and subsequent procedures

B. Bilateral Procedure Reimbursement Rule

Physicians and staff are sometimes confused by the definition of bilateral. Bilateral procedures are identical procedures (i.e., use the same CPT code) performed on the same anatomic site but on opposite sides of the body. Furthermore, each procedure should be performed through its own separate incision to qualify as bilateral. For example, open reductions of bilateral fractures of the mandible treated through a common incision would not qualify under the definition of bilateral and

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

would be reimbursed according to the multiple procedure rule. Medicare's accepted method of billing bilateral services is to list the procedure once and add modifier 50. Mississippi is adopting this same policy. Refer to the example below:

69300 50 Otoplasty, protruding ear

Place a "2" in the UNITS column of the CMS-1500 claim form so that payers are aware that two procedures were performed. List the charge as one hundred fifty percent (150%) of your normal charge. Reimbursement shall be at one hundred fifty percent (150%) of the amount allowed for a unilateral procedure(s). For example, if the allowable for a unilateral surgery is one hundred dollars ($100.00) and it is performed bilaterally, reimbursement shall be one hundred fifty dollars ($150.00). However, if the procedure description states "bilateral," reimbursement shall be as listed in the Fee Schedule since the fee was calculated for provision of the procedure bilaterally.

C. Multiple Procedures—Different Areas Rule
When multiple surgical procedures are performed in different areas of the body during the same operative sessions and the procedures are unrelated (e.g., abdominal hernia repair and a knee arthroscopy), the multiple procedure reimbursement rule will apply independently to each area. Modifier 51 must be added.

D. Multiple Procedure Billing Rules
1. The primary procedure, which is defined as the procedure with the highest RVU, must be billed with the applicable CPT code.
2. The second or lesser or additional procedure(s) must be billed by adding modifier 51 to the codes, unless the procedure(s) is exempt from modifier 51 or qualifies as an add-on code.

IV. Repair of Wounds

A. Definitions
Wound repairs are classified as simple, intermediate, or complex.
1. Simple repair. Simple repair is repair of superficial wounds involving primarily epidermis and dermis or subcutaneous tissues without significant involvement of deeper structures and simple one layer closure/suturing. This includes local anesthesia and chemical or electrocauterization of wounds not closed.
2. Intermediate repair. Intermediate repair is repair of wounds that requires layered closure of one or more of the subcutaneous tissues and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure. Single-layer closure of heavily contaminated wounds that require extensive cleaning or removal of particulate matter also constitutes intermediate repair.
3. Complex repair. Complex repair is repair of wounds requiring more than layered closure, scar revision, debridement (e.g., traumatic lacerations or avulsions), extensive undermining, stents or retention sutures. It may include creation of the defect and necessary preparation for repairs or the debridement and repair of complicated lacerations or avulsions.

B. Reporting
The following instructions are for reporting services at the time of the wound repair:
1. The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular, or stellate.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

2. When multiple wounds are repaired, add together the lengths of those in the same classification (see above) and anatomical grouping and report as a single item. When more than one classification of wound is repaired, list the more complicated as the primary procedure and the less complicated as the secondary procedure using modifier 51.
3. Debridement is considered a separate procedure only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure (extensive debridement of soft tissue and/or bone).
4. Report involvement of nerves, blood vessels, and tendons under the appropriate system (nervous, musculoskeletal, etc.) for repair. The repair of these wounds is included in the fee for the primary procedure unless it qualifies as a complex wound, in which case modifier 51 applies.
5. Simple ligation of vessels in an open wound is considered part of any wound closure, as is simple exploration of nerves, blood vessels, or tendons.
6. Adjacent tissue transfers, flaps and grafts include such procedures as Z-plasty, W- plasty, V-4-plasty or rotation flaps. Reimbursement is based on the size of the defect. Closing the donor site with a skin graft is considered an additional procedure and will be reimbursed in addition to the primary procedure. Excision of a lesion prior to repair by adjacent tissue transfer is considered "bundled" into the tissue transfer procedure and is not reimbursed separately.
7. Wound exploration codes should not be billed with codes that specifically describe a repair to major structure or major vessel. The specific repair code supersedes the use of a wound exploration code.

V. MUSCULOSKELETAL SYSTEM

A. Casting and Strapping

This applies to severe muscle sprains or strains that require casting or strapping.

1. Initial (new patient) treatment for soft tissue injuries must be billed under the appropriate office visit code.
2. When a cast or strapping is applied during an initial visit, supplies and materials (e.g., stockinet, plaster, fiberglass, ace bandages) may be itemized and billed separately using the appropriate HCPCS Level II code.
3. When initial casting and/or strapping is applied for the first time during an established patient visit, reimbursement may be made for the itemized supplies and materials in addition to the appropriate established patient visit.
4. Replacement casts or strapping provided during a follow-up visit (established patient) include reimbursement for the replacement service as well as the removal of casts, splints, or strapping. Follow-up visit charges may be reimbursed in addition to replacement casting and strapping only when additional significantly identifiable medical services are provided. Office notes should substantiate medical necessity of the visit. Cast supplies may be billed using the appropriate HCPCS Level II code and reimbursed separately.

B. Fracture Care

1. Fracture care is a global service. It includes the examination, restoration or stabilization of the fracture, application of the first cast, and cast removal. Casting material is not considered part of the global package and may be reimbursed separately. It is inappropriate to bill an office visit since the reason for the encounter is for fracture care. However, if the patient requires surgical intervention, additional reimbursement can be made for the appropriate E/M code to properly evaluate the patient for surgery. Use modifier 57 with the E/M code.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

2. Reimbursement for fracture care includes the application and removal of the first cast or traction device only. Replacement casting during the period of follow-up care is reimbursed separately.
3. The phrase “with manipulation” describes reduction of a fracture.
4. Re-reduction of a fracture performed by the primary physician may be identified by the addition of modifier 76 to the usual procedure code to indicate “repeat procedure” by the same physician.
5. The term “complicated” appears in some musculoskeletal code descriptions. It implies an infection occurred or the surgery took longer than usual. Be sure the medical record documentation supports the “complicated” descriptor to justify reimbursement.

C. Bone, Cartilage, and Fascia Grafts

1. Reimbursement for obtaining autogenous bone, cartilage or fascia grafts, or other tissue through separate incisions is made only when the graft is not described as part of the basic procedure.
2. Tissue obtained from a cadaver for grafting must be billed using code 99070 and accompanied by a report in order to ensure an equitable reimbursement by the payer.

D. Arthroscopy

Note: Surgical arthroscopy always includes a diagnostic arthroscopy. Only in the most unusual case is an increased fee justified because of increased complexity of the intra-articular surgery performed.

1. Diagnostic arthroscopy should be billed at fifty percent (50%) when followed by open surgery.
2. Diagnostic arthroscopy is not billed when followed by arthroscopic surgery.
3. If there are only minor findings that do not confirm a significant preoperative diagnosis, the procedure should be billed as a diagnostic arthroscopy.

E. Arthrodesis Procedures

Many revisions have occurred in CPT coding for arthrodesis procedures. References to bone grafting and fixation are now procedures which are listed and reimbursed separately from the arthrodesis codes.

To help alleviate any misunderstanding about when to code a discectomy in addition to an arthrodesis, the statement “including minimal discectomy” to prepare interspace has been added to the anterior interbody technique. If the disk is removed for decompression of the spinal cord, the decompression should be coded and reimbursed separately.

F. External Spinal Stimulators Post Fusion

1. The following criteria is established for the medically accepted standard of care when determining applicability for the use of an external spinal stimulator. However, the medical necessity should be determined on a case-by-case basis.
   a. Patient has had a previously failed spinal fusion, and/or
   b. Patient is scheduled for revision or repair of pseudoarthrosis, and/or
   c. The patient smokes greater than a pack of cigarettes per day and is scheduled for spinal fusion
2. The external spinal stimulator is not approved by the Mississippi Workers’ Compensation Commission for use in primary spinal fusions.
3. The external spinal stimulator will be reimbursed by report (BR).
4. Precertification is required for use of the external spinal stimulator.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

G. **Carpal Tunnel Release**
The following intraoperative services are included in the global service package for carpal tunnel release and should not be reported separately and do not warrant additional reimbursement:

- Surgical approach
- Isolation of neurovascular structures
- Video imaging
- Stimulation of nerves for identification
- Application of dressing, splint, or cast
- Tenolysis of flexor tendons
- Flexor tenosynovectomy
- Excision of lipoma of carpal canal
- Exploration of incidental release of ulnar nerve
- Division of transverse carpal ligament
- Use of endoscopic equipment
- Placement and removal of surgical drains or suction device
- Closure of wound

VI. BURNS, LOCAL TREATMENT

A. Degree of Burns
1. Code 16000 must be used when billing for treatment of first degree burns when no more than local treatment of burned surfaces is required.
2. Codes 16020–16030 must be used when billing for treatment of partial-thickness burns only.
3. The claim form must be accompanied by a report substantiating the services performed.
4. Major debridement of foreign bodies, grease, epidermis, or necrotic tissue may be billed separately under codes 11000–11001. Modifier 51 does not apply.

B. Percentage of Total Body Surface Area
The following definitions apply to codes 16020–16030:
1. "Small" means less than five percent (5%) of the total body surface area
2. "Medium" means whole face or whole extremity or five to ten percent (5%–10%) of the total body surface area
3. "Large" means more than one extremity or greater than ten percent (10%) of the total body surface area

C. Reimbursement
1. To identify accurately the proper procedure code and substantiate the descriptor for billing, the exact percentage of the body surface involved and the degree of the burn must be specified on the claim form submitted or by attaching a special report. Claims submitted without this specification will be returned to the physician for this additional information.
2. Hospital visits, emergency room visits, or critical care visits provided by the same physician on the same day as the application of burn dressings will be reimbursed as a single procedure at the highest level of service.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

VII. NERVE BLOCKS

A. Diagnostic or Therapeutic
   1. Please refer to the Pain Management section for guidelines and reimbursement of nerve blocks.
   2. Medications such as steroids, pain medication, etc., may be separately billed using the appropriate HCPCS Level II code.
      a. The name of the medication(s), dosage, and volume must be identified.
      b. Medication will be reimbursed according to fees listed in the HCPCS section. If not listed in HCPCS, reimbursement will be according to the Pharmacy section in the General Guidelines.

B. Anesthetic
   When a nerve block for anesthesia is provided by the operating room surgeon, the procedure codes listed in the Anesthesia section must be followed.

VIII. MODIFIERS

Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code. The modifier may be reported by a two-digit number placed after the usual procedure number and separated by a hyphen. If more than one modifier is used, place the multiple modifiers code 99 immediately after the procedure code. This indicates that one or more additional modifier codes follow. Modifiers commonly used in surgery are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

Mississippi's note: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement.

26 Professional Component

Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

32 Mandated Services

Services related to mandated consultation and/or related services (e.g., third-party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

47 Anesthesia by Surgeon

Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) Note: Modifier 47 would not be used as a modifier for the anesthesia procedures 00100–01999.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Mississippi's note: Reimbursement is made for base units only.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed during the same operative session should be identified by adding modifier 50 to the appropriate five-digit code.

51 Multiple Procedures

When multiple procedures, other than E/M services, physical medicine and rehabilitation services, or provision of supplies (e.g., vaccines),

are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes (see the applicable CPT book appendix).

Mississippi's note: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the most current CPT book.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure

Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite.

54 Surgical Care Only

When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only

When one physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

56 Preoperative Management Only
When one physician performed the preoperative care and evaluation and another physician performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery
An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operation or procedure room, see modifier 78.

59 Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 by used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

62 Two Surgeons
When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If an additional procedure(s) (including an add-on procedure(s)) is performed during the same surgical session, a separate code(s) may be reported with modifier 62 added. Note: If a co- surgeon acts as an assistant in the performance of an additional procedure(s) during the same surgical session, the service(s) may be reported using a separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

66 Surgical Team
Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment) are carried out under the “surgical team” concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

76 Repeat Procedure by Same Physician
It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure/service.

77 Repeat Procedure by Another Physician
The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure/service.

78 Return to the Operating Room for a Related Procedure During the Postoperative Period
It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first and requires the use of the operating room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures on the same day, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period
The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

80 Assistant Surgeon
Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

Mississippi's note: Reimbursement is twenty percent (20%) of the maximum reimbursement allowance.

81 Minimum Assistant Surgeon
Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Mississippi's note: Physician reimbursement is ten percent (10%) of the allowable.

82 Assistant Surgeon (when qualified resident surgeon not available)
The unavailability of a qualified resident surgeon is prerequisite for use of modifier 82 appended to the unusual procedure code number(s).

90 Reference (Outside) Laboratory
When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

99 Multiple Modifiers

Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AS Assistant At Surgery Services Provided By Registered Nurse First Assistant, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist

Assistant at surgery services provided by a Registered Nurse First Assistant (RNFA), Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist are identified by adding modifier AS to the listed applicable surgical procedures. The use of the AS modifier is appropriate for any code that otherwise is reimbursable for a physician assisting a surgeon in the operating room.

Mississippi's note: Modifier AS reimbursement is ten percent (10%) of the allowable.

IX. MODIFIERS APPROVED FOR AMBULATORY SURGERY CENTER (ASC) HOSPITAL OUTPATIENT USE

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (e.g., hospital emergency department, clinic). Note: This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (e.g., hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine Services codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier 50 to the appropriate five digit code.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operating or procedure room, see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

73 Discontinued Out-Patient Hospital/ Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

74 Discontinued Out-Patient Hospital/ Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

procedure number and the addition of modifier 74. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

76 Repeat Procedure by Same Physician

It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure/service.

77 Repeat Procedure by Another Physician

The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure/service.

78 Return to the Operating Room for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures on the same day, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period

The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Radiology

I. SCOPE

The following guidelines apply to radiology services provided in offices, clinics, and under some circumstances in hospital x-ray departments. This section also contains guidelines that include nuclear medicine and diagnostic ultrasound.

II. GUIDELINES

A. Total Component

A total fee includes both the professional component for the radiologist and the technical component needed to accomplish the procedure. Explanations of the professional component and the technical component are listed below. The values as listed in the Amount column represent the total reimbursement.

B. Professional Component

The professional component represents the reimbursement allowance of the professional radiological services of the physician and is identified by the use of modifier 26. This includes examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination, and consultation with the referring physician. In the majority of hospital radiology departments, the radiologist submits a separate statement to the patient for professional services rendered, which are listed as the professional component. Values in the PC Amount column are intended for the services of a radiologist for the professional component only and do not include any other charges. To identify a charge for a professional component only, use the five-digit code followed by modifier 26.

C. Technical Component

The technical component includes charges made by the institution or clinic to cover the services of technologists and other staff members, the film, contrast media, chemicals and other materials, and the use of the space and facilities of the x-ray department. To identify a charge for a technical component only, use the five-digit code followed by HCPCS Level II modifier TC.

D. Review of X-rays

Billing code 76140 is not appropriate in the following circumstances because review of the x-rays is inherent to the evaluation and management code:

- The physician, during the course of an office visit or consultation, reviews an x-ray made elsewhere.
- The treating or consulting physician reviews x-rays at an emergency room or hospital visit.

CPT only © 2007 American Medical Association. All Rights Reserved.

- CPT code 76140 Consultation on x-ray examination made elsewhere, written report, will only be paid when there is a documented need for the service and when performed by a radiologist or physician certified to perform radiological services.
- This provision is for payment of a second interpretation under unusual circumstances such as a questionable finding for which the physician performing the initial interpretation requests the expertise of another physician (i.e., expertise of a radiologist). CPT code 76140 is to be used when a second opinion is required for a radiological procedure. Reimbursement is limited to the professional component listed in the Fee Schedule for that procedure.

E. Additional X-rays
No payment shall be made for additional x-rays when recent x-rays are available except when supported by adequate information regarding the need to retake x-rays. The use of photographic or digital media and/or imaging is not reported separately, but is considered to be a component of the basic procedure and shall not merit any additional payment.

F. Contrast Material
1. Complete procedures, interventional radiological procedures, or diagnostic studies involving injection of contrast media include all usual pre-injection and post-injection services (e.g., necessary local anesthesia, placement of needle catheter, injection of contrast media, supervision of the study, and interpretation of results).
2. Low osmolar contrast material and paramagnetic contrast materials shall only be billed when not included in the descriptor of the procedure. When appropriately billed, the contrast media is reimbursed according to the maximum reimbursement allowance rate (MRA) listed in the HCPCS section of the Fee Schedule. Supplies should be billed with the appropriate HCPCS Level II code and will be reimbursed according to the Fee Schedule.
3. When contrast can be administered orally (upper G.I.) or rectally (barium enema), the administration is included as part of the procedure.
4. When an intravenous line is placed simply for access in the event of a problem with a procedure or for administration of contrast, it is considered part of the procedure and does not command a separate fee.

G. Urologic Procedures
In the case of urologic procedures (e.g., CPT codes 74400–74485), insertion of a urethral catheter is part of the procedure and is not separately billed.

H. Separate or Multiple Procedures
1. When multiple procedures are performed on the same day or at the same session, it is appropriate to designate them by separate entries. Surgical procedures performed in conjunction with a radiology procedure will be subject to the rules and regulations of the Surgery section.
2. When x-rays of multiple sections of a body area are billed separately, the total reimbursement must not exceed the maximum reimbursement allowance of the complete body area.

I. Outpatient CT Scans and MRIs
CT scans and MRIs, when performed on an outpatient basis, are subject to the limitations of the fee schedule, regardless of site of service.

J. Unlisted Service or Procedure
A service or procedure may be provided that is not listed in the most recent edition of the CPT book. When reporting such a service, the appropriate unlisted procedure code may be used to indicate the

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

service, identifying it by special report. The unlisted procedures and accompanying codes are as follows:

76496	Unlisted fluoroscopic procedure (e.g., diagnostic, interventional)
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)
76499	Unlisted diagnostic radiographic procedure
76999	Unlisted diagnostic ultrasound procedure
77299	Unlisted procedure, therapeutic radiology, clinical treatment planning
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77499	Unlisted procedure, therapeutic radiology treatment management
77799	Unlisted procedure, clinical brachytherapy
78099	Unlisted endocrine procedure, diagnostic nuclear medicine
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78699	Unlisted nervous system procedure, diagnostic nuclear medicine
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79999	Unlisted radiopharmaceutical therapeutic procedure

K. Special Report
A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service. Special reports to justify the necessity of a service do not warrant a separate fee.

L. By Report (BR)
“BR” in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation. If the service is justified by the report, the actual charge shall be paid in full, unless the payer has evidence that the actual charge exceeds the usual and customary charge for such service.

M. Radiology Supervision and Interpretation Procedures
There are times when a single physician may perform the procedure and supervise the imaging and interpretation. On other occasions, one physician may perform the procedure, and the imaging supervision with interpretation may be performed by another physician. The appropriate radiology codes are to be used for supervision and interpretation of the imaging. The appropriate surgical codes are to be used for the procedure, including necessary local anesthesia, placement of needle or

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

catheters, injection of contrast media, etc. The surgical codes are subject to the rules and regulations of the Surgery section, and the radiology codes are subject to this section of radiology rules and regulations.

N. Written Report(s)
A written report, signed by the interpreting physician, should be considered an integral part of a radiological procedure or interpretation.

O. Facility Fee
The Facility Fee is the Amount increased by ten percent (10%).

III. MODIFIERS

Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate modifier code. The modifier may be reported by a two-digit number placed after the usual procedure number, separated by a hyphen. If more than one modifier is used, place the multiple modifiers code 99 immediately after the procedure code. This indicates that one or more additional modifier codes will follow. Modifiers commonly used in radiology (including nuclear medicine and diagnostic ultrasound) are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

Mississippi's note: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement.

26 Professional Component

Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

TC Technical Component (HCPCS Level II Modifier)

Certain procedures are a combination of a physician component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number.

Mississippi's note: The technical component is calculated by subtracting the PC Amount from the Amount for the reimbursement.

32 Mandated Service

Services related to mandated consultation and/or related services (e.g., third-party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

51 Multiple Procedures
When multiple procedures, other than E/M services, physical medicine and rehabilitation services, or provision of supplies (e.g., vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated “add-on” codes (see the applicable CPT book).

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the physician’s discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient’s anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

76 Repeat Procedure by Same Physician
It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure/service.

77 Repeat Procedure by Another Physician
The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure/service.

99 Multiple Modifiers
Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Pathology and Laboratory

I. GUIDELINES

A. Pathology Services
Services in pathology and laboratory are provided by the pathologist, or by the technologist, under responsible supervision of a physician.

B. Separate or Multiple Procedures
It is appropriate to designate multiple procedures rendered on the same date by separate entries.

C. Unlisted Service or Procedures
A service or procedure may be provided that is not listed in this fee schedule. When reporting such a service or procedure, the appropriate unlisted procedure code may be used to indicate the service, identifying it by special report as discussed below. The unlisted procedures and accompanying codes for Pathology and Laboratory are as follows:

81099	Unlisted urinalysis procedure
84999	Unlisted chemistry procedure
85999	Unlisted hematology and coagulation procedure
86849	Unlisted immunology procedure
86999	Unlisted transfusion medicine procedure
87999	Unlisted microbiology procedure
88099	Unlisted necropsy (autopsy) procedure
88199	Unlisted cytopathology procedure
88299	Unlisted cytogenetic study
88399	Unlisted surgical pathology procedure
89240	Unlisted miscellaneous pathology test

D. Special Report
A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care. This report does not command a separate fee for completion.

CPT only © 2007 American Medical Association. All Rights Reserved.

E. By Report (BR)
"BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation. If the service is justified by the report, the actual charge shall be paid in full, unless the payer has evidence that the actual charge exceeds the usual and customary charge for such service.

F. Facility Fee
The Facility Fee is the Amount increased by ten percent (10%).

II. General Information and Instructions

A. Panel Tests
The billing for panel tests must include documentation listing the tests in the panel. When billing for panel tests (80048–80076), use the code number corresponding to the appropriate panel test. These tests will not be reimbursed separately.

The panel components do not preclude the performance of other tests not listed in the panel. If other laboratory tests are performed in conjunction with a particular panel, the additional tests may be reported separately in addition to the panel.

B. Handling and Collection Process
1. In collecting a specimen, the cost for collection is covered by the technical component when the lab test is conducted at that site. No separate collection or handling fee for this purpose will be reimbursed.
2. When a specimen must be sent to a reference laboratory, the cost of specimen collection is covered in a collection fee. This charge is only allowed when a reference laboratory is used, and modifier 90 must be used.

C. Global, Professional, and Technical Components
Some procedures in the Pathology and Laboratory section are considered global fees and do not qualify for a separate technical (TC) or professional (PC) component. Some procedures are listed with a PC fee in addition to the global fee. For procedures listed with a PC fee, the TC reimbursement rate is calculated by subtracting the PC amount from the total amount.

Whereas these guidelines are written to be all-inclusive, there are instances when the reviewer must make an informed decision regarding the PC/TC reimbursements. Request for PC reimbursement will only be considered if:

- The physician performs the procedure or reviews the results
- A written report, not a computer generated report, is submitted with the request for payment

III. Modifiers

Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate modifier code. The modifier may be reported by a two-digit number placed after the usual procedure number and separated by a hyphen. If more than one modifier is used, place the multiple modifiers code 99 immediately after the procedure code. This indicates that one or more additional modifier codes will follow. Modifiers commonly used in pathology and laboratory are as follows:

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

M*ississippi's note: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement.*

26 Professional Component

Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

TC Technical Component (HCPCS Level II Modifier)

Certain procedures are a combination of a physician component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number.

Mississippi's note: The technical component is calculated by subtracting the PC Amount from the Amount for the reimbursement.

32 Mandated Services

Services related to mandated consultation and/or related services (e.g., third-party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure

Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when another code(s) describes a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for a laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing

When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703). The test does not require permanent dedicated space; hence by its design it may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers

Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Medicine Services

In addition to the general rules, this section applies to unique guidelines for medicine specialties. Physical medicine and rehabilitation guidelines, as well as chiropractic and osteopathic services, are listed in a separate section following Medicine Services.

I. GUIDELINES

A. Unlisted Services or Procedures
When a service or procedure is provided that is not specifically listed in the Fee Schedule, documentation must be submitted to substantiate the charge.

B. Multiple Procedures
It is appropriate to designate multiple procedures rendered on the same date by separate entries.

C. Separate Procedures
Some of the listed procedures are commonly carried out as an integral part of a total service and, as such, do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to other services, it may be listed as a "separate procedure." Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be reported as a separate procedure.

D. By Report (BR) Procedures
"BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation. If the service is justified by the report, the actual charge shall be paid in full, unless the payer has evidence that the actual charge exceeds the usual and customary charge for such service.

E. Special Report
A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

F. Materials Supplied by Physician
Supplies and materials provided by the physician over and above those usually included with the office visit should be identified with CPT code 99070 or specific HCPCS Level II code. Reimbursement shall be limited to the Fee Schedule maximum reimbursement allowance (MRA) or the usual and customary rate for items not listed in this Fee Schedule.

CPT only © 2007 American Medical Association. All Rights Reserved.

G. Audiological Function Tests
The audiometric tests (92551–92596) require use of calibrated electronic equipment. Other hearing tests (e.g., whisper voice or tuning fork) are considered part of the examination and not paid separately. All descriptors refer to testing of both ears.

H. Psychological Services
Payment for a psychiatric diagnostic interview includes history and mental status determination, development of a treatment plan when necessary, and the preparation of a written report that must be submitted with the required billing form.

Psychotherapy codes (90804–90857) must be billed under the CPT code most closely approximating the length of the session. The codes for individual therapy services designate whether the service includes medical evaluation. Only a psychiatrist (M.D. or D.O.) may bill for those codes that include medical evaluation (procedure codes 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829).

A service level adjustment factor is used to determine payment for psychotherapy when a provider other than a psychiatrist provides the service. In those instances, the reimbursement amount for the CPT code is paid at eighty-five percent (85%) of the maximum reimbursement allowance. This applies to psychologists, social workers, and counselors.

I. Electromyography (EMG)
Payment for EMG services includes the initial set of electrodes and all supplies necessary to perform the service. The physician may be paid for a consultation or new patient visit in addition to the EMG performed on the same day. When an EMG is performed on the same day as a follow up visit, payment may be made for the EMG only unless documentation supports the need for a medical service in addition to the EMG.

J. Manipulative Services
Chiropractic manipulative services, which are medicine services, will be discussed in the Physical Medicine section.

II. MODIFIERS

Listed services and procedures may be modified under certain circumstances. When applicable, identify the modifying circumstance by the addition of the appropriate modifier code, which may be reported by a two-digit number placed after the usual procedure number separated by a hyphen. If more than one modifier is used, place the multiple modifiers code 99 immediately after the procedure code. This indicates that one or more additional modifier codes will follow. Modifiers commonly used in Medicine Services are as follows:

22 Increased Procedure Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

Mississippi's note: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

26 Professional Component
Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

TC Technical Component (HCPCS Level II Modifier)
Certain procedures are a combination of a physician component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number.

Mississippi's note: The technical component is calculated by subtracting the PC Amount from the Amount for the reimbursement.

32 Mandated Services
Services related to mandated consultation and/or related services (e.g., third-party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

51 Multiple Procedures
When multiple procedures, other than E/M services, physical medicine and rehabilitation services, or provision of supplies (e.g., vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes (see the applicable CPT book).

Mississippi's note: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the applicable CPT book.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the wellbeing of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

55 Postoperative Management Only
When one physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

56 Preoperative Management Only
When one physician performed the preoperative care and evaluation and another physician performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery
An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For the treatment of a problem that requires a return to the operating or procedure room, see modifier 78.

59 Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

76 Repeat Procedure by Same Physician
It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure/service.

77 Repeat Procedure by Another Physician
The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure/service.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

78 Return to the Operating Room for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures on the same day, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period

The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.

99 Multiple Modifiers

Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Physical Medicine

I. SCOPE

A. Physical Medicine
Physical medicine is an integral part of the healing process for a variety of injured workers. Recognizing this, the Fee Schedule includes codes for physical medicine, modalities, procedures, tests, and measurements in the Physical Medicine section representing specific therapeutic procedures performed by licensed physicians, chiropractors, licensed physical therapists, and licensed occupational therapists.

B. Physical Medical Assessment
1. An assessment must be performed to determine if a patient will benefit from physical medicine therapy.
2. When a physician examines a patient and an assessment for physical medicine is performed, the billing for the office visit includes the physical medicine assessment.
3. Procedure code 97001 is to be used for an initial assessment by physical therapists. Code 97002 is to be used for re-evaluation of a patient by physical therapists. Procedure code 97003 is to be used for an initial assessment by occupational therapists. Code 97004 is to be used for re-evaluation of a patient by occupational therapists.

C. Plan of Care
1. An initial plan of care must be developed and filed with the payer regardless of whether therapy is provided by a physician or practicing therapist. The content of the plan of care, at a minimum, should contain:
   a. The specific therapies to be provided, including the frequency and duration of each
   b. The estimated duration of the therapeutic regimen
   c. The potential degree of restoration and measurable goals (e.g., potential restoration is good, poor, low, guarded)
2. The initial plan of care must be signed by the treating physician and submitted to the payer within fourteen (14) days of approval. Physicians are required to sign the plan of care for physical and/or occupational therapy. The physician's signature indicates approval of the therapy the patient is receiving and for the length of time established for the therapy.
3. The physician has the responsibility of providing documentation of medical necessity to the payer whenever there are questions regarding the extent of therapy being provided or the appropriateness of the therapy regimen.
4. A plan of care must be updated at least every thirty (30) days and submitted to the payer.
5. Preparation of a care plan does not warrant a separate fee.

CPT only © 2007 American Medical Association. All Rights Reserved.

D. Qualifications for Reimbursement
1. The patient's condition must have the potential for restoration of function.
2. The treatment must be prescribed by the authorized attending or treating physician.
3. The treatment must be specific to the injury and have the potential to improve the patient's condition.
4. The physician or therapist must be on-site during the provision of services.

II. REIMBURSEMENT

A. Guidelines
1. Visits for therapy may not exceed one visit per day without prior approval from the payer.
2. Therapy exceeding fifteen (15) visits or thirty (30) days, whichever comes first, must have prior authorization from the payer for continuing care. It must meet the following guidelines:
   a. The treatment must be medically necessary.
   b. Prior authorization may be made by telephone. Documentation should be made in the patient's medical record indicating the date and name of the payer representative giving authorization for the continued therapy.
3. Reimbursement is limited to no more than four (4) therapies concurrently at the same visit. In the event of multiple treatment areas, an additional four (4) therapies per treatment day may be allowed at the payer's discretion and with pre-authorization. In the event of multiple treatment areas, the second and subsequent areas are subject to the multiple procedure rule.

   [In the pain management setting, no more than two (2) modalities and/or procedures may be used on a given day (e.g., heat/cold, ultrasound, diathermy, iontophoresis, TENS, electrical stimulation, muscle stimulation, etc.). No more than one (1) modality may be used concurrently.]
4. Payment for 97010, which reports application of hot or cold packs, is bundled into payment for other services. Separate reimbursement for hot and cold packs will not be allowed in the treatment of work-related injury/illness.
5. No more than four (4) 15-minute procedures and/or modalities will be reimbursed at each encounter without prior authorization.
6. Only one (1) work hardening or work conditioning program is reimbursed per injury.

B. Treatment Areas
1. Spinal areas are recognized as the following five distinct regions:
   - Cranial
   - Cervical
   - Thoracic
   - Lumbar
   - Sacral

   Transitional areas of the spine are not recognized as distinctly different areas (e.g., cervicothoracic, lumbosacral).
2. Pelvis
3. Upper extremity (either left or right) is recognized as the following six distinct regions:

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

- Shoulder
- Upper arm
- Elbow
- Forearm
- Wrist
- Hand

4. Lower extremity (either left or right) is recognized as the following eight distinct regions:
   - Hip
   - Thigh
   - Knee
   - Calf
   - Ankle
   - Foot
   - Rib cage
   - Anterior trunk

C. Tests and Measurements

1. When two or more procedures from 95831 through 95852 are performed on the same day, reimbursement may not exceed the maximum reimbursement allowance (MRA) for procedure code 95834 Total evaluation of body, including hands.
2. Functional capacity evaluation (FCE) must have pre-authorization from the payer before scheduling the tests.
3. Reimbursement for extremity testing, muscle testing, and range of motion measurements (95831, 95832, 95833, 95834, 95851, 95852) will not be made more than once in a thirty (30) day period for the same body area. If a physician's order specifically indicates testing in more than one plane of motion, (e.g., flexion/extension and internal/external rotation), then each plane of motion test is reimbursable, but not more than once in a thirty (30) day period for that same body area. The multiple procedure rule would apply.

D. Fabrication of Orthotics

1. Procedure code 97760 must be billed for the professional services of a physician or therapist to fabricate orthotics.
2. Orthotics, prosthetics, and related supplies used may be billed under the appropriate HCPCS code. The maximum reimbursement allowance is listed in the DME and Other HCPCS Codes section of the Fee Schedule. For orthotics and supplies not listed in the DME and Other HCPCS Codes section, use CPT code 99070. Reimbursement may not exceed a twenty percent (20%) mark-up of the provider's cost and an invoice may be required by the payer before reimbursement is made.

E. Follow-up Examination of an Established Patient

A physician, physical therapist, or occupational therapist may charge and be reimbursed for a follow-up examination for physical therapy only if new symptoms present the need for re-examination and evaluation as follows:

1. There is a definitive change in the patient's condition
2. The patient fails to respond to treatment and there is a need to change the treatment plan

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

3. The patient has completed the therapy regimen and is ready to receive discharge instructions

III. WORK HARDENING RULES

A. Work hardening programs are interdisciplinary, goal-specific, vocationally-driven treatment programs designed to maximize the likelihood of return to work through functional, behavioral, and vocational management.

B. Not all claimants require these programs to reach a level of function that will allow successful return to work.

C. Only those programs that meet all of the specific guidelines will be defined as work hardening programs.

D. Programs will be reimbursed per the Fee Schedule after meeting all other requirements.

E. Work hardening will be reimbursed for a maximum of four weeks with prior authorization from the payer. The payer may approve additional two-week increments if the patient demonstrates substantial improvement.

F. For pre-admission criteria, all claimants must complete a preprogram assessment, including a functional capacity evaluation (FCE). The goal of the program is return to work; therefore, for all anticipated returns to previous employment or placement with a new employer, the following must be provided:

   1. Specific written critical job demands and/or job site analysis
   2. Verified written employment opportunities

G. For the evaluation process, initial screening evaluation is performed to determine if the injured worker will benefit from a work hardening program. The outcome of this evaluation will be:

   1. Recommendation of release to return to work
   2. Acceptance into the program with an individual written rehabilitation plan stating specific goals and recommended services
   3. Rejection from program for specific reasons
   4. Referral back to the provider for medical evaluation

H. The individualized work hardening plan must be supervised by a licensed physical or occupational therapist and/or physician within a therapeutic environment. Although some time is spent on a one-to-one basis, more than fifty percent (50%) of the time is self-monitored under the supervision of a physical or occupational therapist and/or physician. Recommended group size is no larger than five-to-one (5 patients to 1 therapist).

I. Progress should be documented and reviewed to ensure continued progress.

J. Simultaneous utilization of work conditioning and work hardening is not allowed. Prior authorization is required for either one of these services and requires documentation of specific goals and outcomes.

K. Discharge criteria must be provided to all claimants in writing prior to initiation of treatment at the time program goals are determined.

L. Voluntary discharge is achieved by:

   1. Meeting program goals
   2. Early return to work
   3. Acute or worsening medical condition
   4. The claimant declining further treatment

M. Non-voluntary discharge may be necessary in cases of:

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

1. Failure to comply with program policies
2. Absenteeism
3. Lack of demonstrable benefit from treatment

N. Non-voluntary discharge requires written documentation of prior and repeated counseling of the claimant, and immediate notification of the employer, insurer, case manager, and treating and attending (if different) provider.

O. Under all circumstances of voluntary and non-voluntary discharge, the claimant will return to the attending provider for release from the program.

P. The attending provider must sign a release to return to work when the program goals are achieved.

Q. The exit/discharge summary should delineate the person's:

1. Present functional status and potential
2. Functional status related to the targeted job, alternative occupations, or competitive labor market

R. For program evaluation, programs must provide insurers and referring providers with:

1. Initial interdisciplinary team evaluation report
2. Proposed treatment plan
3. Progress reports at weekly intervals
4. The opportunity to attend team meetings
5. Final discharge summary report

S. Fees for work hardening programs will be paid in accordance with the Fee Schedule, with written prior approval by the payer, utilizing the following guidelines:

1. In all cases, for both voluntary and non-voluntary discharge, payment is for the actual duration of treatment provided.
2. Non-multi disciplinary work conditioning programs will be reimbursed utilizing existing physical therapy, occupational therapy, and physical medicine codes. CPT code 97545 (initial two hours) and code 97546 (each additional hour) are to be used to bill work hardening. CPT code 97545 is to be billed for the initial two hours of the work hardening program. This is a one-time charge. CPT code 97546 is to be used for billing each additional hour of the work hardening program after the initial two hours (indicated by code 97545).

IV. FUNCTIONAL CAPACITY EVALUATIONS

A. The functional capacity evaluation (FCE) is utilized for the following purposes:

1. To determine the highest level of safe functionality and of maximal medical improvement.
2. To provide a pre-vocational baseline of functional capabilities to assist in the vocational rehabilitation process.
3. To objectively set restrictions and guidelines for return to work.
4. To determine whether specific job tasks can be safely performed by modification of technique, equipment, or by further training.
5. To determine whether additional treatment or referral to a work hardening program is indicated.
6. To assess outcome at the conclusion of a work hardening program.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

B. General Requirements
   1. The FCE may be prescribed only by a licensed physician, or may be required by the payer when indicated.
   2. The FCE requires prior authorization by the payer.

3. The FCE should be billed using code 97750 Functional capacity evaluation.

V. TENS UNITS

A. TENS (transcutaneous electrical nerve stimulation) must be provided under the attending or treating physician's prescription.

B. Authorization from the payer must be sought before purchase or rental arrangements are made for a TENS unit. The payer has sole right of selection of vendors for rental or purchase of equipment, supplies, etc.

VI. SUPPLIES, EQUIPMENT, ORTHOTICS, AND PROSTHETICS

A. Physicians and therapists must obtain authorization from the payer before purchase/rental of supplies, equipment, orthotics, and prosthetics costing more than fifty dollars ($50.00) per item for workers' compensation patients. When submitting bills, include the appropriate HCPCS Level II code. Or, if there is not an appropriate HCPCS code, use CPT code 99070.

B. The payer has sole right of selection of vendors.

VII. OTHER INSTRUCTIONS

A. Charges will not be reimbursed for publications, books, or videocassettes unless prior approval of the payer is obtained.

B. All charges for services must be clearly itemized by CPT code, and the state professional license number must be on the bill.

C. The treating physician must approve and sign all physical capability/restriction forms for the work-related injury/illness. This form must be submitted to the payer within fourteen (14) working days of the release to work.

D. Documentation may be required by the payer to substantiate the necessity for treatment rendered. Documentation to substantiate charges and reports of tests and measurements are included in the fee for the service and do not warrant additional reimbursement.

E. When patients do not show measurable progress, the payer may request the physician discontinue the treatment or provide documentation to substantiate medical necessity.

F. When physical medicine therapies are provided to more than one body area, modifier 51 must be added to the procedure code or codes billed for the additional body area and will be reimbursed according to the multiple procedure rule.

G. Non-surgical debridement should be billed as CPT code 97597, 97598, or 97602.

VIII. BACK SCHOOLS

All back school programs shall require prior authorization from the payer. The payer and the back school program may agree upon the daily, weekly, or other time-based payment to be made for services

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

provided to the injured/ill worker. This agreement shall supersede the use of this Physical Medicine section when calculating reimbursement, but it shall not exceed the usual and customary fee.

IX. MASSAGE THERAPY

Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

X. CHIROPRACTIC MANIPULATIVE TREATMENT

Codes 98940 through 98943 are used to code chiropractic manipulative treatment. Like any other service, a spinal manipulation includes pre-evaluation and post-evaluation that would make it inappropriate to bill with an E/M service. However, if the patient's condition has deteriorated or an injury to another site has occurred, reimbursement can be made for an E/M service if documentation substantiates the additional service. Modifier 25 is added to an E/M service when a significant, separately identifiable E/M service is provided and documented as medically necessary.

XI. ELECTROMYOGRAM (EMG) AND NERVE CONDUCTION STUDY (NCS)

A. Only a licensed physical medicine doctor or a neurologist is entitled to reimbursement for performing an Electromyogram (EMG) and/or a nerve conduction study (NCS).

B. Reimbursement is not allowed under this Schedule for automated nerve conduction studies.

C. Referral for an electromyogram and/or a nerve conduction study shall be at the discretion of the physician in charge of care, and neither the payer nor the payer's agent may redirect the patient to another provider for these tests.

XII. CHRONIC PAIN – INTER-DISCLIPLINARY PAIN REHABILITATION PROGRAM

A. The Inter-Disciplinary Pain Rehabilitation (IDPR) program is based on the biopsychosocial approach to managing chronic pain, and uses both physical medicine treatments as well as psychological treatments and therapy to manage the chronic pain patient. A goal oriented, team approach is used in an effort to reduce pain, improve functioning, and decrease the dependence on the health care system of persons with chronic pain. This is an outpatient program.

B. Pre-authorization is required in order to utilize an inter-disciliplinary pain rehabilitation program to treat the chronic pain patient. A specific IDPR program plan must be submitted to the payer as part of the pre-authorization process.

C. The following guidelines shall be used to assist in pre-authorization, and concurrent review:

1. Persons considered suitable candidates for an inter-discliplinary pain rehabilitation program are those:

a. who are likely to benefit from the program design;

b. whose symptoms are deemed by a pain management provider to constitute chronic pain syndrome; and

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

c. whose medical, psychological or other conditions do not prohibit participation in this program.

2. Mental Health Evaluation: an initial evaluation to determine the injured worker's readiness or suitability for this type of treatment may be performed prior to initiation of treatment. This evaluation is not considered part of the IDPR program and shall be billed separately.

3. Due to the nature and intensity of the program, both group and individual therapy may be part of the IDPR program. If the program plan for a particular patient includes individual psychotherapy, it shall be billed as part of the program, and not separately. If the program does not include psychotherapy services, such services may be billed separately, if used, subject to applicable pre-authorization requirements.

4. Psychological treatments which are part of the IDPR program may be rendered by a psychiatrist, psychologist, licensed counselor or licensed social worker.

5. The IDPR program shall always include a component designed to reduce the patient's dependence on and/or addiction to pain medications.

6. An individualized plan of treatment shall be supervised by a doctor within a therapeutic environment. Although some time is spent with a doctor on a one-to-one basis, more than 50% of the time may be spent is direct care under the supervision of the physical therapist, occupational therapist, mental health provider, or other licensed member of the IDPR team.

7. Program supervision shall be provided by a doctor who is trained and experienced in the treatment of patients with chronic pain syndrome. The program supervisor shall:

a. provide direct, on-site supervision of the daily pain management activities;

b. participate in the initial and final evaluation of the patient;

c. write the treatment plan for the patient, and write changes to the plan based on the patient's documented response to the treatment, and/or based on documented changes in the patient's condition;

d. direct the members of the IDPR team and review the patient's progress on a regular and consistent basis.

8. Participation in an IDPR program requires a minimum attendance of four (4) hours per day during the first week. The program shall not exceed eight (8) hours per day, except that workers who actually have experience working in a job for more than eight (8) hours per day may be allowed to participate for up to ten (10) hours per day, at the discretion of the program supervisor.

9. Daily treatment and patient response shall be documented and provided to the payer at least every two (2) weeks.

10. Discharge/exit criteria shall include but not be limited to:

a. the appropriate use of medication;

b. decreased intensity of subjective pain;

c. increased ability of the injured worker to manage pain;

d. reduced health care use related to the chronic pain;

e. return to work; and/or

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

f. non-compliance with the program, or failure to obtain meaningful benefit after a reasonable period of time.

D. Billing: The IDPR program shall be billed using CPT 97799 ("unlisted physical medicine/rehabilitation service or procedure"), and appended with modifier "CP" to indicate chronic pain treatment. The total number of hours shall be indicated in the units column of the bill, or in some other conspicuous place on the bill. CARF accredited providers shall also add "CA" as an additional modifier.

E. Reimbursement: Reimbursement shall be as agreed to by the parties, or a maximum of $125.00 per hour for CARF accredited providers. Providers without CARF accreditation shall be paid 80% of the maximum allowable fee for CARF accredited providers. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment shall be reimbursed if the time is equal to or greater than 8 minutes and less than 23 minutes.

XIII. Experimental or Investigational Procedures

Certain procedures or treatments are considered investigational or experimental for purposes of this Fee Schedule, and are not approved for reimbursement. These procedures or treatments include:

A. VAX-D therapy.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Dental

Dental codes (D0120–D9999), also referred to as D codes, are a separate category of HCPCS Level II national codes that contain the complete *Current Dental Terminology* (CDT) code set, which is developed, maintained, and copyrighted by the American Dental Association (ADA).

CDT is updated every two years. The current edition is *CDT ~~2007/2008~~ 2010,* which is the edition that has been used in this Fee Schedule.

Decisions regarding the modification, deletion, or addition of CDT codes are made by the ADA and not the national panel responsible for the administration of HCPCS Level II codes. The Department of Health and Human Services has an agreement with the ADA to include *CDT ~~2007/2008~~ 2010* as a set of HCPCS Level II codes used to report dental services.

CPT only © 2007 American Medical Association. All Rights Reserved.

Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes

I. DEFINITION

HCPCS is an acronym for CMS's Healthcare Common Procedural Coding System. It is divided into two subsets. HCPCS Level I codes are CPT codes developed and maintained by the AMA. HCPCS Level II codes, with the exception of the dental codes (D0120–D9999), are developed and maintained by CMS and include codes for procedures, equipment, and supplies not found in the CPT book. This section of the Fee Schedule contains HCPCS Level II codes. (See the Dental section for dental codes.) HCPCS Level II codes that are excluded from the Fee Schedule are Physician Voluntary Reporting Program Codes (G8006–G9139), Alcohol/Drug Abuse Treatment Services (H0001–H2037), National Codes for State Medicaid Agencies (T1000–T5999, except T2001–T2007). These three sections are not included because there is no fee associated with the code (G8006–G9139) or the code was created for State Medicaid agencies (H0001–H2307, T1000–T5999) and no fee data is available.

Code categories included in this section are as follows:

Transportation Services Including Ambulance	A0021–A0999
Medical/Surgical Supplies	A4206–A8004
Administrative, Misc., and Investigational	A9150–A9999
Enteral/Parenteral Therapy	B4034–B9999
Outpatient PPS	C1300–C9728
Durable Medical Equipment (DME)	E0100–E8002

CPT only © 2007 American Medical Association. All Rights Reserved.

Procedures/Professional Services (Temporary)	G0008–G3001
Drugs and Biologicals	J0120–J9999
K Codes (Temporary)	K0001–K0899
Orthotic Procedures	L0112–L4398
Prosthetic Procedures	L5000–L9900
Medical Services	M0064–M0301
Pathology and Laboratory Services	P2028–P9615
Q Codes (Temporary)	Q0035–Q9967
Diagnostic Radiology Services	R0070–R0076
Temporary National Codes (Non-Medicare)	S0012–S9999
Vision Services	V2020–V2799
Hearing Services	V5008–V5364

II. GUIDELINES

A. Transportation Services Including Ambulance (A0021–A0999)

1. Transportation service codes include ground and air ambulance, nonemergency transportation (taxi, bus, automobile, wheelchair van), and ancillary transportation-related fees.
2. Modifiers are required when reporting transportation services. Modifiers are single digits used to identify origin and destination. The first modifier identifies the transport place of origin and the second modifier the destination. Origin and destination modifiers are as follows:

   D Diagnostic or therapeutic site other than those identified in "P" or "H"

   E Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)

   G Hospital-based dialysis facility (hospital or hospital-related)

   H Hospital

   I Site of transfer (for example, airport or helicopter pad) between types of ambulance

   J Non-hospital-based dialysis facility

   N Skilled nursing facility (SNF)

   P Physician's office (includes HMO non-hospital facility, clinic, etc.)

   R Residence

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

S Scene of accident or acute event

X Intermediate stop at physician's office enroute to the hospital (includes HMO non-hospital facility, clinic, etc.)

3. Transportation codes can also be found in the S and T codes. See S0207, S0208, S0209, S0215 and T2001–T2007.

B. Medical and Surgical Supplies (A4206–A8004)
   1. A wide variety of medical, surgical, and some DME related supplies and services are represented in this section.
   2. For rules related to DME supplies, accessories, maintenance, and repair, see G. Durable Medical Equipment below.

C. Administrative, Miscellaneous, and Investigational (A9150–A9999)
   1. These codes cover nonprescription drugs, exercise equipment, radiopharmaceutical diagnostic imaging agents, as well as other miscellaneous supplies.

D. Enteral and Parenteral Therapy (B4034–B9999)
   1. This section covers enteral formulae, enteral medical supplies, parenteral nutrition solutions and supplies, and enteral and parenteral pumps.

E. Outpatient PPS (C1300–C9728)
   1. These codes report drugs, biologicals, and devices used by hospitals.
   2. These codes are only used for facility (technical) services.

F. Durable Medical Equipment (DME) (E0100–E8002)
   1. All durable medical equipment shall have prior authorization from the payer before obtaining the equipment. The payer has the choice of vendor for purchase or rental of DME.
   2. If an injured/ill employee is receiving DME items for both compensable and non-compensable medical conditions, only those items that apply to the work related injury should be listed on claims and invoices submitted to the employer.
   3. If the rental price for DME exceeds or equals the total purchase price, the employer shall purchase instead of renting equipment. The vendor shall make the payer aware of the price options.
   4. The return of rented equipment is the dual responsibility of the injured worker and the DME supplier. The employer is not responsible for additional rental periods solely due to delay in equipment return.

G. Procedures/Professional Services (Temporary) (G0008–G3001)
   1. G codes identify professional health care procedures and services that would otherwise be reported using CPT codes.
   2. Procedures and professional services identified by G codes may have a corresponding CPT code. When both a G code and CPT code describe the same procedure, the CPT code is required for reporting purposes.
   3. G codes also include procedures and professional services that do not currently have a valid CPT code. In such cases, the applicable G code should be used for reporting purposes.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

H. Drugs and Biologicals (J0120–J9999)
   1. These codes report drugs and biologicals that cannot be self administered and are typically administered by injection, infusion, or inhalation. Exceptions include oral immunosuppressive and oral chemotherapy drugs.
   2. These codes report only the costs associated with provision of the drug. Administration including injection, infusion, or inhalation is reported separately using the applicable CPT code(s).
   3. For oral anti-emetic drugs provided in conjunction with chemotherapy treatment, see Q0163–Q0181.
   4. Additional codes for drugs and biologicals may be found in the Q codes and S codes.

I. Temporary Codes (K0001–K0899)
   1. These codes are temporary codes used to report durable medical equipment that does not yet have a permanent national code.
   2. For rules related to DME supplies, accessories, maintenance, and repair, see G. Durable Medical Equipment above.

J. Orthotic Procedures and Devices (L0112–L4398) and Prosthetic Procedures (L5000–L9900)
   The payer shall only pay for orthotics and prosthetics prescribed by the treating physician for a compensable injury/illness. Prior authorization must be obtained from the payer.

K. Medical Services (M0064–M0301)
   1. These codes are used to report office services, cellular therapy, prolotherapy, intragastric hypothermia, IV Chelation therapy, and fabric wrapping of an abdominal aneurysm.
   2. These codes are rarely reported and may not be reimbursed as they represent services for which the therapeutic efficacy has not been established, the procedure is considered experimental, or the procedure has been replaced with a more effective treatment modality.

L. Pathology and Laboratory Services (P2028–P9615)
   1. Included in this section are codes for chemistry and toxicology tests, pathology screening tests, microbiology tests, blood, and blood products.
   2. Blood and blood product codes report the supply of the blood or blood product only.
   3. The administration of blood or blood product is reported separately.
   4. Code 36430 for transfusion of blood or blood components is reported only once per encounter regardless of the number of units provided.

M. Temporary Codes (Q0035–Q9967)
   1. These temporary codes were developed for reporting services and supplies that do not have a permanent national HCPCS code or CPT code. Included in this section are codes for:
      a. Oral anti-emetic drugs
      b. Casting supplies
      c. Splint supplies
      d. Low osmolar contrast
      e. High osmolar contrast
      f. Other supplies/services
   2. Cast supplies and splints should be reported with the appropriate code from Q4001–Q4051. These codes report the cost of the supply only.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

3. Cast supplies and splints are reported in addition to the CPT code for fracture management.
4. Cast supplies and splints are reported in addition to CPT codes for application of the cast or splint.
5. Refer to the CPT guidelines for rules related to reporting fracture management and cast application.

N. Diagnostic Radiology Services (R0070–R0076)
1. These codes are used for transportation of portable x-ray and/or EKG equipment.
2. Only a single reasonable transportation charge is allowed for each trip to a single location.
3. When more than one patient receives x-ray or EKG services at the same location, the allowable transport charge is divided among all patients.

O. Temporary National Codes (Non-Medicare) (S0012–S9999)
1. These codes were developed by the Blue Cross/Blue Shield Association (BCBSA) and the Health Insurance Association of America (HIAA) to report drugs, services, and supplies for which there are no CPT or HCPCS Level II codes, but for which codes are needed by the private sector to implement policies, program, or claims processing.
2. See J codes for reporting rules related to drugs and biologicals.
3. For the purposes of pain management, if the drugs used in the refill of the pain pump must be compounded, report the compounding service with code S9430 Pharmacy compounding and dispensing services. The compounding service shall be reimbursed at $157.44 per individual refill. For purposes other than pain management, S9430 shall be reimbursed by report (BR).

P. Vision, Hearing, and Speech-Language Pathology Services (V2020–V2799, V5008–V5364)
1. Vision services includes codes for reporting vision-related supplies, including spectacles, lenses, contact lenses, prostheses, intraocular lenses, and miscellaneous lenses.
2. Hearing services includes codes for hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative systems.

III. MODIFIERS

HCPCS Level II modifiers are required for some supplies and services. Commonly reported HCPCS Level II modifiers include:

AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic, or orthotic
AW	Item furnished in conjunction with a surgical dressing
KC	Replacement of special power wheelchair interface
NU	Purchased new equipment
RR	Rental equipment (listed amount is the per-month allowance)
UE	Purchased used equipment

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

Inpatient Hospital and Outpatient Facility Payment Schedule and Rules

I. INPATIENT AND OUTPATIENT CARE RULES

A. Definition:
For purposes of this schedule, "inpatient" means being admitted to a hospital setting for twenty-four (24) hours or more. An inpatient admission does not require official admission to the hospital.

B. Billing and Reimbursement Rules for Inpatient Care:

1. Facilities must submit the bill for inpatient services within thirty (30) days after discharge. For those cases involving extended hospitalization, interim bills must be submitted every thirty (30) days.
2. Reimbursement for acute inpatient hospital services shall be the maximum reimbursement allowance fixed by the rules set forth in this section of the Fee Schedule, regardless of the total charge.
3. Non-covered charges include but are not necessarily limited to:
   a. Convenience items;
   b. Charges for services not related to the work injury/illness;
   c. Services that were not certified by the payer or their representative as medically necessary.
4. When reviewing surgical claims, including for outlier consideration, the following apply:
   a. Most operative procedures require cardiopulmonary monitoring either by the physician performing the procedure or an anesthesiologist/anesthetist. Because these services are integral to the operating room environment, they are considered as part of the OR fee and are not separately reimbursed, nor are they included separately in the total charge for outlier consideration:
      1. Cardiac monitors
      2. Oximetry
      3. Blood pressure monitor

CPT only © 2007 American Medical Association. All Rights Reserved.

4. Lasers
5. Microscopes
6. Video equipment
7. Set up fees
8. Additional OR staff
9. Gowns
10. Gloves
11. Drapes
12. Towels
13. Mayostand covers
14. On-call or call-back fees
15. After-hours fees

b. Billing for surgery packs as well as individual items in the packs is not allowed and shall not be included in the total charge for outlier consideration.

c. A majority of invasive procedures requires availability of vascular and/or airway access; therefore, the work associated with obtaining this access is included in the cost of the service, i.e., anesthesia—airway access is associated with general anesthesia and is included in the anesthesia charges.

d. Recovery room and ICU rates include the charge for cardiac monitoring and oximeter. It is assumed the patient is placed in these special areas for monitoring and specialized care which is bundled into the special care rate. Call-back fees are not reimbursed for recovery room.

e. Separate reimbursement is not allowed for setting up portable equipment at the patient's bedside.

f. The following items do not qualify for separate reimbursement regardless of inpatient or outpatient status, and are not included in the total charge for outlier consideration:

1. Applicators, cotton balls, band-aides
2. Syringes
3. Aspirin
4. Thermometers, blood pressure apparatus
5. Water pitchers
6. Alcohol preps
7. Ice bags

5. Maximum reimbursement is set for the following line item charges.

a. IV pump/daily – $50.00

b. Venipuncture reimbursement is limited to $4.25 per collection. A collection fee is not appropriate for finger stick, throat culture, or stool specimen collection

c. Pharmacy add-mixture/dispensing fee is limited to $4.50 per mixture

C. Implants, Durable Medical Equipment, and Supplies

Generally, durable medical equipment and supplies provided or administered in a hospital setting are not separately reimbursed since they are included in the payment reimbursement.

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Unless otherwise specifically provided herein, implantables used in the inpatient setting are included in the applicable DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables.

For implantables used in the outpatient setting, reimbursement shall be made separately from the facility fee and all other charges; and the provider shall furnish a suitable invoice evidencing the cost of the implantable to the payer within sixty (60) days from the date of service the implantable is used. Upon receipt of this invoice, the payer shall pay the amount due within thirty (30) days thereafter.

Only the actual invoiced cost of the item(s), plus ten percent (10%), will be reimbursed. Tax, handling, and freight charges are included in the facilities invoiced cost and shall not be reimbursed separately.

D. Reimbursement Methodology

The inpatient maximum reimbursement allowable (MRA) totals are provided by DRG in this Fee Schedule. As of the effective date of this publication, the DRG maximum reimbursement allowable is based upon the 2007 CMS relative weights multiplied by the base rate as determined herein. Any DRGs outside of this Fee Schedule shall be reimbursed at seventy-five percent (75%) of charge. DRG MRAs represent payment in full, unless the outlier payment is applicable, or unless a contract between the payer and provider governs reimbursement, or unless otherwise specifically stated in this Fee Schedule.

1. DRG Payment is calculated by multiplying the Base Rate times the Relative Weight for the DRG

.

2. The Base Rate for Mississippi is the current National Medicare Base Rate in effect as of the date of discharge, multiplied by two (2)

.

3. Common Medicare add-ons, such as for teaching hospitals (GME), DSH and Capital PPS, will not be allowed, and shall be considered as already included in the enhanced DRG Payment under this Fee Schedule.
4. All implantables shall be included in the applicable DRG reimbursement for inpatient treatment, and shall not be reimbursed separately in addition to the DRG payment.
5. Outlier Payments. To provide additional reimbursement for cases where the DRG payment is deemed inadequate by the Commission to cover the costs incurred by the facility, the Commission has established an outlier payment for high-cost cases.

   The amount eligible for outlier reimbursement is equal to Total Charges minus DRG Payment minus Implantable Charges minus Non-Covered or Non-Qualified charges (as provided in Part I.B. above) minus the Outlier Threshold. The Outlier Threshold amount shall be specific to each facility and shall be equal to one-half (1/2) of the Medicare DRG outlier threshold in effect for each facility at the time of discharge.
6. Any amount determined to be eligible for additional outlier reimbursement shall be reimbursed at fifteen percent (15%) above the facility's cost for the outlier eligible charges. Cost is determined using the facility's cost-to-charge ratio, as determined by Medicare (CMS), which is in effect at the time of discharge. Outlier payment is figured by multiplying the eligible outlier amount by the cost-to-charge ratio, and then adding fifteen percent (15%) to compute the additional outlier payment due.

E. Instructions

The current CMS base rate payment and related files may be found by:

1. Going to www.cms.gov
2. Select the Medicare link (currently, upper left in the list)
3. Select Acute Inpatient PPS (currently under Medicare Fee-for-Service Payment heading in the right-hand side column)

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

4. From this page, you can get either the rules or the data files
5. The current base rate will be in the rules. To find it:
   a. Select IPPS Regulations and Notices in left-hand column;
   b. Click on the year column so the most recent years are at the top;
   c. Find "Hospital Inpatient Prospective Payment Systems and FY 2008 Rates" (The year will change annually. Remember, CMS inpatient is on the federal fiscal year, so the new year begins October 1 each year);
   d. Click on the link for the year. Usually, there will be a Published/Draft option. The published option is as the rule appeared in the *Federal Register*;
   e. Look for a table headlined: NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/NONLABOR. (The headline may be slightly different. Typically, this is one of the first tables in the document);
   f. The wage index for Mississippi hospitals is less than 1.0. The full update amount should be used. Therefore, find the line reading: Final Rate for FY 2007 (after multiplying FY 2006 base rate by above factors) where the wage index is less than or equal to 1.0000.
      Labor: $3,094.17, Nonlabor: $1,896.43
   g. Adding those two amounts together produces $4,990.60, which is the 2008 National Base Rate.

6. The hospital cost-to-charge ratio, used for reducing outliers to cost as well as the DRG relative weights, is found in the Inpatient Prospective Payment System data files from the page in Step 4 above:
   a. Click on Acute Inpatient Files for Download
   b. Sort by year so the most recent years are at the top.
   c. The MS-DRG relative weight file will be Table 5 Note: Make sure you select the correct fiscal year as proposed files for next year may be in this list
   d. The cost to charge ratio will be in Impact file for IPPS FY 2008 Final Rule November 2007
   e. After downloading, the Impact File will be an Excel spreadsheet. CMS changes the column names from time to time, but the cost to charge ratio is in a column called OPCCR (Column Q in the 2008 version).

F. Emergency Room Services
Emergency room facility fees, supplies, and treatment are reimbursed according to the Ambulatory Payment Classification system, as set forth herein under the heading "Ambulatory Surgery Center Reimbursement." ~~at a discount of twenty percent (20%) off billed charges.~~ Radiology, lab, and physician services are reimbursed according to the Rules contained elsewhere in this Fee Schedule.

G. Observation Services
1. Definition
   Observation services are those services furnished by a hospital on the hospital's premises, and include use of a bed and periodic monitoring by a hospital's staff. The service must be reasonable and necessary to evaluate a patient's condition or to determine need for inpatient admission. To qualify for observation status, the patient needs observation due to an unforeseen circumstance or has a medical condition with a significant degree of instability.
2. General Guidelines

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

a. Observation begins when the patient monitoring begins and ends when the order for discharge is written or given verbally by the physician.

b. On rare occasions, an observation stay may be extended to forty-eight (48) hours. In such cases, medical necessity must be established and pre-authorization must be given for payment by the payer.

c. Services which are NOT considered necessary for observation are as follows:

1. Services that are not reasonable and necessary for the diagnosis and treatment of the work related injury, but are provided for convenience of the patient, family, or physician
2. Any substitution of an outpatient observation for a medically appropriate inpatient admission
3. Services ordered as inpatient by the physician but billed as outpatient by the facility
4. Standing orders for observation following outpatient surgery
5. Test preparation for a surgical procedure
6. Continued care of a patient who has had a significant procedure as identified with OPPS indicator S or T

d. Observation is not reimbursable for routine preparation furnished prior to an outpatient service or recovery after an outpatient service. Please refer to the criteria for observation services.

3. Billing and Reimbursement

a. Observation status is billed at an hourly monitoring rate. The hourly rate is all inclusive with the exception of non-significant ancillary services.

b. Observation is billed at the rate of $300.00 for the first three (3) hours and $80.00 per hour thereafter. Laboratory and radiology are reimbursed according to the Fee Schedule payment limits.

c. Revenue code 762 is used to bill observation charges.

d. Observation services provided to a patient who is subsequently admitted as an inpatient should be included on the inpatient claim.

H. Disputed Medical Charges; Abusive or Unfair Billing

1. Disputes over charges, fees, services, or other issues related to treatment under the terms of the Workers' Compensation Law shall be resolved in accordance with the Dispute Resolution Rules set forth elsewhere in this Fee Schedule.

2. If the Commission determines that the charge amount for items substantially and consistently exceeds the facility's mark-up ratio, or if a facility's charges for other services or DRGs is substantially and consistently higher than the average charges made for the same services or DRGs by other facility's in the State, then the Commission may consider this to be an indication of abusive or unfair billing practices, and may order the facility in question to appear and show cause why penalties and other sanctions as allowed by Law should not be imposed on said facility for such abusive billing practices.

   For purposes of this provision, the mark-up ratio shall be the inverse of the facility's cost-to-charge ratio. The average charges by facilities for service or DRGs may be determined by reference to the publicly available Medpar file for Medicare inpatient admissions, with due consideration being given to the differences between the Medicare inpatient population and the workers' compensation inpatient population.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

II. INPATIENT REHABILITATION FACILITIES (IRFS)

A. Inpatient Rehabilitation Facility Reimbursement Methodology

MWCC reimbursement for inpatient rehabilitation facilities (IRFs) will be based upon the CMS prospective payment system (PPS).

1. The MWCC Fee Schedule maximum reimbursement allowance for IRFs will be twice the IRF CMS pricer calculation, unless the payer and provider have a separate contract governing the reimbursement of services provided by an IRF.
2. The IRF reimbursement due under this Fee Schedule will be calculated using the CMS IRF pricer calculation in effect on the date of discharge.
3. The CMS IRF pricer is used only for facilities that have met the CMS qualifications for IRF.
4. Reimbursement for IRFs is not calculated using the DRG methodology.
5. The CMS IRF pricer is available at: http://www.cms.hhs.gov/PCPricer/06_IRF.asp

B. CMS Inpatient Rehabilitation Facility Reimbursement

Medicare regulations define inpatient rehabilitation facilities (IRFs) in the Code of Federal Regulations, Part 412, and subpart B. Medicare payments to IRFs are based on the IRF prospective payment system (PPS) under subpart P of part 412. The IRF must be currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), licensed by the State, and certified by Medicare as an IRF at the time the patient is treated.

The IRF must possess a Medicare/Medicaid provider number, or CMS Certification Number. The provider number consists of six digits. The first two digits indicate the state, 25 is for Mississippi, and the remaining four digits identify the facility as an IRF. The four digit suffix must be in the range of 3025–3099 for rehabilitation facilities, exempt units must have a T in the third position, e.g., 25TXXX. (http://www.cms.hhs.gov/transmittals/downloads/R29SOMA.pdf)

Unless governed by contract between payer and provider, or unless total billed charges are less, the reimbursement for an IRF under this Fee Schedule shall be the IRF PPS calculated rate multiplied by two. Other inpatient DRG or PPS calculations are not appropriate to use for IRF services. The IRF PPS rate is calculated using the formula for the current fiscal year, including outlier. The final calculation is published in the *Federal Register*, prior to October 1 of each year, or at http://www.cms.hhs.gov/inpatientrehabfacpps/ downloads/cms1551f.pdf.

IRF reimbursement is based upon the case mix group (CMG) to which the patient is assigned. MWCC will accept the CMG assigned by the Medicare CMG grouper. The CMG must be reported on the claim with revenue code 0024. This code indicates that this claim is being paid under the PPS and the revenue code can appear on a claim only once.

The *Federal Register* explains the formula for calculating the IRF PPS rate. The rates are calculated on case mix group (CMG) assignment from the combinations of ICD-9-CM codes with additional factors of labor share, wage index, rural adjustment (if applicable) and low income percentage (LIP) for a final adjusted IRF PPS reimbursement.

This calculated IRF PPS reimbursement is multiplied by two for the MWCC reimbursement rate.

	Unadjusted IRF PPS (CMG Tier 1, 2, 3, or no comorbidities)
x	Labor Share (FY 2007 *Federal Register* Table 5)
=	Labor portion of federal payment

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

x CBSA Based Wage Index (See *Federal Register* Table I) Jackson, MS

= Wage-Adjusted Amount

+ Non-labor amount (Unadjusted federal PPS less labor portion of federal payment)

= Wage-adjusted federal payment

x Rural Adjustment (See *Federal Register*)

= Wage and rural adjusted federal payment

x LIP adjustment (low income percentage based on disproportionate share hospital (DSH) calculation)

= Wage, rural and LIP adjusted federal PPS payment rate

x 2 (MWCC reimbursement adjustment)

= MWCC IRF PPS adjusted payment

MWCC will use the Medicare Pricer which is available as a free download from: (http://www.cms.hhs.gov/PCPricer/06_IRF.asp#TopOfPage). The Medicare pricer returns the payment rate specific to the facility.

Pricer returns the following information:

-
- PS Return Code
- MSA /CBSA (effective October 1, 2005)
- Wage Index
- Average LOS
- Relative Weight
- Total Payment Amount
- PPS Federal Payment Amount
- Facility Specific Payment Amount
- Outlier Payment Amount
- Low-Income Payment (LIP) Amount
- Teaching Amount (effective October 1, 2005)
- LOS
- Regular Days Used

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

- LTR Days Used
- Transfer Percentage
- Facility Specific Rate pre-blend
- Standard Payment Amount
- PPS federal amount pre-blend
- Facility costs
- Outlier threshold
- Submitted HIPPS/CMG code
- PPS Pricer CMG code
- Calculation version code

III. AMBULATORY SURGERY CENTER REIMBURSEMENT

A. Reimbursement for all hospital-based outpatient and freestanding ambulatory surgery center services shall be based on the Ambulatory Payment Classification (APC) system as developed by the Centers for Medicare and Medicaid Services (CMS) beginning January 1, 2008. The Base Rate effective from and after July 1, 2010 for payments made under this Schedule is $91.19.

B. For implantables used in the outpatient setting, reimbursement shall be made separately from the facility fee and all other charges; the provider shall furnish a suitable invoice evidencing the cost of the implantable to the payer within sixty (60) days from the date of service. Upon receipt of this invoice, the payer shall pay the amount due within thirty (30) days thereafter. Implantables shall be reimbursed at payer cost plus ten percent (10%).

A "suitable invoice" is an acquisition invoice from the manufacturer that contains pricing information showing the actual cost of the implant(s) being billed, or, as in situations such as a bulk purchase, containing information from which the actual cost of the implant(s) can be readily determined. The invoice must be on company letterhead from the implant supplier or manufacturer, not the hospital/facility, unless otherwise agreed to by the payer. Reimbursement is limited to 110% of the original manufacturer's invoice price.

C. All "C" status and "E" status codes shall be paid using a relative weight of twenty-three (23).

D. If more than one surgical procedure is furnished in a single operative encounter, the multiple procedure rule applies. The primary procedure is reimbursed at one hundred percent (100%) of the maximum reimbursable allowance (MRA), the second and subsequent procedures are reimbursed at fifty percent (50%).

E. Outlier Payments: In an effort to target outliers to high cost and complex cases where a very costly service could cause a facility to incur a significant financial loss, the following outlier payment formula is to be used to calculate the appropriate, additional reimbursement:

Step 1: Reduce charges to cost using the default cost to charge ratio. The current default cost to charge ratio for urban facilities is 0.244; the current default ratio for rural facilities is 0.192;

Step 2: Deduct implantable cost as it's paid separately. This is the cost of furnishing the service;

.

Step 3: Test to see if outlier meets 1.75 condition. Is the number from Step 2 more than 1.75 times the ASC payment rate? If no, no outlier payment is due; if yes, proceed to Step 4;

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

Step 4: Test to see if outlier meets the $2,175 threshold test. Add $2,175 to the ASC payment rate; is the total more or less than the figure from Step 2 (the cost of furnishing the service)? If greater than the figure in Step 2, no outlier is due; if less than the figure in Step 2, proceed to Step 5;

Step 5: Determine outlier payment: $\frac{\text{Cost} - (\text{APC payment} \times 1.75)}{2}$

OR

(Step 2 Amount – Step 3 Amount)/2

EXAMPLE: As an example as how this might work: Hospital X, an urban facility, bills $90,000 for CPT 23470 (reconstruct shoulder joint). We will assume there is a $2,500-cost implantable device used and that MWCC payment is $10,830.

Step 1: Reduce charges to cost using the default cost to charge ratio:

$90,000 x 0.244 = $21,960

Step 2: Deduct implantable cost as it's paid separately

$21,960 - $2,500 = $19,460

Step 3: Test to see if outlier meets 1.75 condition

$10,830 x 1.75 = $18,952

Is $19,460 > $18,952? Yes, it is more than 1.75 times the payment

Step 4: Test to see if outlier meets the $2,175 test

$10,830 + $2,175= $13,005

Is $19,460 > $13,005? Yes, it is more than $2,175.

Step 5: Determine outlier payment

$$\frac{\text{Cost} - (\text{APC payment} \times 1.75)}{2}$$

$$\frac{\$19{,}460 - (\$10{,}830 \times 1.75)}{2} = \$254$$

The outlier payment in this case would be $254.

Fee data © 2007 Ingenix CPT only © 2007 American Medical Association. All Rights Reserved.

~~The Mississippi Workers' Compensation Commission has adopted and continues to use the Medicare Ambulatory Payment Groups which were in effect under this Fee Schedule as of November 1, 2004, for classifying payment of facility fees to Ambulatory Surgery Centers. The payment groups and allowable facility fees are as follows:~~

~~Payment Group Total~~	~~Allowable Facility Fee~~
~~1~~	~~$ 475.00~~
~~2~~	~~$ 637.50~~
~~3~~	~~$ 729.00~~
~~4~~	~~$ 900.00~~
~~5~~	~~$1,024.50~~
~~6~~	~~$1,191.00~~
~~7~~	~~$1,423.50~~
~~8~~	~~$1,401.00~~
~~9~~	~~$2,100.00~~

CPT only © 2007 American Medical Association. All Rights Reserved. Fee data © 2007 Ingenix

FEE DATA NOTES

1. **All professional fees are based on existing RBRVS values and conversion factors as of August 1, 2007, EXCEPT:**

   A. **New CPT codes from 2008 are valued using 2008 RBRVS;**
   B. **New CPT codes from 2009 and 2010 are valued using 2010 RBRVS with no change to current conversion factors;**
   C. **Anesthesia units are updated to the 2010 ASA Relative Value Guide;**
   D. **Dental codes are updated to the 2010 RBRVS.**

2. **Outpatient facility fees are based on the 2010 Ambulatory Payment Classification system, with a base rate of $91.19.**

   A. **"C" and "E" status codes are included, and assigned a relative weight of 23.**

	A	B	C	D	E	F	G	H	I
1	**Mississippi 2010 Fee Schedule**								
2									
3									
4	**CPT**	**Modifier**	**Description**	**RVU**	**Fee Amount**	**PC_Amount**	**FUD**	**ASST**	**ASC_Amount**
5	00100		ANES SALIVARY GLNDS W/BX	5					
6	00102		ANES INVG PLSTC RPR CL LIP	6					
7	00103		ANES RCNSTV PX EYELID	5					
8	00104		ANES ELECTROCONVULSIVE THER	4					
9	00120		ANES XTRNL MID&INNR EAR W/BX NOS	5					
10	00124		ANES XTRNL MID&INNR EAR W/BX OTOSCOPY	4					
11	00126		ANES XTRNL MID&INNR EAR W/BX TYMPAXOMY	4					
12	00140		ANES EYE NOS	5					
13	00142		ANES EYE LENS SURG	6					
14	00144		ANES EYE CRNL TRNSPL	6					
15	00145		ANES EYE VITREORTA SURG	6					
16	00147		ANES EYE IRDEC	6					
17	00148		ANES EYE OPSCPY	4					
18	00160		ANES NOSE&ACCESSORY SINUSES NOS	5					
19	00162		ANES NOSE&ACCESSORY SINUSES RAD SURG	7					
20	00164		ANES NOSE&ACCESSORY SINUSES BX SOFT TISS	4					
21	00170		ANES INTRAORAL PX W/BX NOS	5					
22	00172		ANES INTRAORAL PX W/BX RPR CL PALATE	6					
23	00174		ANES INTRAORAL PX W/BX EXC RETROPHARYNGEAL TUM	6					
24	00176		ANES INTRAORAL PX W/BX RAD SURG	7					2097.37
25	00190		ANES FACIAL B1S/SKL NOS	5					
26	00192		ANES FACIAL B1S/SKL RAD SURG W/PROGNATHISM	7					2097.37
27	00210		ANES ICRA PX NOS	11					
28	00211		ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	10					2097.37
29	00212		ANES ICRA PX SDRL TAPS	5					
30	00214		ANES ICRA PX BURR HOLES W/VENTRG	9					2097.37
31	00215		ANES ICRA PX CRNOP/ELVTN DEPRS SKL FX XDRL	9					2097.37
32	00216		ANES ICRA PX VASC PX	15					
33	00218		ANES ICRA PX PX SITTING POS	13					
34	00220		ANES ICRA PX CEREBSP FLU SHUNTING PX	10					
35	00222		ANES ICRA PX ELECTROCOAGJ ICRA NRV	6					
36	00300		ANES INTEG MUSC&NRV HEAD NCK&PST TRNK NOS	5					
37	00320		ANES ESOPH THYR LARX TRACH&LYMPHTC NCK NOS 1YR/>	6					
38	00322		ANES ESOPH THYR LARX TRACH&LYMPHTC NCK BX THYR	3					
39	00326		ANES ALL PX LARX&TRACHEA CHLDREN <1 YR AGE	8					
40	00350		ANES MAJOR VSL NCK NOS	10					
41	00352		ANES MAJOR VSL NCK SMPL LIG	5					
42	00400		ANES INTEG XTR NOS	3					
43	00402		ANES INTEG XTR RCNSTV PX BRST	5					
44	00404		ANES INTEG XTR RAD/MODF RAD PX BRST	5					
45	00406		ANES INTEG XTR RAD/MODF RAD BRST W NODE	13					
46	00410		ANES INTEG SYS XTR ANT TRNK&PR ELEC CONV ARRHYTS	4					
47	00450		ANES CLAV/SCAPLA NOS	5					
48	00452		ANES CLAV/SCAPLA RAD SURG	6					2097.37

	A	B	C	D	E	F	G	H	I
49	00454		ANES CLAV/SCAPLA BX CLAV	3					
50	00470		ANES PRTL RIB RESCJ NOS	6					
51	00472		ANES PRTL RIB RESCJ THORACOPLASTY	10					
52	00474		ANES PRTL RIB RESCJ RAD	13					2097.37
53	00500		ANES ALL PX ESOPH	15					
54	00520		ANES CLSD CH PX NOS	6					
55	00522		ANES CLSD CH PX NDL BX PLEURA	4					
56	00524		ANES CLSD CH PX PNEUMOCNTS	4					2097.37
57	00528		ANES CLSD CH MEDIASTSC&THRSC X W/1 LNG VNTJ	8					
58	00529		ANES CLSD CH MEDIASTSC&THRSC W/1 LNG VNTJ	11					
59	00530		ANES PRM TRANSVNS PM INSJ	4					
60	00532		ANES ACCESS CV CRCJ	4					
61	00534		ANES TRANSVNS INSJ/RPLCMT PACG CVDFB	7					
62	00537		ANES CAR EPHYS PX W/RF ABLTJ	10					
63	00539		ANES TRACHEOBRNCL RCNSTJ	18					
64	00540		ANES THRCM LNG PLEUR DPHRM&MED THRSC NOS	12					2097.37
65	00541		ANES THRCM LNG PLEUR DPHRM&MED THRSC 1 LNG	15					
66	00542		ANES THRCM LNG PLEUR DPHRM&MED THRSC DCRTCTJ	15					2097.37
67	00546		ANES THRCM LNG PLEUR DPHRM&MED THRSC PULM RESCJ	15					2097.37
68	00548		ANES THRCM LNG PLEUR DPHRM&MED THRSC TRACH&BRNCH	17					
69	00550		ANES STERNAL DBRDMT	10					
70	00560		ANES HRT PRCRD&GRT VSL CH W/O PMP OXTJ	15					2097.37
71	00561		ANES HRT PRCRD&GRT VSL CH W/PMP OXTJ <1YR	25					2097.37
72	00562		ANES HRT PRCRD&GRT VSL CH W/PMP OXTJ	20					2097.37
73	00563		ANES HRT PRCRD&GRT VSL CH W/PMP OXTJ HYPTHRM	25					
74	00566		ANES DIR CAB GRFG W/O PMP OXTJ	25					
75	00567		ANES DIRECT CAB GRAFTING W/ PUMP OXYGENATOR	18					2097.37
76	00580		ANES HRT TRNSPL/HRT/LNG TRNSPL	20					2097.37
77	00600		ANES CRV SPI&CORD NOS	10					
78	00604		ANES CRV SPI&CORD PX W/PT SITTING POS	13					2097.37
79	00620		ANES THRC SPI&CORD NOS	10					
80	00622		ANES THRC SPI&CORD THORACOLMBR SYMPTH	13					2097.37
81	00625		ANES THRC SPINE & C/D ANT APPR W/O 1 LNG VNTJ	13					
82	00626		ANES THRC SPINE & C/D ANT APPR W/1 LNG VNTJ	15					
83	00630		ANES LMBR NOS	8					
84	00632		ANES LMBR LMBR SYMPTH	7					2097.37
85	00634		ANES LMBR CHEMONUCLEOLSS	10					
86	00635		ANES LMBR DX/THER LMBR PNXR	4					
87	00640		ANES MNPJ SPI/CLSD CRV THRC/LMBR SPI	3					
88	00670		ANES X10SV SPI&SPI CORD PX	13					2097.37
89	00700		ANES UPR ANT ABDL WALL NOS	4					
90	00702		ANES UPR ANT ABDL WALL PRQ LVR BX	4					
91	00730		ANES UPR PST ABDL WALL	5					
92	00740		ANES UPR GI NDSC PX PROX DUO	5					
93	00750		ANES HRNA RPR UPR ABD NOS	4					
94	00752		ANES HRNA RPR UPR ABD LMBR&VNT HRNAS&/WND DEHSN	6					
95	00754		ANES HRNA RPR UPR ABD OMPHALOCELE	7					
96	00756		ANES HRNA RPR UPR ABD TABDL RPR DIPHRG HRNA	7					

	A	B	C	D	E	F	G	H	I
97	00770		ANES ALL PX MAJOR ABDL BLVSLS	15					
98	00790		ANES IPR UPR ABD LAPS NOS	7					
99	00792		ANES IPR UPR ABD LAPS PRTL HPTC/MGMT LVR HEMRRG	13					2097.37
100	00794		ANES IPR PX UPR ABD LAPS PNCRTECT PRTL/TOT	8					2097.37
101	00796		ANES IPR PX UPR ABD LAPS LVR TRNSPL	30					2097.37
102	00797		ANES IPR PX UPR ABD LAPS GSTR RSTCV MO	11					
103	00800		ANES LWR ANT ABDL WALL NOS	4					
104	00802		ANES LWR ANT ABDL WALL PANNICULECTOMY	5					2097.37
105	00810		ANES LWR INTSTINAL NDSC PX DSTL DUO	5					
106	00820		ANES LWR PST ABDL WALL	5					
107	00830		ANES HRNA RPR LWR ABD NOS	4					
108	00832		ANES HRNA RPR LWR ABD VNT&INCAL HRNAS	6					
109	00834		ANES HRNA RPR LWR ABD NOS UNDER 1 YR AGE	5					
110	00836		ANES HRNA RPR LWR ABD NOS INFTS<37 WK BRTH<50 WK	6					
111	00840		ANES IPR PX LWR ABD W/LAPS NOS	6					
112	00842		ANES IPR PX LWR ABD W/LAPS AMNIOCNTS	4					
113	00844		ANES IPR PX LWR ABD W/LAPS ABDOMINOPRNL RESCJ	7					2097.37
114	00846		ANES IPR PX LWR ABD W/LAPS RAD HYST	8					2097.37
115	00848		ANES IPR PX LWR ABD W/LAPS PEL EXNTJ	8					2097.37
116	00851		ANES IPR PX LWR ABD W/LAPS TUBAL LIG/TRNSXJ	6					
117	00860		ANES XTRPRTL PX LWR ABD W/UR TRC NOS	6					
118	00862		ANES XTRPRTL LWR ABD UR TRC RNL DON NFRCT	7					
119	00864		ANES XTRPRTL PX LWR ABD W/UR TRC TOT CSTC	8					2097.37
120	00865		ANES XTRPRTL PX LWR ABD W/UR TRC RAD PRST8ECT	7					2097.37
121	00866		ANES XTRPRTL PX LWR ABD W/UR TRC ADRNLECTOMY	10					2097.37
122	00868		ANES XTRPRTL PX LWR ABD W/UR TRC RNL TRNSPL	10					2097.37
123	00870		ANES XTRPRTL PX LWR ABD W/UR TRC CSTOLITHOTOMY	5					
124	00872		ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	7					
125	00873		ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	5					
126	00880		ANES MAJOR LWR ABDL VSL NOS	15					
127	00882		ANES MAJOR LWR ABDL VSL IVC LIG	10					2097.37
128	00902		ANES ANRCT PX	5					
129	00904		ANES RAD PRNL PX	7					2097.37
130	00906		ANES VULVECTOMY	4					
131	00908		ANES PRNL PRST8ECT	6					2097.37
132	00910		ANES TRURL URETHROCSTSC NOS	3					
133	00912		ANES TRURL TRURL RESCJ BLDR TUM	5					
134	00914		ANES TRURL TRURL RESCJ PRST8	5					
135	00916		ANES TRURL POST-TRURL RESCJ BLD	5					
136	00918		ANES TRURL FRAGMNTJ MNPJ&/RMVL URTRL ST1	5					
137	00920		ANES MALE GENT URTL NOS	3					
138	00921		ANES MALE GENT URTL VASECT UNI/BI	3					
139	00922		ANES MALE GENT URTL SEMINAL VESICLES	6					
140	00924		ANES MALE GENT URTL UNDSCND TSTIS UNI/BI	4					
141	00926		ANES MALE GENT URTL RAD ORCHIECTOMY INGUN	4					
142	00928		ANES MALE GENT URTL RAD ORCHIECTOMY ABDL	6					
143	00930		ANES MALE GENT URTL ORCHIOPEXY UNI/BI	4					
144	00932		ANES MALE GENT URTL COMPL AMP PNS	4					2097.37

	A	B	C	D	E	F	G	H	I
145	00934		ANES MALE GENT URTL RAD AMP PNS W/BI INGUN NODE	6					2097.37
146	00936		ANES MALE GENT URTL RAD AMP PNS W/BI INGUN&ILIAC	8					2097.37
147	00938		ANES MALE GENT URTL INSJ PEN PROSTH PRNL APPR	4					
148	00940		ANES VAG W/BX NOS	3					
149	00942		ANES VAG W/BX COLPTMY VAGNC COLPRPHY&OPN URTL	4					
150	00944		ANES VAG W/BX VAG HYST	6					2097.37
151	00948		ANES VAG PX W/BX CRV CERCLAGE	4					
152	00950		ANES VAG PX W/BX CULDOSCOPY	5					
153	00952		ANES VAG PX W/BX HYSTSC&/HSG	4					
154	01112		ANES B1 MARROW ASPIR&/BX ANT/PST ILIAC CREST	5					
155	01120		ANES B1Y PELVIS	6					
156	01130		ANES BDY CST APPL/REVJ	3					
157	01140		ANES INTERPELVIABDL AMP	15					2097.37
158	01150		ANES RAD PX TUM PELVIS XCP HINDQUARTER AMP	10					2097.37
159	01160		ANES CLSD PX INVG SYMPHYSIS PUBIS/SI JT	4					
160	01170		ANES OPN PX INVG SYMPHYSIS PUBIS/SI JT	8					
161	01173		ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	12					
162	01180		ANES OBTURATOR NEURECTOMY XTRPEL	3					
163	01190		ANES OBTURATOR NEURECTOMY INTRAPEL	4					
164	01200		ANES ALL CLSD PX INVG HIP JT	4					
165	01202		ANES ARTHRS PX HIP JT	4					
166	01210		ANES OPN PX INVG HIP JT NOS	6					
167	01212		ANES OPN PX INVG HIP JT HIP DISRTCJ	10					2097.37
168	01214		ANES OPN INVG HIP JT TOT HIP ARTHRP	8					2097.37
169	01215		ANES OPN INVG HIP JT REVJ TOT HIP ARTHRP	10					
170	01220		ANES ALL CLSD PX INVG UPR 2/3 FEMUR	4					
171	01230		ANES OPN INVG UPR 2/3 FEMUR NOS	6					
172	01232		ANES OPN INVG UPR 2/3 FEMUR AMP	5					2097.37
173	01234		ANES OPN INVG UPR 2/3 FEMUR RAD RESCJ	8					2097.37
174	01250		ANES ALL PX NRV MUSC TDN FSCA&BRS UPR LEG	4					
175	01260		ANES ALL PX INVG VEINS UPR LEG W/EXPL	3					
176	01270		ANES INVG ART UPR LEG W/BYP GRF NOS	8					
177	01272		ANES INVG ART UPR LEG W/BYP GRF FEM ART LIG	4					2097.37
178	01274		ANES INVG ART UPR LEG W/BYP GRF FEM ART EMBLC	6					2097.37
179	01320		ANES NRV MUSC TDN FSCA&BRS KNE&/POP AREA	4					
180	01340		ANES ALL CLSD PX LWR 1/3 FEMUR	4					
181	01360		ANES ALL OPN PX LWR 1/3 FEMUR	5					
182	01380		ANES ALL CLSD PX KNE JT	3					
183	01382		ANES DX ARTHRS PX KNE JT	3					
184	01390		ANES ALL CLSD PX UPR ENDS TIBIA FIBULA&/PATELLA	3					
185	01392		ANES ALL OPN PX UPR ENDS TIBIA FIBULA&/PATELLA	4					
186	01400		ANES OPN/SURG ARTHRS KNE JT NOS	4					
187	01402		ANES OPN/SURG ARTHRS KNE JT TOT KNE ARTHRP	7					2097.37
188	01404		ANES OPN/SURG ARTHRS KNE JT DISRTCJ KNE	5					2097.37
189	01420		ANES ALL CST APP RMVL/RPR INVG KNE JT	3					
190	01430		ANES VEINS KNE&POP NOS	3					
191	01432		ANES VEINS KNE&POP ARVEN FSTL	6					
192	01440		ANES ART KNE&POP NOS	8					

	A	B	C	D	E	F	G	H	I
193	01442		ANES ART KNE&POP/POP TEAEC +PATCH GRF	8					2097.37
194	01444		ANES ART KNE&POP/POP EXC&GRF/RPR OCCLS/ARYSM	8					2097.37
195	01462		ANES ALL CLSD PX LWR LEG ANKLE&FOOT	3					
196	01464		ANES ARTHRS ANKLE&/FOOT	3					
197	01470		ANES NRV/MUS/TDN/FASC LWR L/A/F NOS	3					
198	01472		ANES NRV/MUS/TDN/FASC LWR L/A/F RPR ACHLL TDN	5					
199	01474		ANES NRV/MUS/TDN/FASC LWR L/A/F GASTRCN RECSN	5					
200	01480		ANES OPN B1S LWR L/A/F NOS	3					
201	01482		ANES OPN B1S LWR L/A/F RAD RESCJ BELW KNE AMP	4					
202	01484		ANES OPN B1S LWR L/A/F OSTEOT/OSTPL TIBIA&/FIB	4					
203	01486		ANES OPN B1S LWR L/A/F TOT ANKLE RPLCMT	7					2097.37
204	01490		ANES LWR LEG CST APPL RMVL/RPR	3					
205	01500		ANES ART LWR LEG W/BYP GRF NOS	8					
206	01502		ANES ART LWR LEG W/BYP GRF EMBLC DIR/W/CATH	6					2097.37
207	01520		ANES VEINS LWR LEG NOS	3					
208	01522		ANES VEINS LWR LEG VEN THRMBC DIR/W/CATH	5					
209	01610		ANES NRV MUSC TDN FSCA&BRS SHO&AXILLA	5					
210	01620		ANES CLSD PX HUMRL H/N STRNCLAV JT&SHO JT	4					
211	01622		ANES DX ARTHRS SHO JT	4					
212	01630		ANES ARTHRS HUMRL H/N STRNCLAV&SHO NOS	5					
213	01634		ANES ARTHRS HUMRL H/N STRNCLAV&SHO JT SHO	9					2097.37
214	01636		ANES ARTHRS HUMRL H/N STRNCLAV&SHO JT NTRTHRC	15					2097.37
215	01638		ANES ARTHRS HUMRL H/N STRNCLAV&SHO JT TOT SHO	10					2097.37
216	01650		ANES ART SHO&AXILLA NOS	6					
217	01652		ANES ART SHO&AXILLA AX-BRACH ARYSM	10					2097.37
218	01654		ANES ART SHO&AXILLA BYP GRF	8					2097.37
219	01656		ANES ART SHO&AXILLA AX-FEM BYP GRF	10					2097.37
220	01670		ANES ALL PX VEINS SHO&AXILLA	4					
221	01680		ANES SHO CST APPL RMVL/RPR NOS	3					
222	01682		ANES SHO CST APPL RMVL/RPR SHO SPICA	4					
223	01710		ANES NRV MUSC TDN FSCA&BRS UPR A/E NOS	3					
224	01712		ANES NRV MUSC TDN FSCA&BRS UPR A/E ELBW SHO	5					
225	01714		ANES NRV MUSC TDN FSCA&BRS UPR A/E TENPLSTY	5					
226	01716		ANES NRV MUSC TDN FSCA&BRS UPR A/E TENODIS RPT	5					
227	01730		ANES ALL CLSD PX HUM&ELBW	3					
228	01732		ANES DX ARTHRS ELBW JT	3					
229	01740		ANES OPN/SURG ARTHRS ELBW NOS	4					
230	01742		ANES OPN/SURG ARTHRS ELBW OSTEOT HUM	5					
231	01744		ANES OPN/SURG ARTHRS ELBW RPR NON/MAL HUM	5					
232	01756		ANES OPN/SURG ARTHRS ELBW RAD	6					2097.37
233	01758		ANES OPN/SURG ARTHRS ELBW EXC CST/TUM HUM	5					
234	01760		ANES OPN/SURG ARTHRS ELBW TOT ELBW RPLCMT	7					
235	01770		ANES ART UPR ARM&ELBW NOS	6					
236	01772		ANES ART UPR ARM&ELBW EMBOLECTOMY	6					
237	01780		ANES VEINS UPR ARM&ELBW NOS	3					
238	01782		ANES VEINS UPR ARM&ELBW PHLEBORRHAPHY	4					
239	01810		ANES NRV MUSC TDN FSCA&BRS F/ARM WRST&HAND	3					
240	01820		ANES ALL CLSD PX RDS U WRST/HAND B1S	3					

	A	B	C	D	E	F	G	H	I
241	01829		ANES DX ARTHRS WRST	3					
242	01830		ANES ARTHRS/NDSC DSTL RDS DSTL U/W/H NOS	3					
243	01832		ANES ARTHRS/NDSC DSTL RDS DSTL U/W/H TOT WRST	6					
244	01840		ANES ART F/ARM WRST&HAND NOS	6					
245	01842		ANES ART F/ARM WRST&HAND EMBOLECTOMY	6					
246	01844		ANES VASC SHUNT/SHUNT REVJ ANY TYP	6					
247	01850		ANES VEINS F/ARM WRST&HAND NOS	3					
248	01852		ANES VEINS F/ARM WRST&HAND PHLEBORRHAPHY	4					
249	01860		ANES F/F/ARM WRST/HAND CST APPL RMVL/RPR	3					
250	01916		ANES DX ARTERIOGRAPY/VNGRPH	5					
251	01920		ANES C-CATHJ W/C ANGRPH&VENTRG	7					
252	01922		ANES N-INVAS IMG/RADJ THER	7					
253	01924		ANES THER IVNTL RAD ARTL NOS	6					
254	01925		ANES THER IVNTL RAD ARTL CRTD/C	8					
255	01926		ANES THER IVNTL RAD ARTL ICRA ICAR/AORTIC	10					
256	01930		ANES THER IVNTL RAD INVG VENS/LYMPHTC NOS	5					
257	01931		ANES THER IVNTL RAD VENS/LYMPHTC INTRHPTC/PORTAL	7					
258	01932		ANES THER IVNTL RAD VENS/LYMPHTC INTRATHRC/JUG	7					
259	01933		ANES THER IVNTL RAD VENS/LYMPHTC SYS ICRA	8					
260	01935		ANESTHESIA PERQ IMG GID SPINE DIAGNOSTIC	5					
261	01936		ANESTHESIA PERQ IMG GID SPINE THERAPEUTIC	5					
262	01951		ANES 2/3 DGR BRN EXC/DBRDMT +GRF <4 % TBSA	3					
263	01952		ANES 2/3 DGR BRN EXC/DBRDMT +GRF 4-9 % TBSA	5					
264	01953		ANES 2/3 DGR BRN EXC/DBRDMT +GRF EA >9 % TBSA	1					
265	01958		ANES XTRNL CEPHALIC VERSION	5					
266	01960		ANES VAG DLVR ONLY	5					
267	01961		ANES C DLVR ONLY	7					
268	01962		ANES URGENT HYST FLWG DLVR	8					
269	01963		ANES C HYST W/O ANY LABOR ANALG/ANES CARE	10					
270	01965		ANES INCOMPL/MISSED AB	4					
271	01966		ANES INDUCED AB	4					
272	01967		NEURAXIAL LABOR ANALG/ANES PLND VAG DLVR	5					
273	01968		ANES C DLVR FLWG NEURAXIAL LABOR ANALG/ANES	3					
274	01969		ANES C HYST FLWG NEURAXIAL LABOR ANALG/ANES	5					
275	01990		PHYSIOL SUPPORT HRVG ORGAN FROM BRN-DEAD PT	7					2097.37
276	01991		ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	3					
277	01992		ANES DX/THER NRV BLK/NJX PRONE POS	5					
278	01996		DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	3					
279	01999		UNLIS ANES PX	BR					
280	10021		FINE NDL ASPIR W/O IMG GDN	3.38	282.23		0	N	137.80
281	10022		FINE NDL ASPIR W/IMG GDN	3.63	303.11		0	N	419.39
282	10040		ACNE SURG	2.21	184.54		10	N	80.15
283	10060		I&D ABSC SMPL/1	2.48	207.08		10	N	132.75
284	10061		I&D ABSC COMP/MLT	4.33	361.56		10	N	132.75
285	10080		I&D PILONIDAL CST SMPL	4.17	348.20		10	N	132.75
286	10081		I&D PILONIDAL CST COMP	6.38	532.73		10	N	1150.97
287	10120		INC&RMVL FB SUBQ TISS SMPL	3.35	279.73		10	N	255.17
288	10121		INC&RMVL FB SUBQ TISS COMP	6.28	524.38		10	N	1595.60

	A	B	C	D	E	F	G	H	I
289	10140		I&D HMTMA SEROMA/FLU COLLJ	3.47	289.75		10	N	1150.97
290	10160		PNXR ASPIR ABSC HMTMA BULLA/CST	2.9	242.15		10	N	132.75
291	10180		I&D CPLX PO WND INFCTJ	5.45	455.08		10	N	1769.66
292	11000		DBRDMT X10SV ECZMT/INFCT SKN UP 10% BDY SURF	1.23	102.71		0	N	140.54
293	11001		DBRDMT X10SV ECZMT/INFCT SKN EA 10% BDY SURF	0.54	45.09		0	N	80.15
294	11004		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	14.11	1178.19		0	N	2097.37
295	11005		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WAL	19	1586.50		0	N	2097.37
296	11006		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL	17.65	1473.78		0	N	2097.37
297	11008		RMVL PROSTC MATRL/MESH ABDL WALL NECRO TISS	6.97	582.00		0	N	2097.37
298	11010		DBRDMT W/RMVL FM FX&/DISLC SKN&SUBQ TISS	11.26	940.21		10	N	397.82
299	11011		DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	13.06	1090.51		0	N	397.82
300	11012		DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	18.66	1558.11		0	N	397.82
301	11040		DBRDMT SKN PRTL THKNS	1.07	89.35		0	N	140.54
302	11041		DBRDMT SKN FULL THKNS	1.32	110.22		0	N	140.54
303	11042		REMOVAL OF DAMAGED SKIN AND UNDERLYING TISSUE	1.82	151.97		0	N	255.17
304	11043		DBRDMT SKN SUBQ TISS&MUSC	6.5	542.75		10	N	255.17
305	11044		DBRDMT SKN SUBQ TISS MUSC&B1	8.71	727.29		10	N	748.01
306	11055		PARING/CUTTING B9 HYPRKERATOTIC LES 1 LES	1.07	89.35		0	N	80.15
307	11056		PARING/CUTTING B9 HYPRKERATOTIC LES 2-4	1.32	110.22		0	N	80.15
308	11057		PARING/CUTTING B9 HYPRKERATOTIC LES >4	1.62	135.27		0	N	80.15
309	11100		BX SKN SUBQ/MUC MEMB 1 LESION	2.17	181.20		0	N	140.54
310	11101		BX SKN SUBQ/MUC MEMB EA SPX ADDL LESION	0.74	61.79		0	N	80.15
311	11200		RMVL SK TGS MLT FIBRQ TAGS ANY AREA UP&W/15 <	1.84	153.64		10	N	80.15
312	11201		RMVL SK TGS MLT FIBRQ TAGS ANY AREA EA 10 <	0.44	36.74		0	N	80.15
313	11300		SHVG SKN LES 1 LES T/A/L DIAM 0.5 CM/<	1.53	127.76		0	N	80.15
314	11301		SHVG SKN LES 1 LES T/A/L DIAM 0.6-1.0 CM	2.01	167.84		0	N	80.15
315	11302		SHVG SKN LES 1 LES T/A/L DIAM 1.1-2.0 CM	2.41	201.24		0	N	80.15
316	11303		SHVG SKN LES 1 LES T/A/L DIAM > 2.0 CM	2.88	240.48		0	N	140.54
317	11305		SHVG SKN LES 1 LES S/N/H/F/G DIAM 0.5 CM/<	1.58	131.93		0	N	80.15
318	11306		SHVG SKN LES 1 LES S/N/H/F/G DIAM 0.6-1.0 CM	2.14	178.69		0	N	80.15
319	11307		SHVG SKN LES 1 LES S/N/H/F/G DIAM 1.1-2.0 CM	2.5	208.75		0	N	80.15
320	11308		SHVG SKN LES 1 LES S/N/H/F/G DIAM > 2.0 CM	2.93	244.66		0	N	80.15
321	11310		SHVG SKN LES 1 LES F/E/E/N/L/M DIAM 0.5 CM/<	1.88	156.98		0	N	80.15
322	11311		SHVG SKN LES 1 LES F/E/E/N/L/M DIAM 0.6-1.0 CM	2.33	194.56		0	N	80.15
323	11312		SHVG SKN LES 1 LES F/E/E/N/L/M DIAM 1.1-2.0 CM	2.69	224.62		0	N	80.15
324	11313		SHVG SKN LES 1 LES F/E/E/N/L/M LES DIAM > 2.0 CM	3.46	288.91		0	N	80.15
325	11400		EXC B9 LES MRGN XCP SK TG T/A/L 0.5 CM/<	2.8	233.80		10	N	397.82
326	11401		EXC B9 LES MRGN XCP SK TG T/A/L 0.6-1.0 CM	3.3	275.55		10	N	397.82
327	11402		EXC B9 LES MRGN XCP SK TG T/A/L 1.1-2.0 CM	3.67	306.45		10	N	397.82
328	11403		EXC B9 LES MRGN XCP SK TG T/A/L 2.1-3.0 CM	4.23	353.21		10	N	748.01
329	11404		EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	4.82	402.47		10	N	1595.60
330	11406		EXC B9 LES MRGN XCP SK TG T/A/L > 4.0 CM	6.61	551.94		10	N	1595.60
331	11420		EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	2.77	231.30		10	N	748.01
332	11421		EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	3.53	294.76		10	N	748.01
333	11422		EXC B9 LES MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	3.93	328.16		10	N	748.01
334	11423		EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	4.63	386.61		10	N	1595.60
335	11424		EXC B9 LES MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	5.29	441.72		10	N	1595.60
336	11426		EXC B9 LES MRGN XCP SK TG S/N/H/F/G > 4.0CM	7.58	632.93		10	N	2132.75

	A	B	C	D	E	F	G	H	I
337	11440		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	3.15	263.03		10	N	397.82
338	11441		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	3.83	319.81		10	N	397.82
339	11442		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	4.28	357.38		10	N	748.01
340	11443		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	5.2	434.20		10	N	748.01
341	11444		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	6.56	547.76		10	N	748.01
342	11446		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	8.75	730.63		10	N	2132.75
343	11450		EXC SKN&SUBQ HIDRADNT AX W/SMPL/INTRM RPR	8.22	686.37		90	N	2132.75
344	11451		EXC SKN&SUBQ HIDRADNT AX W/CPLX RPR	10.92	911.82		90	Y	2132.75
345	11462		EXC SKN&SUBQ HIDRADNT INGUN W/SMPL/INTRM RPR	8.11	677.19		90	N	2132.75
346	11463		EXC SKN&SUBQ HIDRADNT INGUN W/CPLX RPR	11.22	936.87		90	Y	2132.75
347	11470		EXC SKN&SUBQ H/P/PU SMPL/INTRM RPR	8.88	741.48		90	N	2132.75
348	11471		EXC SKN&SUBQ H/P/P/U CPLX RPR	11.55	964.43		90	Y	2132.75
349	11600		EXC MAL LES W/MRGN T/A/L 0.5 CM/<	4.18	349.03		10	N	748.01
350	11601		EXC MAL LES W/MRGN T/A/L 0.6-1.0 CM	4.83	403.31		10	N	397.82
351	11602		EXC MAL LES W/MRGN T/A/L 1.1-2.0 CM	5.2	434.20		10	N	397.82
352	11603		EXC MAL LES W/MRGN T/A/L 2.1-3.0 CM	5.97	498.50		10	N	748.01
353	11604		EXC MAL LES W/MRGN T/A/L 3.1-4.0 CM	6.63	553.61		10	N	748.01
354	11606		EXC MAL LES W/MRGN T/A/L > 4.0 CM	9.25	772.38		10	N	1595.60
355	11620		EXC MAL LES W/MRGN S/N/H/F/G 0.5 CM/<	4.18	349.03		10	N	748.01
356	11621		EXC MAL LES W/MRGN S/N/H/F/G 0.6-1.0 CM	4.85	404.98		10	N	397.82
357	11622		EXC MAL LES W/MRGN S/N/H/F/G 1.1-2.0 CM	5.46	455.91		10	N	748.01
358	11623		EXC MAL LES W/MRGN S/N/H/F/G 2.1-3.0 CM	6.48	541.08		10	N	1595.60
359	11624		EXC MAL LES W/MRGN S/N/H/F/G 3.1-4.0 CM	7.4	617.90		10	N	1595.60
360	11626		EXC MAL LES W/MRGN S/N/H/F/G > 4.0 CM	9.26	773.21		10	N	2132.75
361	11640		EXC MAL LES W/MRGN F/E/E/N/L/M 0.5 CM/<	4.32	360.72		10	N	748.01
362	11641		EXC MAL LES W/MRGN F/E/E/N/L/M 0.6-1.0 CM	5.25	438.38		10	N	748.01
363	11642		EXC MAL LES W/MRGN F/E/E/N/L/M 1.1-2.0 CM	6.06	506.01		10	N	748.01
364	11643		EXC MAL LES W/MRGN F/E/E/N/L/M 2.1-3.0 CM	7.21	602.04		10	N	748.01
365	11644		EXC MAL LES W/MRGN F/E/E/N/L/M 3.1-4.0 CM	9.01	752.34		10	N	1595.60
366	11646		EXC MAL LES W/MRGN F/E/E/N/L/M > 4.0 CM	11.98	1000.33		10	N	2132.75
367	11719		TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	0.45	37.58		0	N	40.45
368	11720		DBRDMT NAIL ANY METH 1-5	0.7	58.45		0	N	80.15
369	11721		DBRDMT NAIL ANY METH 6/>	1.03	86.01		0	N	80.15
370	11730		AVLSN NAIL PLATE PRTL/COMPL SMPL 1	2.24	187.04		0	N	80.15
371	11732		AVLSN NAIL PLATE PRTL/COMPL SMPL EA NAIL PLATE	1.05	87.68		0	N	80.15
372	11740		EVAC SUBUNGUAL HMTMA	0.98	81.83		0	N	40.45
373	11750		EXC NAIL MATRIX PRM RMVL	4.75	396.63		10	N	397.82
374	11752		EXC NAIL MATRIX PRM RMVL W/AMP TUFT DSTL PHALANX	6.76	564.46		10	N	2132.75
375	11755		BX NAIL UNIT SPX	3.01	251.34		0	N	397.82
376	11760		RPR NAIL BED	4.48	374.08		10	N	123.49
377	11762		RCNSTJ NAIL BED W/GRF	6.08	507.68		10	N	1463.98
378	11765		WEDGE EXC SKN NAIL FOLD	2.73	227.96		10	N	80.15
379	11770		EXC PILONIDAL CST/SINUS SMPL	6.18	516.03		10	N	2132.75
380	11771		EXC PILONIDAL CST/SINUS X10SV	12.02	1003.67		90	N	2132.75
381	11772		EXC PILONIDAL CST/SINUS COMP	15.01	1253.34		90	N	2132.75
382	11900		NJX ILESN UP&W/7 <	1.21	101.04		0	N	80.15
383	11901		NJX ILESN > 7	1.5	125.25		0	N	80.15
384	11920		TATTOOING CORRECT COLOR DFCTS 6.0 CM/<	5.07	423.35		0	N	287.32

	A	B	C	D	E	F	G	H	I
385	11921		TATTOOING CORRECT COLOR DFCTS 6.1-20.0 CM	5.68	474.28		0	N	287.32
386	11922		TATTOOING CORRECT COLOR DFCTS EA 20.0 CM	1.6	133.60		0	N	287.32
387	11950		SUBQ NJX FILLING MATRL 1 CC/<	1.89	157.82		0	N	123.49
388	11951		SUBQ NJX FILLING MATRL 1.1-5.0 CC	2.6	217.10		0	N	123.49
389	11952		SUBQ NJX FILLING MATRL 5.1-10.0 CC	3.51	293.09		0	N	123.49
390	11954		SUBQ NJX FILLING MATRL > 10.0 CC	4.18	349.03		0	N	123.49
391	11960		INSJ TISS EXPANDER OTH/THN BRST SBSQ XPNSJ	21.69	1811.12		90	N	2182.33
392	11970		RPLCMT TISS EXPANDER PRM PROSTH	14.31	1194.89		90	N	4247.50
393	11971		RMVL TISS EXPANDER W/O INSJ PROSTH	11.91	994.49		90	N	2132.75
394	11975		INSJ IMPLTABLE CONTRACEPTIVE CAPSLS	2.95	246.33		0	N	2097.37
395	11976		RMVL IMPLTABLE CONTRACEPTIVE CAPSLS	3.53	294.76		0	N	397.82
396	11977		RMVL W/RINSJ IMPLTABLE CONTRACEPTIVE CAPSLS	5.54	462.59		0	N	2097.37
397	11980		SUBQ HORM PELLET IMPLTJ	2.56	213.76		0	N	61.03
398	11981		INSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	3.21	268.04		0	Y	61.03
399	11982		RMVL NON-BIODEGRADABLE DRUG DLVR IMPLT	3.74	312.29		0	Y	61.03
400	11983		RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	5.58	465.93		0	Y	61.03
401	12001		SMPL RPR SUPFC S/N/AX/G/T 2.5CM/<	3.62	302.27		10	N	123.49
402	12002		SMPL RPR SUPFC S/N/AX/G/T 2.6CM-7.5CM	3.84	320.64		10	N	123.49
403	12004		SMPL RPR SUPFC S/N/AX/G/T 7.6CM-12.5CM	4.5	375.75		10	N	123.49
404	12005		SMPL RPR SUPFC S/N/AX/G/T 12.6CM-20.0CM	5.61	468.44		10	N	123.49
405	12006		SMPL RPR SUPFC S/N/AX/G/T 20.1CM-30.0CM	6.96	581.16		10	N	123.49
406	12007		SMPL RPR SUPFC S/N/AX/G/T > 30.0CM	7.87	657.15		10	N	123.49
407	12011		SMPL RPR SUPFC F/E/E/N/L/M 2.5CM/<	3.83	319.81		10	N	123.49
408	12013		SMPL RPR SUPFC F/E/E/N/L/M 2.6CM-5.0CM	4.21	351.54		10	N	123.49
409	12014		SMPL RPR SUPFC F/E/E/N/L/M 5.1CM-7.5CM	4.96	414.16		10	N	123.49
410	12015		SMPL RPR SUPFC F/E/E/N/L/M 7.6CM-12.5CM	6.22	519.37		10	N	123.49
411	12016		SMPL RPR SUPFC F/E/E/N/L/M 12.6CM-20.0CM	7.36	614.56		10	N	123.49
412	12017		SMPL RPR SUPFC F/E/E/N/L/M 20.1CM-30. CM	6.51	543.59		10	Y	123.49
413	12018		SMPL RPR SUPFC F/E/E/N/L/M > 30.0CM	7.81	652.14		10	Y	123.49
414	12020		TX SUPFC DEHSN SMPL CLSR	6.47	540.25		10	N	404.76
415	12021		TX SUPFC DEHSN W/PACKING	3.74	312.29		10	N	287.32
416	12031		LYR CLSR S/A/T/E 2.5 CM/<	4.81	401.64		10	N	123.49
417	12032		LYR CLSR S/A/T/E 2.6 CM-7.5 CM	6.59	550.27		10	N	287.32
418	12034		LYR CLSR S/A/T/E 7.6 CM-12.5 CM	6.43	536.91		10	N	123.49
419	12035		LYR CLSR S/A/T/E 12.6 CM-20.0 CM	8.69	725.62		10	N	123.49
420	12036		LYR CLSR S/A/T/E 20.1 CM-30.0 CM	9.71	810.79		10	N	287.32
421	12037		LYR CLSR S/A/T/E > 30.0 CM	10.92	911.82		10	Y	287.32
422	12041		LYR CLSR N/H/F/XTRNL GENT 2.5 CM/<	5.21	435.04		10	N	123.49
423	12042		LYR CLSR N/H/F/XTRNL GENT 2.6 CM-7.5 CM	6.22	519.37		10	N	123.49
424	12044		LYR CLSR N/H/F/XTRNL GENT 7.6 CM-12.5 CM	6.85	571.98		10	N	123.49
425	12045		LYR CLSR N/H/F/XTRNL GENT 12.6 CM-20.0 CM	8.9	743.15		10	N	287.32
426	12046		LYR CLSR N/H/F/XTRNL GENT 20.1 CM-30.0 CM	10.65	889.28		10	Y	287.32
427	12047		LYR CLSR N/H/F/XTRNL GENT > 30.0 CM	11.07	924.35		10	Y	287.32
428	12051		LYR CLSR F/E/E/N/L/M&/MUC 2.5 CM/<	5.92	494.32		10	N	123.49
429	12052		LYR CLSR F/E/E/N/L/M&/MUC 2.6 CM-5.0 CM	6.34	529.39		10	N	123.49
430	12053		LYR CLSR F/E/E/N/L/M&/MUC 5.1 CM-7.5 CM	6.82	569.47		10	N	123.49
431	12054		LYR CLSR F/E/E/N/L/M&/MUC 7.6 CM-12.5 CM	7.44	621.24		10	N	123.49
432	12055		LYR CLSR F/E/E/N/L/M&/MUC 12.6 CM-20.0 CM	9.31	777.39		10	N	287.32

	A	B	C	D	E	F	G	H	I
433	12056		LYR CLSR F/E/E/N/L/M&/MUC 20.1 CM-30.0 CM	11.93	996.16		10	Y	287.32
434	12057		LYR CLSR F/E/E/N/L/M&/MUC > 30.0 CM	12.4	1035.40		10	Y	287.32
435	13100		RPR CPLX TRNK 1.1 CM-2.5 CM	7.23	603.71		10	N	404.76
436	13101		RPR CPLX TRNK 2.6 CM-7.5 CM	8.78	733.13		10	N	404.76
437	13102		RPR CPLX TRNK EA 5 CM/<	2.47	206.25		0	N	404.76
438	13120		RPR CPLX S/A/L 1.1 CM-2.5 CM	7.51	627.09		10	N	287.32
439	13121		RPR CPLX S/A/L 2.6 CM-7.5 CM	9.49	792.42		10	N	287.32
440	13122		RPR CPLX S/A/L EA 5 CM/<	2.93	244.66		0	N	123.49
441	13131		RPR CPLX F/C/C/M/N/AX/G/H/F 1.1 CM-2.5 CM	8.21	685.54		10	N	287.32
442	13132		RPR CPLX F/C/C/M/N/AX/G/H/F 2.6 CM-7.5 CM	12.57	1049.60		10	N	404.76
443	13133		RPR CPLX F/C/C/M/N/AX/G/H/F EA 5 CM/<	3.87	323.15		0	N	287.32
444	13150		RPR CPLX E/N/E/L 1.0 CM/<	8.61	718.94		10	N	404.76
445	13151		RPR CPLX E/N/E/L 1.1 CM-2.5 CM	9.31	777.39		10	N	404.76
446	13152		RPR CPLX E/N/E/L 2.6 CM-7.5 CM	12.52	1045.42		10	N	404.76
447	13153		RPR CPLX E/N/E/L EA 5 CM/<	4.34	362.39		0	N	287.32
448	13160		SEC CLSR SURG WND/DEHSN X10SV/COMP	19.34	1614.89		90	N	2182.33
449	14000		ATT/REARGMT TRNK DFCT 10 CM/<	14.87	1241.65		90	N	1463.98
450	14001		ATT/REARGMT TRNK DFCT 10.1 CM-30.0 CM	19.31	1612.39		90	N	1463.98
451	14020		ATT/REARGMT S/A/L DFCT 10 CM/<	16.51	1378.59		90	N	1463.98
452	14021		ATT/REARGMT S/A/L DFCT 10.1 CM-30.0 CM	21.5	1795.25		90	N	1463.98
453	14040		ATT/REARGMT F/C/C/M/N/AX/G/H/F 10 CM/<	17.38	1451.23		90	N	1463.98
454	14041		ATT/REARGMT F/C/C/M/N/AX/G/H/F 10.1CM-30.0CM	23.5	1962.25		90	N	1463.98
455	14060		ATT/REARGMT E/N/E/L DFCT 10 CM/<	17.86	1491.31		90	N	1463.98
456	14061		ATT/REARGMT E/N/E/L DFCT 10.1 CM-30.0 CM	25.5	2129.25		90	N	1463.98
457	14301		ATT/R ANY AREA DEFECT 30.1-60SQCM	28.5	2379.75	0.00	90	Y	2182.33
458	14302		ATT/R ANY AREA DEFECT EA ADDL 30SQCM OR PART	6.26	522.71	0.00	0	Y	2182.33
459	14350		FILLETED FNGR/TOE FLAP W/PREPJ RCP SIT	18.19	1518.87		90	Y	2182.33
460	15002		PREP SITE T/A/L 1ST 100 SQ CM/1PCT	7.89	658.82		0	N	404.76
461	15003		PREP SITE T/A/L ADDL 100 SQ CM/1PCT	1.75	146.13		0	N	404.76
462	15004		PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	9.51	794.09		0	N	404.76
463	15005		PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	2.94	245.49		0	N	404.76
464	15040		HARVEST SKN TISS CLTR SKN AGRFT 100 CM/<	6.43	536.91		0	N	287.32
465	15050		PINCH GRF 1/MLT C> SM ULCER TIP/OTH AREA 2CM	12.51	1044.59		90	N	404.76
466	15100		SPLT AGRFT T/A/L 1ST 100 CM/</1% BDY INFT/CHLD	21.95	1832.83		90	N	2182.33
467	15101		SPLT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	5.22	435.87		0	N	2182.33
468	15110		EPIDRM AGRFT T/A/L 1ST 100 CM/</1% BDY INFT/CHLD	21.36	1783.56		90	N	404.76
469	15111		EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	3.11	259.69		0	N	404.76
470	15115		EPIDRM AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM	20.45	1707.58		90	N	404.76
471	15116		EPIDRM AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	4.08	340.68		0	N	404.76
472	15120		SPLT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1%	21.89	1827.82		90	N	2182.33
473	15121		SPLT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	7	584.50		0	N	2182.33
474	15130		DRM AGRFT T/A/L 1ST 100 CM	17.05	1423.68		90	N	1463.98
475	15131		DRM AGRFT T/A/L EA 100 CM/EA	2.54	212.09		0	N	1463.98
476	15135		DRM AGRFT F/S/N/H/F/G/M/D GT 1ST 100	20.83	1739.31		90	N	1463.98
477	15136		DRM AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	2.39	199.57		0	N	1463.98
478	15150		CLTR EPIDRM AGRFT T/A/L 1ST 25 CM/<	17.67	1475.45		90	N	404.76
479	15151		CLTR EPIDRM AGRFT T/A/L ADDL 1 CM-75 CM	3.29	274.72		0	N	404.76
480	15152		CLTR EPIDRM AGRFT T/A/L EA 100 CM/EA 1 % BDY	4.04	337.34		0	N	404.76

	A	B	C	D	E	F	G	H	I
481	15155		CLTR EPIDRM AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	17.89	1493.82		90	N	404.76
482	15156		CLTR EPIDRM AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	4.3	359.05		0	N	404.76
483	15157		CLTR EPIDRM AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	4.77	398.30		0	N	404.76
484	15170		ACLR DRM RPLCMT T/A/L 1ST 100 CM/</1 % BDY	9.73	812.46		90	N	404.76
485	15171		ACLR DRM RPLCMT T/A/L EA 100 CM/EA 1 % BDY	2.26	188.71		0	N	287.32
486	15175		ACLR DRM RPLCMT F/S/N/H/F/G/M/D GT 1ST 100 CM	13.41	1119.74		90	N	404.76
487	15176		ACLR DRM RPLCMT F/S/N/H/F/G/M/D GT EA 100 CM/EA	3.59	299.77		0	N	404.76
488	15200		FTH/GFT FR W/DIR CLSR TRNK 20 CM/<	18.59	1552.27		90	N	1463.98
489	15201		FTH/GFT FR W/DIR CLSR TRNK EA 20 CM	3.83	319.81		0	Y	1463.98
490	15220		FTH/GFT FR W/DIR CLSR S/A/L 20 CM/<	17.49	1460.42		90	N	1463.98
491	15221		FTH/GFT FR W/DIR CLSR S/A/L EA 20 CM	3.48	290.58		0	N	404.76
492	15240		FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	20.71	1729.29		90	N	1463.98
493	15241		FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA 20CM	4.37	364.90		0	N	404.76
494	15260		FTH/GFT FR W/DIR CLSR N/E/E/L 20 CM/<	21.86	1825.31		90	N	1463.98
495	15261		FTH/GFT FR W/DIR CLSR N/E/E/L EA 20 CM	4.98	415.83		0	N	1463.98
496	15300		ALGRFT SKN F/TEMP CLSR T/A/L 1ST 100 CM/</1	7.92	661.32		90	N	404.76
497	15301		ALGRFT SKN F/TEMP CLSR T/A/L EA 100 CM/EA	1.51	126.09		0	N	404.76
498	15320		ALGRFT SKN F/TEMP CLSR F/S/N/H/F/G/M/D 1ST 100CM	9.06	756.51		90	N	404.76
499	15321		ALGRFT SKN F/TEMP CLSR F/S/N/H/F/G/M/D EA 100CM	2.25	187.88		0	N	404.76
500	15330		ACLR DRM ALGRFT T/A/L 1ST 100 CM	7.26	606.21		90	N	404.76
501	15331		ACLR DRM ALGRFT T/A/L EA 100 CM/EA	1.5	125.25		0	N	404.76
502	15335		ACLR DRM ALGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM	8.06	673.01		90	N	404.76
503	15336		ACLR DRM ALGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	2.19	182.87		0	N	404.76
504	15340		TISS CLTR ALGC SKN 1ST 25 CM/<	7.74	646.29		10	N	287.32
505	15341		TISS CLTR ALGC SKN EA 25 CM	1.15	96.03		0	N	287.32
506	15360		TISS CLTR ALGC DRM T/A/L 1ST 100 CM	8.43	703.91		90	N	287.32
507	15361		TISS CLTR ALGC DRM EA 100 CM/EA	1.75	146.13		0	N	287.32
508	15365		TISS CLTR ALGC DRM F/S/N/H/F/G/M/D 1ST 100 CM	8.75	730.63		90	N	287.32
509	15366		TISS CLTR ALGC DRM F/S/N/H/F/G/M/D EA 100 CM	2.17	181.20		0	N	287.32
510	15400		XENOGRF SKN TEMP CLSR T/A/L 1ST 100 CM	8.66	723.11		90	N	404.76
511	15401		XENOGRF SKN TEMP CLSR EA 100 CM	2.71	226.29		0	N	404.76
512	15420		XENOGRF SKN TEMP CLSR F/S/N/H/F/G/M/D 1ST 100CM	9.78	816.63		90	N	404.76
513	15421		XENOGRF SKN TEMP CLSR F/S/N/H/F/G/M/D EA 100CM	2.85	237.98		0	N	404.76
514	15430		ACLR XENOGRF IMPLT 1ST 100 CM	12.94	1080.49		90	N	404.76
515	15431		ACLR XENOGRF IMPLT EA 100 CM	5.05	421.42		0	N	404.76
516	15570		FRMJ DIR/TUBED PEDCL +TR TRNK	21.42	1788.57		90	N	2182.33
517	15572		FRMJ DIR/TUBED PEDCL +TR SCALP ARMS/LEGS	19.73	1647.46		90	N	2182.33
518	15574		FRMJ DIR/TUBED PEDCL +TR FT/CH/CH/M/N/AX/G/H/F	21.3	1778.55		90	N	2182.33
519	15576		FRMJ DIR/TUBED PEDCL +TR E/N/E/L/NTRORAL	18.92	1579.82		90	N	2182.33
520	15600		DELAY FLAP/SCTJ FLAP TRNK	9.05	755.68		90	Y	2182.33
521	15610		DELAY FLAP/SCTJ FLAP SCALP ARMS/LEGS	7.48	624.58		90	Y	2182.33
522	15620		DELAY FLAP/SCTJ FLAP F/C/C/N/AX/G/H/F	11.05	922.68		90	N	2182.33
523	15630		DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	10.93	912.66		90	N	2182.33
524	15650		TR INTRM ANY PEDCL FLAP ANY LOCATION	11.73	979.46		90	Y	2182.33
525	15731		FOREHEAD FLAP W/ PRSRV VASC PEDICLE	26.11	2180.19		90	N	2182.33
526	15732		MUSC MYOQ/FASCQ FLAP HEAD&NCK	36.99	3088.67		90	Y	2182.33
527	15734		MUSC MYOQ/FASCQ FLAP TRNK	37.85	3160.48		90	Y	2182.33
528	15736		MUSC MYOQ/FASCQ FLAP UXTR	34.85	2909.98		90	N	2182.33

	A	B	C	D	E	F	G	H	I
529	15738		MUSC MYOQ/FASCQ FLAP LXTR	36.72	3066.12		90	Y	2182.33
530	15740		FLAP ISLAND PEDCL	22.05	1841.18		90	N	1463.98
531	15750		FLAP NEUROVASC PEDCL	21.91	1829.49		90	Y	2182.33
532	15756		FR MUSC/MYOQ FLAP W/MVASC ANAST	57.81	4827.14		90	Y	2097.37
533	15757		FR SKN FLAP W/MVASC ANAST	57.59	4808.77		90	Y	2097.37
534	15758		FR FSCAL FLAP W/MVASC ANAST	57.66	4814.61		90	Y	2097.37
535	15760		GRF COMPOSIT W/PRIM CLSR DON AREA	19.66	1641.61		90	N	2182.33
536	15770		GRF DERMA-FAT-FSCA	15.58	1300.93		90	Y	2182.33
537	15775		PUNCH GRF HAIR TRNSPL 1-15 PUNCH GRFS	8.12	678.02		0	N	123.49
538	15776		PUNCH GRF HAIR TRNSPL > 15 PUNCH GRFS	10.68	891.78		0	N	123.49
539	15780		DERMABRASION TOT FACE	19.91	1662.49		90	N	2132.75
540	15781		DERMABRASION SGMTL FACE	12.11	1011.19		90	N	397.82
541	15782		DERMABRASION REGIONAL OTH/THN FACE	14.06	1174.01		90	N	397.82
542	15783		DERMABRASION SUPFC ANY SIT	11.36	948.56		90	N	255.17
543	15786		ABRASION 1 LES	5.42	452.57		10	N	80.15
544	15787		ABRASION EA 4 </<	1.37	114.40		0	N	80.15
545	15788		CHEM PEEL FACIAL EPIDRM	9.16	764.86		90	N	80.15
546	15789		CHEM PEEL FACIAL DRM	13	1085.50		90	N	140.54
547	15792		CHEM PEEL NONFACIAL EPIDRM	8.83	737.31		90	N	140.54
548	15793		CHEM PEEL NONFACIAL DRM	9.73	812.46		90	N	80.15
549	15819		CERVICOPLASTY	17.46	1457.91		90	Y	287.32
550	15820		BLEPHARP LWR EYELID	12.74	1063.79		90	N	2182.33
551	15821		BLEPHARP LWR EYELID W/X10SV HRNA8 FAT PAD	13.65	1139.78		90	N	2182.33
552	15822		BLEPHARP UPR EYELID	10.15	847.53		90	N	2182.33
553	15823		BLEPHARP UPR EYELID W/EXCSV SKN W8ING DOWN LID	15.6	1302.60		90	N	2182.33
554	15824		RHYTDCT FHD	22.43	1873.07		0	Y	2182.33
555	15825		RHYTDCT NCK W/PLATYSMAL TIGHTENING	25.24	2107.21		0	Y	2182.33
556	15826		RHYTDCT GLABELLAR FROWN LINES	18.23	1521.87		0	Y	2182.33
557	15828		RHYTDCT CHEEK CHIN&NCK	47.67	3980.28		0	Y	2182.33
558	15829		RHYTDCT SMAS FLAP	53.28	4448.55		0	Y	2182.33
559	15830		EXC SKIN & SUBQ TISSUE ABD PANNICULECTOMY	28.28	2361.38		90	Y	2132.75
560	15832		EXC EXCSV SKN&SUBQ TISS W/LIPC THI	21.4	1786.90		90	Y	2132.75
561	15833		EXC EXCSV SKN&SUBQ TISS W/LIPC LEG	19.96	1666.66		90	Y	2132.75
562	15834		EXC EXCSV SKN&SUBQ TISS W/LIPC HIP	20.11	1679.19		90	Y	2132.75
563	15835		EXC EXCSV SKN&SUBQ TISS W/LIPC BUTTOCK	20.74	1731.79		90	Y	2132.75
564	15836		EXC EXCSV SKN&SUBQ TISS W/LIPC ARM	17.57	1467.10		90	Y	1595.60
565	15837		EXC EXCSV SKN&SUBQ TISS W/LIPC F/ARM/HAND	18.22	1521.37		90	N	1595.60
566	15838		EXC EXCSV SKN&SUBQ TISS W/LIPC SUBMENTAL FAT PAD	13.63	1138.11		90	Y	1595.60
567	15839		EXC EXCSV SKN&SUBQ TISS W/LIPC OTH AREA	19.47	1625.75		90	N	1595.60
568	15840		GRF FACIAL NRV PALYSS FR FSCA GRF W/OBTG FSCA	24.27	2026.55		90	Y	2182.33
569	15841		GRF FACIAL NRV PALYSS FR MUSC GRF W/OBTG GRF	40.24	3360.04		90	Y	2182.33
570	15842		GRF FACIAL NRV PALYSS FR MUSC FLAP MICROSURG TQ	64.12	5354.02		90	Y	2182.33
571	15845		GRF FACIAL NRV PALYSS REGIONAL MUSC TR	22.64	1890.44		90	Y	2182.33
572	15847		EXC EXCESSIVE SKIN & SUBQ TISSUE ABD	9.81	819.47		0	Y	2132.75
573	15850		RMVL SUTRS UNDER ANES SM SURGEON	2.22	185.37		0	N	255.17
574	15851		RMVL SUTRS UNDER ANES OTH SURGEON	2.42	202.07		0	N	255.17
575	15852		DR CHNG UNDER ANES	1.17	97.70		0	N	61.03
576	15860		IV NJX AGT TST VASC FLO FLAP/GRF	2.78	232.13		0	N	61.03

	A	B	C	D	E	F	G	H	I
577	15876		SUCJ ASSTD LIPECTOMY HEAD&NCK	BR	BR		0	N	2182.33
578	15877		SUCJ ASSTD LIPECTOMY TRNK	BR	BR		0	N	2182.33
579	15878		SUCJ ASSTD LIPECTOMY UXTR	BR	BR		0	N	2182.33
580	15879		SUCJ ASSTD LIPECTOMY LXTR	BR	BR		0	N	2182.33
581	15920		EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	14	1169.00		90	N	397.82
582	15922		EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	17.81	1487.14		90	Y	2182.33
583	15931		EXC SAC PR ULC W/PRIM SUTR	15.86	1324.31		90	N	2132.75
584	15933		EXC SAC PR ULC W/PRIM SUTR W/OSTC	19.69	1644.12		90	Y	2132.75
585	15934		EXC SAC PR ULC W/SKN FLAP CLSR	21.93	1831.16		90	N	2182.33
586	15935		EXC SAC PR ULC W/SKN FLAP CLSR W/OSTC	26.44	2207.74		90	Y	2182.33
587	15936		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	21.57	1801.10		90	N	1463.98
588	15937		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	25.21	2105.04		90	Y	2182.33
589	15940		EXC ISCHIAL PR ULC W/PRIM SUTR	16.51	1378.59		90	N	2132.75
590	15941		EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	21.92	1830.32		90	Y	2132.75
591	15944		EXC ISCHIAL PR ULC W/SKN FLAP CLSR	21.25	1774.38		90	Y	2182.33
592	15945		EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTC	23.62	1972.27		90	Y	2182.33
593	15946		EXC ISCHIAL PR ULC W/OSTC MUSC/MYOQ FLAP/SKN	38.92	3249.82		90	Y	2182.33
594	15950		EXC TRCHNTRIC PR ULC W/PRIM SUTR	13.57	1133.10		90	N	2132.75
595	15951		EXC TRCHNTRIC PR ULC W/PRIM SUTR W/OSTC	19.67	1642.45		90	Y	2132.75
596	15952		EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR	20.31	1695.89		90	Y	1463.98
597	15953		EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTC	22.9	1912.15		90	N	1463.98
598	15956		EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKN	27.67	2310.45		90	Y	1463.98
599	15958		EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKN W/OSTC	28.05	2342.18		90	Y	1463.98
600	15999		UNLIS PX EXC PR ULC	BR	BR		0	N	397.82
601	16000		1ST TX 1ST DGR BRN NO > LOCAL TX IS REQUIRED	1.71	142.79		0	N	80.15
602	16020		DRS&/DBRDMT PRTL-THKNS BRNS 1ST/SBSQ SM	2.05	171.18		0	N	140.54
603	16025		DRS&/DBRDMT PRTL-THKNS BRNS 1ST/SBSQ MEDIUM	3.57	298.10		0	N	140.54
604	16030		DRS&/DBRDMT PRTL-THKNS BRNS 1ST/SBSQ LG	4.23	353.21		0	N	140.54
605	16035		ESCHAROTOMY 1ST INC	5.33	445.06		90	N	140.54
606	16036		ESCHAROTOMY EA INC	2.12	177.02		0	N	2097.37
607	17000		DSTRJ ALL PRMLG 1ST LES	1.67	139.45		10	N	80.15
608	17003		DSTRJ ALL PRMLG 2-14 EA	0.18	15.03		0	N	40.45
609	17004		DSTRJ ALL PRMLG <SK TGS/CUTAN VASC 15>	4.08	340.68		10	N	255.17
610	17106		DSTRJ CUTAN VASC PRLF < 10 CM	9.14	763.19		90	N	255.17
611	17107		DSTRJ CUTAN VASC PRLF 10.0-50.0 CM	16.14	1347.69		90	N	255.17
612	17108		DSTRJ CUTAN VASC PRLF > 50.0 CM	21.77	1817.80		90	Y	255.17
613	17110		DSTRJ B9 SK TGS/CUTAN VASC UP 14 <	2.31	192.89		10	N	80.15
614	17111		DSTRJ B9 SK TGS/CUTAN VASC 15/>	2.73	227.96		10	N	140.54
615	17250		CHEM CAUT GRANLTJ TISS PROUD FLESH SINUS/FSTL	1.76	146.96		0	N	140.54
616	17260		DSTRJ MAL LES T/A/L LES DIAM 0.5 CM/<	2.2	183.70		10	N	140.54
617	17261		DSTRJ MAL LES T/A/L LES DIAM 0.6-1.0 CM	2.96	247.16		10	N	140.54
618	17262		DSTRJ MAL LES T/A/L LES DIAM 1.1-2.0 CM	3.63	303.11		10	N	140.54
619	17263		DSTRJ MAL LES T/A/L LES DIAM 2.1-3.0 CM	4.01	334.84		10	N	140.54
620	17264		DSTRJ MAL LES T/A/L LES DIAM 3.1-4.0 CM	4.33	361.56		10	N	140.54
621	17266		DSTRJ MAL LES T/A/L LES DIAM > 4.0 CM	4.98	415.83		10	N	255.17
622	17270		DSTRJ MAL LES S/N/H/F/G LES DIAM 0.5 CM/<	3.15	263.03		10	N	140.54
623	17271		DSTRJ MAL LES S/N/H/F/G LES DIAM 0.6-1.0 CM	3.42	285.57		10	N	140.54
624	17272		DSTRJ MAL LES S/N/H/F/G LES DIAM 1.1-2.0 CM	3.92	327.32		10	N	140.54

	A	B	C	D	E	F	G	H	I
625	17273		DSTRJ MAL LES S/N/H/F/G LES DIAM 2.1-3.0 CM	4.4	367.40		10	N	255.17
626	17274		DSTRJ MAL LES S/N/H/F/G LES DIAM 3.1-4.0 CM	5.29	441.72		10	N	255.17
627	17276		DSTRJ MAL LES S/N/H/F/G LES DIAM > 4.0 CM	6.25	521.88		10	N	255.17
628	17280		DSTRJ MAL LES F/E/E/N/L/M LES DIAM 0.5 CM/<	2.92	243.82		10	N	140.54
629	17281		DSTRJ MAL LES F/E/E/N/L/M LES DIAM 0.6-1.0 CM	3.75	313.13		10	N	255.17
630	17282		DSTRJ MAL LES F/E/E/N/L/M LES DIAM 1.1-2.0 CM	4.34	362.39		10	N	255.17
631	17283		DSTRJ MAL LES F/E/E/N/L/M LES DIAM 2.1-3.0 CM	5.31	443.39		10	N	255.17
632	17284		DSTRJ MAL LES F/E/E/N/L/M LES DIAM 3.1-4.0 CM	6.24	521.04		10	N	255.17
633	17286		DSTRJ MAL LES F/E/E/N/L/M LES DIAM > 4.0 CM	8.1	676.35		10	N	255.17
634	17311		CHMSRG MOHS MG TQ H/N/H/F/G 1ST STAG 5 BLOCKS	16.61	1386.94		0	N	449.90
635	17312		CHMSRG MOHS MG TQ H/N/H/F/G EA ADDL STAG	10.02	836.67		0	N	449.90
636	17313		CHMSRG MOHS MG TQ T/A/L 1ST STAG 5 BLOCKS	15.17	1266.70		0	N	449.90
637	17314		CHMSRG MOHS MG TQ T/A/L EA ADDL STAG	9.28	774.88		0	N	449.90
638	17315		CHMSRG MOHS MG TQ T/A/L EA ADDL ANY STAG	1.96	163.66		0	N	449.90
639	17340		CRTX CO2 SLUSH LIQ N2 ACNE	1.09	91.02		10	N	80.15
640	17360		CHEM EXFOLIATION ACNE	2.9	242.15		10	N	80.15
641	17380		ELECTROLSS EPILATION EA 1/2 HR	1.19	99.53		0	N	80.15
642	17999		UNLIS PX SKN MUC MEMB&SUBQ TISS	BR	BR		0	N	40.45
643	19000		PNXR ASPIR CST BRST	2.78	232.13		0	N	419.39
644	19001		PNXR ASPIR CST BRST EA CST	0.67	55.95		0	N	137.80
645	19020		MASTOTOMY W/EXPL/DRG ABSC DP	10.2	851.70		90	N	1769.66
646	19030		NJX PX ONLY MAM DUXO/GLCTO	4.23	353.21		0	N	
647	19100		BX BRST PRQ NDL CORE X W/IMG GDN SPX	3.37	281.40		0	N	419.39
648	19101		BX BRST OPN INCAL	7.72	644.62		10	N	2257.10
649	19102		BX BRST PRQ NDL CORE W/IMG GDN	5.62	469.27		0	N	712.60
650	19103		BREAST BIOPSY THROUGH SKIN WITH SAMPLING DEVICE	14.63	1221.61		0	N	1413.47
651	19105		ABLTJ CRYOSURGICAL W/ US GID EA FIBROADENOMA	49.55	4137.43		0	N	3115.54
652	19110		NPPL EXPL +EXC SLTRY LACTF DUX/PAPLM LACTF DUX	10.41	869.24		90	N	2257.10
653	19112		EXC LACTF DUX FSTL	9.93	829.16		90	N	2257.10
654	19120		EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LES	10.65	889.28		90	N	2257.10
655	19125		EXC BRST LES PREOP PLMT RAD MARKER OPN 1 LES	11.7	976.95		90	N	2257.10
656	19126		EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	3.96	330.66		0	N	2257.10
657	19260		EXC CH WAL TUM RIB	28.9	2413.15		90	Y	1595.60
658	19271		EXC CH WAL TUM RIB W/RCNSTJ W/O MEDSTNL LMPHADEC	39.72	3316.62		90	Y	2097.37
659	19272		EXC CH WAL TUM RIB W/RCNSTJ W/MEDSTNL LMPHADEC	43.77	3654.80		90	Y	2097.37
660	19290		PREOP PLMT NDL LOCLZJ WIRE BRST	4.02	335.67		0	N	
661	19291		PREOP PLMT NDL LOCLZJ WIRE BRST EA LES	1.78	148.63		0	N	
662	19295		IMAGE GID PLMT MTLC LOCLZJ CLIP PRQ BRST BX	2.58	215.43		0	Y	
663	19296		PLMT RADTHX BALO CATH BRST NTRSTL PRTL MAST	118.54	9898.09		0	N	5309.79
664	19297		PLMT RADTHX BALO CATH BRST NTRSTL PRTL MAST IMG	2.32	193.72		0	N	5309.79
665	19298		PLMT RADTHX BRACHYTX BRST NTRSTL PRTL MAST IMG	43.22	3608.87		0	N	5309.79
666	19300		MAST GYNECOMASTIA	12.71	1061.29		90	N	2257.10
667	19301		MAST PRTL	9.68	808.28		90	Y	2257.10
668	19302		MAST PRTL W/AX LMPHADEC	20.57	1717.60		90	Y	3829.95
669	19303		MAST SMPL COMPL	20.79	1735.97		90	Y	3115.54
670	19304		MAST SUBQ	12.86	1073.81		90	Y	3115.54
671	19305		MAST RAD W/PECTORAL MUSC AX LYMPH NOD	25.44	2124.24		90	Y	2097.37
672	19306		MAST RAD W/PECT/AL MUSC AX INT MAMMARY LYMPH NOD	26.46	2209.41		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
673	19307		MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	26.61	2221.94		90	Y	3829.95
674	19316		MASTOPEXY	18.97	1584.00		90	Y	3115.54
675	19318		RDCTJ MAMMAPLASTY	28.18	2353.03		90	Y	3829.95
676	19324		MAMMAPLASTY AGMNTJ W/O PROSTC IMPLT	11.66	973.61		90	N	3829.95
677	19325		MAMMAPLASTY AGMNTJ W/PROSTC IMPLT	15.54	1297.59		90	N	5309.79
678	19328		RMVL NTC MAM IMPLT	11.67	974.45		90	N	3115.54
679	19330		RMVL MAM IMPLT MATRL	14.92	1245.82		90	N	3115.54
680	19340		IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	9.81	819.14		0	N	3829.95
681	19342		DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	21.99	1836.17		90	Y	5309.79
682	19350		NPPL/AREOLA RCNSTJ	22.4	1870.40		90	N	2257.10
683	19355		CORRJ INVERTED NPPLS	18.1	1511.35		90	N	3115.54
684	19357		BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	37.13	3100.36		90	Y	5309.79
685	19361		BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL	37.42	3124.57		90	Y	2097.37
686	19364		BRST RCNSTJ W/FR FLAP	67.92	5671.32		90	Y	2097.37
687	19366		BRST RCNSTJ W/OTH TQ	34.03	2841.51		90	Y	3115.54
688	19367		BRST RCNSTJ TRAM FLAP 1 PEDCL CLSR DON SIT	44.42	3709.07		90	Y	2097.37
689	19368		BRST RCNSTJ TRAMFLAP 1 PEDCL CLSR DON SIT MVASC	54.66	4564.11		90	Y	2097.37
690	19369		BRST RCNSTJ TRAM FLAP 2 PDCL W/CLSR DON SIT	50.31	4200.89		90	Y	2097.37
691	19370		OPN PRIPROSTC CAPSUL BRST	16.31	1361.89		90	N	3115.54
692	19371		PRIPROSTC CAPSLCTOMY BRST	18.84	1573.14		90	N	3115.54
693	19380		REVJ RCNSTED BRST	18.36	1533.06		90	N	3829.95
694	19396		PREPJ MOULAGE CUSTOM BRST IMPLT	4.2	350.70		0	N	3115.54
695	19499		UNLIS PX BRST	BR	BR		0	N	2257.10
696	20000		INC SOFT TISS ABSC SUPFC	4.88	407.48		10	N	132.75
697	20005		INC SOFT TISS ABSC DP/COMP	7.19	600.37		10	N	2007.54
698	20100		EXPL PENTRG WND SPX NCK	14.76	1232.46		10	Y	694.83
699	20101		EXPL PENTRG WND SPX CH	9.37	782.40		10	N	2182.33
700	20102		EXPL PENTRG WND SPX ABD/FLANK/BK	11.36	948.56		10	Y	2182.33
701	20103		EXPL PENTRG WND SPX XTR	13.89	1159.82		10	Y	1150.97
702	20150		EXC EPIPHYSL BAR +AUTOG SOFT TISS GRF SM FSCAL	22.4	1870.40		90	Y	4247.50
703	20200		BX MUSC SUPFC	4.6	384.10		0	N	1595.60
704	20205		BX MUSC DP	6.31	526.89		0	N	1595.60
705	20206		BX MUSC PRQ NDL	7.08	591.18		0	N	712.60
706	20220		BX B1 TROCAR/NDL SUPFC	5.29	441.72		0	N	748.01
707	20225		BX B1 TROCAR/NDL DP	23.39	1953.07		0	N	1595.60
708	20240		BX B1 OPN SUPFC	5.8	484.30		10	N	2132.75
709	20245		BX B1 OPN DP	15.58	1300.93		10	N	2132.75
710	20250		BX VRT BDY OPN THRC	9.22	769.87		10	Y	2007.54
711	20251		BX VRT BDY OPN LMBR/CRV	10.37	865.90		10	Y	2007.54
712	20500		NJX SINUS TRC THER SPX	3.25	271.38		10	N	694.83
713	20501		NJX SINUS TRC DX SINOGRAM	3.46	288.91		0	N	
714	20520		RMVL FB MUSC/TDN SHTH SMPL	4.72	394.12		10	N	397.82
715	20525		RMVL FB MUSC/TDN SHTH DP/COMP	12.29	1026.22		10	N	2132.75
716	20526		NJX THER CARPL TUNNEL	1.91	181.45		0	N	233.06
717	20550		NJX 1 TDN SHTH/LIGM APONEUROSIS	1.45	121.08		0	N	233.06
718	20551		NJX 1 TDN ORIGIN/INSJ	1.42	118.57		0	N	233.06
719	20552		NJX 1/MLT TRIGGER POINT 1/2 MUSC	1.33	111.06		0	N	233.06
720	20553		NJX 1/MLT TRIGGER POINT 3/> MUSC	1.49	124.42		0	N	233.06

	A	B	C	D	E	F	G	H	I
721	20555		PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	7.89	662.76		0	N	2897.26
722	20600		ARTHROCNTS ASPIR&/NJX SM JT/BURSA	1.33	111.06		0	N	233.06
723	20605		ARTHROCNTS ASPIR&/NJX INTRM JT/BURSA	1.45	137.75		0	N	233.06
724	20610		ARTHROCNTS ASPIR&/NJX MAJOR JT/BURSA	1.8	171.00		0	N	233.06
725	20612		ASPIR&/NJX GANGLION CST ANY LOCATION	1.44	120.24		0	N	233.06
726	20615		ASPIR&NJX TX B1 CST	5.58	465.93		10	N	419.39
727	20650		INSJ WIRE/PIN W/APPL SKEL TRACJ W/RMVL SPX	4.73	394.96		10	N	2007.54
728	20660		APPL CRNL TNG CALIPR/STRTCTC FRAME W/RMVL SPX	5.99	500.17		0	N	437.22
729	20661		APPL HALO RMVL CRNL	10.95	914.33		90	N	2097.37
730	20662		APPL HALO RMVL PEL	11.55	964.43		90	Y	2007.54
731	20663		APPL HALO RMVL FEM	10.91	910.99		90	Y	2007.54
732	20664		APPL HALO RMVL CRNL 6/> PINS THIN SKL OSTLG ANES	17.95	1498.83		90	N	2097.37
733	20665		RMVL TNG/HALO APPLIED AXH PHYS	3.37	281.40		10	N	61.03
734	20670		RMVL IMPLT SUPFC SPX	12.18	1017.03		10	N	1595.60
735	20680		RMVL IMPLT DP	14.5	1210.75		90	Y	2132.75
736	20690		APPL UNIPLNE UNI XTRNL FIXJ SYS	6.35	530.23		90	N	2897.26
737	20692		APPL MULTIPLNE UNI XTRNL FIXJ SYS	10.46	873.41		90	Y	2897.26
738	20693		ADJUSTMENT/REVJ XTRNL FIXJ SYS REQ ANES	11.57	966.10		90	N	2007.54
739	20694		RMVL UNDER ANES XTRNL FIXJ SYS	11.18	933.53		90	N	2007.54
740	20696		XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST&SUBQ	27.03	2257.01	0.00	90	Y	2897.26
741	20697		XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	35.08	2929.18	0.00	0	Y	1677.55
742	20802		RPLJ ARM W/N/H/E JT COMPL AMP	63.77	5324.80		90	Y	2097.37
743	20805		RPLJ F/ARM W/RDS/U R/CJT COMPL AMP	83.11	6939.69		90	Y	2097.37
744	20808		RPLJ HAND W/HAND THRU MTCARPHLNGL JTS COMPL AMP	104.94	8762.49		90	Y	2097.37
745	20816		RPLJ DGT EX THMB MTCARPHLNGL JT COMPL AMP	67.58	5642.93		90	Y	2097.37
746	20822		RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	59.53	4970.76		90	Y	2574.99
747	20824		RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMP	67.06	5599.51		90	Y	2097.37
748	20827		RPLJ THMB DSTL TIP MP JT COMPL AMP	61.55	5139.43		90	Y	2097.37
749	20838		RPLJ FOOT COMPL AMP	59.49	4967.42		90	Y	2097.37
750	20900		OBTAINING SMALL AMOUNT OF BONE FOR GRAFT	14.78	1234.13		90	Y	2897.26
751	20902		B1 GRF ANY DON AREA MAJOR/LG	15.11	1261.69		90	Y	2897.26
752	20910		CRTLG GRF COSTOCHONDRAL	10.64	888.44		90	Y	2182.33
753	20912		CRTLG GRF NSL SEPTUM	11.99	1001.17		90	N	2182.33
754	20920		FSCA LATA GRF STRIPPR	9.8	818.30		90	N	1463.98
755	20922		FSCA LATA GRF INC&AREA EXPOS CPLX/SHEET	14.4	1202.40		90	Y	1463.98
756	20924		TDN GRF FROM DISTANCE	12.64	1055.44		90	Y	2897.26
757	20926		TISS GRFS OTH	10.67	890.95		90	N	404.76
758	20930		ALGRFT SPI SURG ONLY MORSELIZED	3.23	269.29		0	N	2097.37
759	20931		ALGRFT SPI SURG ONLY STRUCTURAL	2.93	278.35		0	N	2097.37
760	20936		AGRFT SPI SURG ONLY LOCAL OBT FROM SM INC	4.91	409.73		0	Y	2097.37
761	20937		AGRFT SPI SURG ONLY MORSELIZED SEP INC	4.42	369.07		0	Y	2097.37
762	20938		AGRFT SPI SURG ONLY BICORT/TRICORT SEP INC	4.83	403.31		0	Y	2097.37
763	20950		MNTR NTRSTL FLU PRESS DEV CMPRT SYND	7.5	626.25		0	N	132.75
764	20955		B1 GRF W/MVASC ANAST FIBULA	63.72	5320.62		90	Y	2097.37
765	20956		B1 GRF W/MVASC ANAST ILIAC CREST	67.63	5647.11		90	Y	2097.37
766	20957		B1 GRF W/MVASC ANAST METAR	64.26	5365.71		90	Y	2097.37
767	20962		B1 GRF W/MVASC ANAST OTH/ILIAC CREST/METAR	67.1	5602.85		90	Y	2097.37
768	20969		FR OSTQ FLAP W/MVASC ANAST METAR/GRT TOE	70.54	5890.09		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
769	20970		FR OSTQ FLAP W/MVASC ANAST ILIAC CREST	70.6	5895.10		90	Y	2097.37
770	20972		FR OSTQ FLAP W/MVASC ANAST METAR	64.95	5423.33		90	Y	4789.83
771	20973		FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	70.46	5883.41		90	Y	4789.83
772	20974		ELEC STIMJ AID B1 HLG NONINVASIVE	1.44	120.24		0	N	
773	20975		ELEC STIMJ AID B1 HLG INVASIVE	4.51	376.59		0	Y	
774	20979		LW NTSTY US STIMJ AID B1 HLG NONINVASIVE	1.4	116.90		0	N	61.03
775	20982		ABLTJ B1 TUM RF PRQ CT GDN	108.99	9100.67		0	Y	4247.50
776	20985		CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	3.67	308.28		ZZZ	N	
777	20999		UNLIS PX MUSCSKEL SYS GENERAL	BR	BR		0	N	2007.54
778	21010		ARTHRT TMPRMAND JT	17.72	1479.62		90	Y	2276.44
779	21011		EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ < 2CM	8.49	708.92	0.00	90	Y	748.01
780	21012		EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2+CM	9.09	759.02	0.00	90	Y	748.01
781	21013		EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL < 2CM	13.18	1100.53	0.00	90	Y	748.01
782	21014		EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2+CM	14.03	1171.51	0.00	90	Y	748.01
783	21015		RAD RESCJ TUM SOFT TISS FACE/SCALP	10.58	883.43		90	Y	1595.60
784	21016		RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2+CM	28.2	2354.70	0.00	90	Y	2132.75
785	21025		EXC B1 MNDBL	23.6	1970.60		90	N	3919.59
786	21026		EXC B1 FACIAL B1	13.66	1140.61		90	N	3919.59
787	21029		RMVL CNTRG B9 TUM FACIAL B1	17.73	1480.46		90	Y	3919.59
788	21030		EXC B9 TUM/CST MAXL/ZYGOMA ENCL&CURTG	11.41	952.74		90	N	2276.44
789	21031		EXC TORUS MNDBLRIS	8.78	733.13		90	N	2276.44
790	21032		EXC MAX TORUS PALATINUS	8.94	746.49		90	N	2276.44
791	21034		EXC MAL TUM MAXL/ZYGOMA	32.43	2707.91		90	Y	3919.59
792	21040		EXC B9 TUM/CST MNDBL ENCL&/CURTG	11.47	957.75		90	N	2276.44
793	21044		EXC MAL TUM MNDBL	21.39	1786.07		90	Y	3919.59
794	21045		EXC MAL TUM MNDBL RAD RESCJ	29.64	2474.94		90	Y	2097.37
795	21046		EXC B9 TUM/CST MNDBL INTRA-ORAL OSTEOT	26.28	2194.38		90	N	3919.59
796	21047		EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDBLC	32.53	2716.26		90	Y	3919.59
797	21048		EXC B9 TUM/CST MAXL INTRA-ORAL OSTEOT	26.75	2233.63		90	N	3919.59
798	21049		EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLCT	30.83	2574.31		90	Y	3919.59
799	21050		CONDYLECTOMY TMPRMAND JT SPX	21	1753.50		90	Y	3919.59
800	21060		MENISCECTOMY PRTL/COMPL TMPRMAND JT SPX	19.55	1632.43		90	Y	3919.59
801	21070		CORONOIDECTOMY SPX	15.79	1318.47		90	Y	3919.59
802	21073		MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	8.86	744.24		90	N	694.83
803	21076		I&CUST PREP SURG OBTURATOR PROSTH	25.31	2113.39		10	Y	2276.44
804	21077		I&CUST PREP ORB PROSTH	63.06	5265.51		90	Y	3919.59
805	21079		I&CUST PREP INTERIM OBTURATOR PROSTH	42.83	3576.31		90	N	3919.59
806	21080		I&CUST PREP DEFINITIVE OBTURATOR PROSTH	48.68	4064.78		90	N	3919.59
807	21081		I&CUST PREP MNDBLR RESCJ PROSTH	44.2	3690.70		90	N	3919.59
808	21082		I&CUST PREP PALATAL AGMNTJ PROSTH	40.12	3350.02		90	Y	3919.59
809	21083		I&CUST PREP PALATAL LIFT PROSTH	38.01	3173.84		90	Y	3919.59
810	21084		I&CUST PREP SP AID PROSTH	43.33	3618.06		90	N	3919.59
811	21085		I&CUST PREP ORAL SURG SPLNT	17.3	1444.55		10	N	1567.36
812	21086		I&CUST PREP AUR PROSTH	47.14	3936.19		90	Y	3919.59
813	21087		I&CUST PREP NSL PROSTH	46.58	3889.43		90	N	3919.59
814	21088		I&CUST PREP FACIAL PROSTH	BR	BR		90	Y	3919.59
815	21089		UNLIS MAXLFCL PROSTC PX	BR	BR		0	N	105.07
816	21100		APPL HALO TYP APPLC MAXLFCL FIXJ RMVL SPX	16.53	1380.26		90	Y	3919.59

	A	B	C	D	E	F	G	H	I
817	21110		APPL NTRDNTL FIXJ DEV NON-FX DISLC W/RMVL	16.43	1371.91		90	N	694.83
818	21116		NJX TMPRMAND JT ARTHG	4.63	386.61		0	N	
819	21120		GENIOP AGMNTJ AGRFT ALGRFT PROSTC MATRL	15.55	1298.43		90	N	2276.44
820	21121		GENIOP SLIDING OSTEOT 1 PIECE	17.79	1485.47		90	Y	2276.44
821	21122		GENIOP SLIDING OSTEOT 2/> OSTEOT	17.2	1436.20		90	Y	2276.44
822	21123		GENIOP SLIDING AGMNTJ W/INTERPOSAL B1 GRFS	22.13	1847.86		90	Y	2276.44
823	21125		AGMNTJ MNDBLR BDY/ANGL PROSTC MATRL	68.95	5757.33		90	Y	2276.44
824	21127		AGMNTJ MNDBLR BDY/ANGL W/B1 GRF ONLAY/INTERPOSAL	66.44	5547.74		90	Y	3919.59
825	21137		RDCTJ FHD CNTRG ONLY	17.83	1488.81		90	Y	2276.44
826	21138		RDCTJ FHD CNTRG&APPL PROSTC MATRL/B1 GRF	22.56	1883.76		90	Y	3919.59
827	21139		RDCTJ FHD CNTRG&SETBK ANT FRNT SINUS WALL	25	2087.50		90	Y	3919.59
828	21141		RCNSTJ MDFC LEFT I 1 PIECE W/O B1 GRF	32.85	2742.98		90	Y	2097.37
829	21142		RCNSTJ MDFC LEFT I 2 PIECES W/O B1 GRF	32.64	2725.44		90	Y	2097.37
830	21143		RCNSTJ MDFC LEFT I 3/> PIECE W/O B1 GRF	33.25	2776.38		90	Y	2097.37
831	21145		RCNSTJ MDFC LEFT I 1 PIECE W/B1 GRFS	37.72	3149.62		90	Y	2097.37
832	21146		RCNSTJ MDFC LEFT I 2 PIECES W/B1 GRFS	38.96	3253.16		90	Y	2097.37
833	21147		RCNSTJ MDFC LEFT I 3/> PIECE W/B1 GRFS	40.09	3347.52		90	Y	2097.37
834	21150		RCNSTJ MDFC LEFT II ANT INTRUSION	41.58	3471.93		90	Y	3919.59
835	21151		RCNSTJ MDFC LEFT II DIRION W/B1 GRFS	48.36	4038.06		90	Y	2097.37
836	21154		RCNSTJ MDFC LEFT III W/B1 GRFS W/O LEFT I	53.21	4443.04		90	Y	2097.37
837	21155		RCNSTJ MDFC LEFT III W/B1 GRFS W/LEFT I	59.36	4956.56		90	Y	2097.37
838	21159		RCNSTJ MDFC LEFT III W/FHD W/B1 GRFS W/O LEFT I	72.37	6042.90		90	Y	2097.37
839	21160		RCNSTJ MDFC LEFT III W/FHD W/B1 GRFS W/LEFT I	73.01	6096.34		90	Y	2097.37
840	21172		RCNSTJ SUPRIOR-LAT ORB RIM&LWR FHD	42.59	3556.27		90	Y	3919.59
841	21175		RCNSTJ BIFRNT SUPRIOR-LAT ORB RIMS&LWR FHD	51.55	4304.43		90	Y	3919.59
842	21179		RCNSTJ FHD&/SUPRAORB RIMS W/GRFS	36.46	3044.41		90	Y	2097.37
843	21180		RCNSTJ FHD&/SUPRAORB RIMS W/AGRFT	41.12	3433.52		90	Y	2097.37
844	21181		RCNSTJ CNTRG B9 TUM CRNL B1S XTRC	17.85	1490.48		90	Y	2276.44
845	21182		RCNSTJ ORBIT/FHD/NASETHMD EXC B9 TUM GRF <40 CM	49.93	4169.16		90	Y	2097.37
846	21183		RCNSTJ ORBIT/FHD/NASETHMD EXC B9 GRF >40 <80 CM	55.99	4675.17		90	Y	2097.37
847	21184		RCNSTJ ORBIT/FHD/NASETHMD EXC B9 TUM GRF>80 CM	62.15	5189.53		90	Y	2097.37
848	21188		RCNSTJ MDFC OSTEOT&B1 GRFS	40.25	3360.88		90	Y	2097.37
849	21193		RCNSTJ MNDBLR RAMI HRZNTL VER C/L OSTEOT W/O B1	30.98	2586.83		90	Y	2097.37
850	21194		RCNSTJ MNDBLR RAMI HRZNTL VER C/L OSTEOT W/B1	34.58	2887.43		90	Y	2097.37
851	21195		RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/O INT RGD	33.1	2763.85		90	Y	3919.59
852	21196		RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FIXJ	35.68	2979.28		90	Y	2097.37
853	21198		OSTEOT MNDBL SGMTL	27.69	2312.12		90	Y	3919.59
854	21199		OSTEOT MNDBL SGMTL W/GENIOGLOSSUS ADVMNT	24.91	2079.99		90	Y	3919.59
855	21206		OSTEOT MAXL SGMTL	27.43	2290.41		90	Y	3919.59
856	21208		OSTPL FACIAL B1S AGMNTJ ALGRFT/PROSTC IMPLT	35.97	3003.50		90	Y	3919.59
857	21209		OSTPL FACIAL B1S RDCTJ	18.92	1579.82		90	Y	3919.59
858	21210		GRF B1 NSL MAX/MALAR AREAS	41.13	3434.36		90	N	3919.59
859	21215		GRF B1 MNDBL	65.22	5445.87		90	N	3919.59
860	21230		GRF RIB CRTLG AUTOG F/C/N/E	19.01	1587.34		90	Y	3919.59
861	21235		GRF EAR CRTLG AUTOG NOSE/EAR	17.03	1422.01		90	N	2276.44
862	21240		ARTHRP TMPRMAND JT +AGRFT	27.88	2327.98		90	Y	3919.59
863	21242		ARTHRP TMPRMAND JT W/ALGRFT	25.54	2132.59		90	Y	3919.59
864	21243		ARTHRP TMPRMAND JT W/PROSTC JT RPLCMT	41.49	3464.42		90	Y	3919.59

	A	B	C	D	E	F	G	H	I
865	21244		RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL B1 PLATE	25.1	2095.85		90	Y	3919.59
866	21245		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLT PRTL	26.94	2249.49		90	Y	3919.59
867	21246		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLT COMPL	21.32	1780.22		90	Y	3919.59
868	21247		RCNSTJ MNDBLR CONDYLE W/B1 CARTLG AGRFTS	40.51	3382.59		90	Y	2097.37
869	21248		RCNSTJ MNDBL/MAXL ENDOSTEAL IMPLT PRTL	25.09	2095.02		90	N	3919.59
870	21249		RCNSTJ MNDBL/MAXL ENDOSTEAL IMPLT COMPL	35.79	2988.47		90	Y	3919.59
871	21255		RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/B1 CARTLG	34.19	2854.87		90	Y	2097.37
872	21256		RCNSTJ ORBIT W/OSTEOT&W/B1 GRFS	28.53	2382.26		90	Y	3919.59
873	21260		PRI/BITAL OSTEOT HYPTLSM W/B1 GRFS XTRC	28.85	2408.98		90	Y	3919.59
874	21261		PRI/BITAL OSTEOT HYPTLSM W/B1 GRFS INTRA-&XTRC	55.66	4647.61		90	Y	3919.59
875	21263		PRI/BITAL OSTEOT HYPTLSM W/B1 GRFS W/FHD	48.06	4013.01		90	Y	3919.59
876	21267		ORB RPSG OSTEOT UNI W/B1 GRFS XTRC	39.01	3257.34		90	Y	3919.59
877	21268		ORB RPSG OSTEOT UNI W/B1 GRFS INTRA-&XTRC	46.92	3917.82		90	Y	2097.37
878	21270		MALAR AGMNTJ PROSTC MATRL	21.73	1814.46		90	Y	3919.59
879	21275		SEC REVJ ORBITOCRANFCL RCNSTJ	19.79	1652.47		90	Y	3919.59
880	21280		MEDIAL CANTHOPEXY SPX	12.56	1048.76		90	N	3919.59
881	21282		LAT CANTHOPEXY	8.4	701.40		90	N	1567.36
882	21295		RDCTJ MASSETER MUSC&B1 XTRORAL APPR	4.35	363.23		90	Y	694.83
883	21296		RDCTJ MASSETER MUSC&B1 INTRAORAL APPR	9.6	801.60		90	Y	2276.44
884	21299		UNLIS CRANFCL&MAXLFCL PX	BR	BR		0	N	105.07
885	21310		CLTX NSL B1 FX W/O MNPJ	2.77	231.30		0	N	105.07
886	21315		CLTX NSL B1 FX W/O STABLJ	6.03	503.51		10	N	1567.36
887	21320		CLTX NSL B1 FX W/STABLJ	5.8	484.30		10	N	1567.36
888	21325		OPTX NSL FX UNCOMP	12.13	1012.86		90	N	2276.44
889	21330		OPTX NSL FX COMP W/INT&/XTRNL SKEL FIXJ	14.83	1238.31		90	Y	2276.44
890	21335		OPTX NSL FX W/CONCOMITANT OPTX FXD SEPTUM	17.93	1497.16		90	N	2276.44
891	21336		OPTX NSL SEPTAL FX +STABLJ	15.72	1312.62		90	N	2356.77
892	21337		CLTX NSL SEPTAL FX +STABLJ	9.28	774.88		90	N	1567.36
893	21338		OPTX NASOETHMOID FX W/O XTRNL FIXJ	19.85	1657.48		90	Y	2276.44
894	21339		OPTX NASOETHMOID FX W/XTRNL FIXJ	21.64	1806.94		90	Y	2276.44
895	21340		PRQ NASOETHMOID CPLX SPLNT WIRE/HDCP FIXJ	19.44	1623.24		90	Y	3919.59
896	21343		OPTX DEPRS FRNT SINUS FX	28.93	2415.66		90	Y	2097.37
897	21344		OPTX COMP FRNT SINUS FX VIA CORONAL/MLT APPR	37.37	3120.40		90	Y	2097.37
898	21345		CLTX NASOMAX CPLX FX LEFT II TYP W/NTRDNTL FIXJ	18.72	1563.12		90	Y	2276.44
899	21346		OPTX NASOMAX CPLX FX LEFT II TYP W/WIRG&FIXJ	23.23	1939.71		90	Y	2097.37
900	21347		OPTX NASOMAX CPLX FX LEFT II TYP REQ MLT OPN	28.57	2385.60		90	Y	2097.37
901	21348		OPTX NASOMAX CPLX FX LEFT II TYP W/B1 GRFG	28.01	2338.84		90	Y	2097.37
902	21355		PRQ TX FX MALAR AREA W/ZYGMTC ARCH&MALAR TRIPOD	10.31	860.89		10	Y	3919.59
903	21356		OPTX DEPRS ZYGMTC ARCH FX	11.74	980.29		10	Y	2276.44
904	21360		OPTX DEPRS MALAR FX W/ZYGMTC ARCH&MALAR TRIPOD	12.85	1072.98		90	Y	2276.44
905	21365		OPTX COMP FX MALAR AREA W/ZYGMTC ARCH W/INT FX	26.96	2251.16		90	Y	3919.59
906	21366		OPTX COMP FX MALAR AREA W/ZYGMTC ARCH W/B1 GRF	30.19	2520.87		90	Y	2097.37
907	21385		OPTX ORB FLOOR BLWT FX TRANSANTRAL APPR CALDWELL	17.44	1456.24		90	Y	3919.59
908	21386		OPTX ORB FLOOR BLWT FX PRI/BITAL APPR	16.25	1356.88		90	Y	3919.59
909	21387		OPTX ORB FLOOR BLWT FX CMBN APPR	18.63	1555.61		90	Y	3919.59
910	21390		OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	18.5	1544.75		90	Y	3919.59
911	21395		OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/B1 GRF	23.35	1949.73		90	Y	2097.37
912	21400		CLTX FX ORBIT XCP BLWT W/O MNPJ	4.09	341.52		90	N	694.83

	A	B	C	D	E	F	G	H	I
913	21401		CLTX FX ORBIT XCP BLWT W/MNPJ	11.39	951.07		90	Y	1567.36
914	21406		OPTX FX ORBIT XCP BLWT W/O IMPLT	13.15	1098.03		90	Y	3919.59
915	21407		OPTX FX ORBIT XCP BLWT W/IMPLT	15.59	1301.77		90	Y	3919.59
916	21408		OPTX FX ORBIT XCP BLWT W/B1 GRFG	21.52	1796.92		90	Y	3919.59
917	21421		CLTX PALATAL/MAX FX LEFT I TYP FIXJ/SPLNT	15.98	1334.33		90	Y	2276.44
918	21422		OPTX PALATAL/MAX FX LEFT I TYP	16.52	1379.42		90	Y	2097.37
919	21423		OPTX PALATAL/MAX FX LEFT I TYP COMP MLT APPR	19.74	1648.29		90	Y	2097.37
920	21431		CLTX CRANFCL SEP LEFT III TYP W/FIXJ/SPLNT	17.15	1432.03		90	Y	2097.37
921	21432		OPTX CRANFCL SEP LEFT III TYP W/WIRG&/INT FIXJ	16.55	1381.93		90	Y	2097.37
922	21433		OPTX CRANFCL SEP LEFT III TYP COMP MLT APPR	41.73	3484.46		90	Y	2097.37
923	21435		OPTX CRANFCL SEP LEFT III TYP COMP W/INT&/XTRNL	32.21	2689.54		90	Y	2097.37
924	21436		OPTX CRANFCL SEP LEFT III TYP COMP INT FIXJ W/B1	47.37	3955.40		90	Y	2097.37
925	21440		CLTX MNDBLR/MAX ALVEOLAR RIDGE FX SPX	11.23	937.71		90	Y	2276.44
926	21445		OPTX MNDBLR/MAX ALVEOLAR RIDGE FX SPX	16.65	1390.28		90	Y	2276.44
927	21450		CLTX MNDBLR FX W/O MNPJ	11.65	972.78		90	Y	312.33
928	21451		CLTX MNDBLR FX W/MNPJ	15.79	1318.47		90	Y	694.83
929	21452		PRQ TX MNDBLR FX W/XTRNL FIXJ	15.03	1255.01		90	Y	1567.36
930	21453		CLTX MNDBLR FX W/NTRDNTL FIXJ	18.25	1523.88		90	Y	3919.59
931	21454		OPTX MNDBLR FX W/XTRNL FIXJ	13.41	1119.74		90	Y	2276.44
932	21461		OPTX MNDBLR FX W/O NTRDNTL FIXJ	37.78	3154.63		90	Y	3919.59
933	21462		OPTX MNDBLR FX W/NTRDNTL FIXJ	42.26	3528.71		90	Y	3919.59
934	21465		OPTX MNDBLR CONDYLAR FX	22.54	1882.09		90	Y	3919.59
935	21470		OPTX COMP MNDBLR FX MLT SURG W/INT FIXJ	29.06	2426.51		90	Y	3919.59
936	21480		CLTX TMPRMAND DISLC 1ST/SBSQ	2.31	192.89		0	N	105.07
937	21485		CLTX TMPRMAND DISLC COMP 1ST/SBSQ	13.84	1155.64		90	N	1567.36
938	21490		OPTX TMPRMAND DISLC	22.66	1892.11		90	Y	3919.59
939	21495		OPTX HYOID FX	15.08	1259.18		90	Y	1567.36
940	21497		NTRDNTL WIRG CONDITION OTH/THN FX	13.83	1154.81		90	Y	1567.36
941	21499		UNLIS MUSCSKEL PX HEAD	BR	BR		0	N	105.07
942	21501		I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX	10.32	861.72		90	N	1769.66
943	21502		I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RIB	13.07	1091.35		90	Y	2007.54
944	21510		INC DP W/OPNG B1 CORTEX THORAX	11.68	975.28		90	Y	2097.37
945	21550		BX SOFT TISS NCK/THORAX	5.78	482.63		10	N	1595.60
946	21552		EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ 3+CM	12.14	1013.69	0.00	90	Y	2132.75
947	21554		EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5+CM	19.92	1663.32	0.00	90	Y	2132.75
948	21555		EXC TUM SOFT TISS NCK/THORAX SUBQ	10.09	842.52		90	N	1595.60
949	21556		EXC TUM SOFT TISS NCK/THORAX DP SUBFSCAL IM	9.79	817.47		90	N	2132.75
950	21557		RAD RESCJ TUM SOFT TISS NCK/THORAX	14.22	1187.37		90	Y	1595.60
951	21558		RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5+CM	37.4	3122.90	0.00	90	Y	2132.75
952	21600		EXC RIB PRTL	13.16	1098.86		90	Y	2897.26
953	21610		COSTOTRANSVRSCTOMY SPX	25.95	2166.83		90	Y	2897.26
954	21615		EXC 1ST&/CRV RIB	17.1	1427.85		90	Y	2097.37
955	21616		EXC 1ST&/CRV RIB W/SYMPTH	20.95	1749.33		90	Y	2097.37
956	21620		OSTECTOMY STERNUM PRTL	13.12	1095.52		90	Y	2097.37
957	21627		STERNAL DBRDMT	13.62	1137.27		90	Y	2097.37
958	21630		RAD RESCJ STERNUM	31.26	2610.21		90	Y	2097.37
959	21632		RAD RESCJ STERNUM W/MEDSTNL LMPHADEC	30.94	2583.49		90	Y	2097.37
960	21685		HYOID MYOTOMY&SSP	23.93	1998.16		90	Y	694.83

	A	B	C	D	E	F	G	H	I
961	21700		DIV SCALENUS ANTICUS W/O RESCJ CRV RIB	10.26	856.71		90	Y	2007.54
962	21705		DIV SCALENUS ANTICUS RESCJ CRV RIB	15.63	1305.11		90	Y	2097.37
963	21720		DIV STRNCLDMSTD TICOLLIS OPN W/O CST APPL	8.99	750.67		90	Y	2007.54
964	21725		DIV STRNCLDMSTD TICOLLIS OPN CST APPL	12.83	1071.31		90	Y	132.75
965	21740		RCNSTV PECTUS EXCAVATM/CARINATM OPN	26.68	2227.78		90	Y	2097.37
966	21742		RCNSTV PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	26.64	2224.27		90	Y	4247.50
967	21743		RCNSTV PECTUS EXCAVATM/CARINATM MINLY INVASIVE	35.05	2926.68		90	Y	4247.50
968	21750		CLSR MEDIAN STERXOMY SEP +DBRDMT SPX	17.78	1484.63		90	Y	2097.37
969	21800		CLTX RIB FX UNCOMP EA	2.31	192.89		90	N	151.16
970	21805		OPTX RIB FX W/O FIXJ EA	6.18	516.03		90	Y	2356.77
971	21810		TX RIB FX REQ XTRNL FIXJ FLAIL CH	12.19	1017.87		90	Y	2097.37
972	21820		CLTX STERNUM FX	3.16	263.86		90	N	151.16
973	21825		OPTX STERNUM FX +SKEL FIXJ	14.15	1181.53		90	Y	2097.37
974	21899		UNLIS PX NCK/THORAX	BR	BR		0	N	105.07
975	21920		BX SOFT TISS BK/FLANK SUPFC	5.58	465.93		10	N	748.01
976	21925		BX SOFT TISS BK/FLANK DP	9.92	828.32		90	N	2132.75
977	21930		EXC TUM SOFT TISS BK/FLANK	11	918.50		90	N	1595.60
978	21931		EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ 3+CM	12.71	1061.29	0.00	90	Y	2132.75
979	21932		EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	18.25	1523.88	0.00	90	Y	1595.60
980	21933		EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5+CM	20.12	1680.02	0.00	90	Y	2132.75
981	21935		RAD RESCJ TUM SOFT TISS BK/FLANK	28.38	2369.73		90	N	1595.60
982	21936		RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5+CM	38.95	3252.33	0.00	90	Y	2132.75
983	22010		I&D OPN DP ABSC PST SPI CRV THRC/CERVICOTHRC	21.68	1810.28		90	N	2097.37
984	22015		I&D OPN DP ABSC PST SPI LMBR SAC/LUMBOSAC	21.5	1795.25		90	N	2097.37
985	22100		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	19.52	1629.92		90	Y	4488.88
986	22101		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	19.52	1629.92		90	Y	4488.88
987	22102		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	19.57	1634.10		90	Y	4488.88
988	22103		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	3.67	306.45		0	Y	4488.88
989	22110		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	24.34	2032.39		90	Y	2097.37
990	22112		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	24.21	2021.54		90	Y	2097.37
991	22114		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	24.33	2031.56		90	Y	2097.37
992	22116		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	3.69	308.12		0	Y	2097.37
993	22206		OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	56.54	4749.36		90	Y	2097.37
994	22207		OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	55.82	4688.88		90	Y	2097.37
995	22208		OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	14.31	1202.04		ZZZ	Y	2097.37
996	22210		OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM CRV	43.33	3618.06		90	Y	2097.37
997	22212		OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM THRC	35.65	2976.78		90	Y	2097.37
998	22214		OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM LMBR	36.13	3016.86		90	Y	2097.37
999	22216		OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	9.66	806.61		0	Y	2097.37
1000	22220		OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM CRV	39.1	3264.85		90	Y	2097.37
1001	22222		OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM THRC	36.09	3013.52		90	Y	4488.88
1002	22224		OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM LMBR	38.71	3232.29		90	Y	2097.37
1003	22226		OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	9.57	799.10		0	Y	2097.37
1004	22305		CLTX VRT PROCESS FX	4.53	378.26		90	N	151.16
1005	22310		CLTX VRT BDY FX W/O MNPJ REQ&W/CSTING/BRACING	6.67	556.95		90	N	437.22
1006	22315		CLTX VRT FX&/DISLC CSTING/BRACING MNPJ/TRCJ	20.49	1710.92		90	N	1677.55
1007	22318		OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRFG	38.96	3253.16		90	Y	2097.37
1008	22319		OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ GRF	43.25	3611.38		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
1009	22325		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LMBR	33.61	2806.44		90	Y	2097.37
1010	22326		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CRV	35.58	2970.93		90	Y	2097.37
1011	22327		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM THRC	34.81	2906.64		90	Y	2097.37
1012	22328		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA SGM	7.23	603.71		0	Y	2097.37
1013	22505		MNPJ SPI REQ ANES ANY REGION	3.01	251.34		10	N	1394.50
1014	22520		PRQ VRTPLS 1 VRT BDY UNI/BI NJX THRC	66.8	5577.80		10	Y	2897.26
1015	22521		PRQ VRTPLS 1 VRT BDY UNI/BI NJX LMBR	62.2	5193.70		10	N	2897.26
1016	22522		PRQ VRTPLS 1 VRT BDY UNI/BI NJX EA THRC/LMBR VRT	6.28	524.38		0	N	2897.26
1017	22523		PRQ VRT AGMNTJ MCHNL DEV 1 VRT BDY THRC	15.6	1302.60		10	N	8084.19
1018	22524		PRQ VRT AGMNTJ MCHNL DEV 1 VRT BDY LMBR	14.92	1245.82		10	N	8084.19
1019	22525		PRQ VRT AGMNTJ MCHNL DEV 1 VRT BDY EA THRC/LMBR	6.96	581.16		0	N	8084.19
1020	22526		PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LVL	53.13	4436.36		10	N	2097.37
1021	22527		PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	43.2	3607.20		0	N	2097.37
1022	22532		ARTHRD LAT XTRCVTRY MIN DSKC NTRSPC THRC	42.16	3520.36		90	Y	2097.37
1023	22533		ARTHRD LAT XTRCVTRY MIN DSKC NTRSPC LMBR	38.86	3244.81		90	Y	2097.37
1024	22534		ARTHRD LAT XTRCVTRY MIN DSKC NTRSPC THRC/LMBR EA	9.5	793.25		0	Y	2097.37
1025	22548		ARTHRD ANT TRANSORAL/XTRORAL C1-C2 +EXC ODNTD	45.45	3795.08		90	Y	2097.37
1026	22554		ARTHRD ANT NTRBDY MIN DSKC NTRSPC CRV BELW C2	32.21	3059.95		90	Y	2097.37
1027	22556		ARTHRD ANT NTRBDY MIN DSKC NTRSPC THRC	40.73	3400.96		90	Y	2097.37
1028	22558		ARTHRD ANT NTRBDY MIN DSKC NTRSPC LMBR	37	3515.00		90	Y	2097.37
1029	22585		ARTHRD ANT NTRBDY MIN DSKC NTRSPC EA NTRSPC	8.83	838.85		0	Y	2097.37
1030	22590		ARTHRD PST TQ CRANIOCRV OCCIPUT-C2	37.48	3129.58		90	Y	2097.37
1031	22595		ARTHRD PST TQ ATLAS-AXIS C1-C2	35.6	2972.60		90	Y	2097.37
1032	22600		ARTHRD PST/PSTLAT TQ 1 LVL CRV BELW C2 SGM	30.44	2541.74		90	Y	2097.37
1033	22610		ARTHRD PST/PSTLAT TQ 1 LVL THRC	30.19	2520.87		90	Y	2097.37
1034	22612		ARTHRD PST/PSTLAT TQ 1 LVL LMBR	39.33	3736.35		90	Y	4488.88
1035	22614		ARTHRD PST/PSTLAT TQ 1 LVL EA VRT SGM	10.31	979.45		0	Y	4488.88
1036	22630		ARTHRD PST NTRBDY LAM&/DSKC NTRSPC 1 LMBR	37.81	3591.95		90	Y	2097.37
1037	22632		ARTHRD PST NTRBDY LAM&/DSKC NTRSPC 1 EA NTRSPC	8.36	698.06		0	Y	2097.37
1038	22800		ARTHRD PST SPI DFRM +CST UP 6 VRT SEG	33.5	2797.25		90	Y	2097.37
1039	22802		ARTHRD PST SPI DFRM +CST 7 12 VRT SEG	53.63	4478.11		90	Y	2097.37
1040	22804		ARTHRD PST SPI DFRM +CST 13/> VRT SEG	62.15	5189.53		90	Y	2097.37
1041	22808		ARTHRD ANT SPI DFRM +CST 2-3 VRT SEG	45.2	3774.20		90	Y	2097.37
1042	22810		ARTHRD ANT SPI DFRM +CST 4-7 VRT SEG	50.82	4243.47		90	Y	2097.37
1043	22812		ARTHRD ANT SPI DFRM +CST 8/> VRT SEG	55.15	4605.03		90	Y	2097.37
1044	22818		KYPHC CIRCMFTL EXPOS SPI&RESCJ VRT SGM 1/2 SEG	55.55	4638.43		90	Y	2097.37
1045	22819		KYPHC CIRCMFTL EXPOS SPI&RESCJ VRT SGM 3/> SEG	62.85	5247.98		90	Y	2097.37
1046	22830		EXPL SPI FUSION	20.07	1906.65		90	Y	2097.37
1047	22840		PST NON-SGMTL INSTRMJ	20.15	1682.53		0	Y	2097.37
1048	22841		INT SPI FIXJ WIRG SPINOUS PROCESSES	9.81	819.47		0	Y	2097.37
1049	22842		PST SGMTL INSTRMJ 3-6 VRT SEG	20.16	1915.20		0	Y	2097.37
1050	22843		PST SGMTL INSTRMJ 7-12 VRT SEG	21.23	1772.71		0	Y	2097.37
1051	22844		PST SGMTL INSTRMJ 13/> VRT SEG	26.16	2184.36		0	Y	2097.37
1052	22845		ANT INSTRMJ 2-3 VRT SEG	19.31	1834.45		0	Y	2097.37
1053	22846		ANT INSTRMJ 4-7 VRT SEG	20.06	1675.01		0	Y	2097.37
1054	22847		ANT INSTRMJ 8/> VRT SEG	22.01	1837.84		0	Y	2097.37
1055	22848		PEL FIXJ NON-SACRUM	9.52	794.92		0	Y	2097.37
1056	22849		RINSJ SPI FIXJ DEV	32.45	2709.58		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
1057	22850		RMVL PST NONSGMTL INSTRMJ	17.69	1477.12		90	Y	2097.37
1058	22851		APPL INTERVRT BIOMCHN DEV VRT DFCT/NTRSPC	10.7	1016.50		0	Y	2007.54
1059	22852		RMVL PST SGMTL INSTRMJ	16.92	1607.40		90	Y	2097.37
1060	22855		RMVL ANT INSTRMJ	27.29	2278.72		90	Y	2097.37
1061	22856		TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	43.53	3634.76	0.00	90	Y	2097.37
1062	22857		TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	36.58	3054.43		90	Y	2097.37
1063	22861		REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	49.05	4095.68	0.00	90	Y	2097.37
1064	22862		REVISION TOT DISC ARTHROPLASTY ANT LMBR 1 NTRSPC	44.6	3724.10		90	Y	2097.37
1065	22864		RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	43.51	3633.09	0.00	90	Y	2097.37
1066	22865		REMOVAL TOT DISC ARTHROPLASTY ANT LMBR 1 NTRSPC	43.43	3626.41		90	Y	2097.37
1067	22899		UNLIS PX SPI	BR	BR		0	N	2007.54
1068	22900		EXC ABDL WALL TUM SUBFSCAL	9.58	799.93		90	Y	2132.75
1069	22901		EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5+CM	17.96	1499.66	0.00	90	Y	2132.75
1070	22902		EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	11.33	946.06	0.00	90	Y	1595.60
1071	22903		EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3+CM	11.88	991.98	0.00	90	Y	2132.75
1072	22904		RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	28.12	2348.02	0.00	90	Y	1595.60
1073	22905		RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5+CM	36.47	3045.25	0.00	90	Y	2132.75
1074	22999		UNLIS PX ABD MUSCSKEL SYS	BR	BR		0	N	2007.54
1075	23000		RMVL SUBDELTOID CALCAREOUS DEPS OPN	12.98	1083.83		90	Y	1595.60
1076	23020		CAPSULAR CONTRCURE RLS	17.15	1432.03		90	Y	4247.50
1077	23030		I&D SHO AREA DP ABSC/HMTMA	10.77	899.30		10	N	1769.66
1078	23031		I&D SHO AREA INFCT BURSA	10.45	872.58		10	N	1769.66
1079	23035		INC B1 CORTEX SHO AREA	17.56	1466.26		90	Y	2007.54
1080	23040		ARTHRT GLENOHUMRL JT W/EXPL DRG/RMVL FB	17.86	1491.31		90	Y	2897.26
1081	23044		ARTHRT ACROMCLAV STRNCLAV JT W/EXPL DRG/RMVL FB	14.19	1184.87		90	N	2897.26
1082	23065		BX SOFT TISS SHO AREA SUPFC	4.85	404.98		10	N	748.01
1083	23066		BX SOFT TISS SHO AREA DP	12.08	1008.68		90	N	2132.75
1084	23071		EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3+CM	11.29	942.72	0.00	90	Y	2132.75
1085	23073		EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5+CM	18.7	1561.45	0.00	90	Y	2132.75
1086	23075		EXC SOFT TISS TUM SHO AREA SUBQ	6.18	516.03		10	N	1595.60
1087	23076		EXC SOFT TISS TUM SHO AREA DP SUBFSCAL/IM	13.62	1137.27		90	N	1595.60
1088	23077		RAD RESCJ TUM SOFT TISS SHO AREA	28.72	2398.12		90	Y	1595.60
1089	23078		RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5+CM	37.95	3168.83	0.00	90	Y	2132.75
1090	23100		ARTHRT GLENOHUMRL JT W/BX	12.05	1006.18		90	Y	2007.54
1091	23101		ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	11.16	931.86		90	Y	2897.26
1092	23105		ARTHRT GLENOHUMRL JT W/SYNVCT +BX	15.82	1320.97		90	Y	2897.26
1093	23106		ARTHRT STRNCLAV JT W/SYNVCT +BX	11.83	987.81		90	N	2897.26
1094	23107		ARTHRT GLENOHUMRL JT W/JT EXPL +RMVL LOOSE/FB	16.48	1376.08		90	Y	2897.26
1095	23120		OPEN SURGICAL PARTIAL REMOVAL OF COLLAR BONE	13.95	1164.83		90	Y	2897.26
1096	23125		CLAVICULECTOMY TOT	17.45	1457.08		90	Y	2897.26
1097	23130		PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	15.04	1255.84		90	N	4247.50
1098	23140		EXC/CURTG B1 CST/B9 TUM CLAV/SCAPULA	12.5	1043.75		90	N	2007.54
1099	23145		EXC/CURTG B1 CST/B9 TUM CLAV/SCAPULA W/AGRFT	16.88	1409.48		90	Y	2897.26
1100	23146		EXC/CURTG B1 CST/B9 TUM CLAV/SCAPULA W/ALGRFT	15.34	1280.89		90	Y	2897.26
1101	23150		EXC/CURTG B1 CST/B9 TUM PROX HUM	15.94	1330.99		90	Y	2897.26
1102	23155		EXC/CURTG B1 CST/B9 TUM PROX HUM W/AGRFT	19.54	1631.59		90	Y	2897.26
1103	23156		EXC/CURTG B1 CST/B9 TUM PROX HUM W/ALGRFT	16.74	1397.79		90	Y	2897.26
1104	23170		SEQUESTRECTOMY CLAV	13.3	1110.55		90	N	2897.26

	A	B	C	D	E	F	G	H	I
1105	23172		SEQUESTRECTOMY SCAPULA	13.46	1123.91		90	Y	2897.26
1106	23174		SEQUESTRECTOMY HUMRL HEAD SURG NCK	18.65	1557.28		90	Y	2897.26
1107	23180		PRTL EXC B1 CLAV	17.95	1498.83		90	N	2897.26
1108	23182		PRTL EXC B1 SCAPULA	17.13	1430.36		90	Y	2897.26
1109	23184		PRTL EXC B1 PROX HUM	19.28	1609.88		90	Y	2897.26
1110	23190		OSTECTOMY SCAPULA PRTL	13.78	1150.63		90	Y	2897.26
1111	23195		RESCJ HUMRL HEAD	18.42	1538.07		90	Y	2897.26
1112	23200		RAD RESCJ TUM CLAV	21.77	1817.80		90	Y	2097.37
1113	23210		RAD RESCJ TUM SCAPULA	22.68	1893.78		90	Y	2097.37
1114	23220		RAD RESCJ B1 TUM PROX HUM	26.7	2229.45		90	Y	2097.37
1115	23330		RMVL FB SHO SUBQ	5.52	460.92		10	N	748.01
1116	23331		RMVL FB SHO DP	14.59	1218.27		90	Y	2132.75
1117	23332		RMVL FB SHO COMP	22.04	1840.34		90	Y	2097.37
1118	23350		NJX PX SHO ARTHG/ENHNCD CT/MRI SHO ARTHG	4.19	349.87		0	N	
1119	23395		MUSC TR ANY TYP SHO/UPR ARM 1	31.87	2661.15		90	Y	4247.50
1120	23397		MUSC TR ANY TYP SHO/UPR ARM MLT	28.66	2393.11		90	Y	8084.19
1121	23400		SCAPULOPEXY	24.35	2033.23		90	Y	2897.26
1122	23405		TX SHO AREA 1 TDN	15.72	1312.62		90	Y	2897.26
1123	23406		TX SHO AREA MLT TDN THRU SM INC	19.68	1643.28		90	Y	2897.26
1124	23410		OPEN REPAIR OF ROTATOR CUFF, RECENT	22.55	1882.93		90	Y	4247.50
1125	23412		OPEN REPAIR OF ROTATOR CUFF, OLD	24	2004.00		90	Y	4247.50
1126	23415		CORACOACROMIAL LIGM RLS +ACROMP	18.46	1541.41		90	N	4247.50
1127	23420		RECONSTRUCTION ROTATOR CUFF, OLD	26.18	2487.10		90	Y	4247.50
1128	23430		TENODIS LONG TDN BICEPS	18.56	1763.20		90	Y	4247.50
1129	23440		RESCJ/TRNSPLJ LONG TDN BICEPS	19.21	1604.04		90	Y	4247.50
1130	23450		CAPSL-RHPHY ANT PUTTI-PLATT PX	23.98	2002.33		90	Y	8084.19
1131	23455		CAPSL-RHPHY ANT W/LABRAL RPR	25.58	2135.93		90	Y	8084.19
1132	23460		CAPSL-RHPHY ANT ANY TYP W/B1 BLK	27.65	2308.78		90	Y	8084.19
1133	23462		CAPSL-RHPHY ANT ANY TYP W/CORACOID PROCESS TR	26.98	2252.83		90	Y	4247.50
1134	23465		CAPSL-RHPHY GLENOHUMRL JT PST +B1 BLK	28.1	2346.35		90	Y	8084.19
1135	23466		CAPSL-RHPHY GLENOHUMRL JT MULTI-DIRIONAL INS	27.52	2614.40		90	Y	4247.50
1136	23470		ARTHRP GLENOHUMRL JT HEMIARTHRP	30.7	2563.45		90	Y	10830.36
1137	23472		ARTHRP GLENOHUMRL JT TOT SHO	37.77	3153.80		90	Y	2097.37
1138	23480		OSTEOT CLAV +INT FIXJ	20.65	1724.28		90	N	4247.50
1139	23485		OSTEOT CLAV +INT FIXJ W/B1 GRF NON/MAL	24.25	2024.88		90	Y	8084.19
1140	23490		PROPH TX N/P/PLTWR +MMA CLAV	20.46	1708.41		90	Y	4247.50
1141	23491		PROPH TX N/P/PLTWR +MMA PROX HUM	25.69	2145.12		90	Y	8084.19
1142	23500		CLTX CLAVICULAR FX W/O MNPJ	5.03	420.01		90	N	151.16
1143	23505		CLTX CLAVICULAR FX W/MNPJ	8.28	691.38		90	N	1677.55
1144	23515		OPTX CLAVICULAR FX +INT/XTRNL FIXJ	14.32	1195.72		90	Y	5970.68
1145	23520		CLTX STRNCLAV DISLC W/O MNPJ	5.13	428.36		90	N	437.22
1146	23525		CLTX STRNCLAV DISLC W/MNPJ	8.29	692.22		90	N	437.22
1147	23530		OPTX STRNCLAV DISLC AQT/CHRNC	13.6	1135.60		90	Y	4146.21
1148	23532		OPTX STRNCLAV DISLC AQT/CHRNC W/FSCAL GRF	15.4	1285.90		90	Y	2356.77
1149	23540		CLTX ACROMCLAV DISLC W/O MNPJ	5.14	429.19		90	N	151.16
1150	23545		CLTX ACROMCLAV DISLC W/MNPJ	7.42	619.57		90	N	437.22
1151	23550		OPTX ACROMCLAV DISLC AQT/CHRNC	14.14	1180.69		90	Y	4146.21
1152	23552		OPTX ACROMCLAV DISLC AQT/CHRNC W/FSCAL GRF	16.34	1364.39		90	Y	4146.21

	A	B	C	D	E	F	G	H	I
1153	23570		CLTX SCAPULAR FX W/O MNPJ	5.37	448.40		90	N	151.16
1154	23575		CLTX SCAPULAR FX W/MNPJ +SKEL TRACJ	9.05	755.68		90	N	437.22
1155	23585		OPTX SCAPULAR FX +INT FIXJ	17.14	1431.19		90	Y	5970.68
1156	23600		CLTX PROX HUMRL FX W/O MNPJ	7.61	635.44		90	N	151.16
1157	23605		CLTX PROX HUMRL FX W/MNPJ +SKEL TRACJ	11.25	939.38		90	N	1677.55
1158	23615		OPTX PROX HUMRL FX +INT/XTRNL TUBRST	20.16	1683.36		90	Y	5970.68
1159	23616		OPTX PROX HUMRL FX +INT/XTRNL TUBRST PROSTC	36.71	3065.29		90	Y	5970.68
1160	23620		CLTX GRTER HUMRL TUBRST FX W/O MNPJ	6.17	515.20		90	N	151.16
1161	23625		CLTX GRTER HUMRL TUBRST FX W/MNPJ	9.08	758.18		90	N	1677.55
1162	23630		OPTX GRTER HUMRL TUBRST FX +INT/XTRNL FIXJ	14.39	1201.57		90	Y	5970.68
1163	23650		CLTX SHO DISLC W/MNPJ W/O ANES	7.04	587.84		90	N	151.16
1164	23655		CLTX SHO DISLC W/MNPJ REQ ANES	9.03	754.01		90	N	1394.50
1165	23660		OPTX AQT SHO DISLC	14.28	1192.38		90	Y	4146.21
1166	23665		CLTX SHO DISLC W/FX HUMRL TUBRST W/MNPJ	10	835.00		90	N	437.22
1167	23670		OPTX SHO DISLC W/FX HUMRL TUBRST +INT/XTRNL	15.17	1266.70		90	Y	5970.68
1168	23675		CLTX SHO DISLC W/SURG/ANTMCL NCK FX W/MNPJ	13.18	1100.53		90	N	151.16
1169	23680		OPTX SHO DISLC W/SURG/ANTMCL NCK FX +INT/XTRNL	18.86	1574.81		90	Y	4146.21
1170	23700		MNPJ W/ANES SHO JT W/APPL FIXJ APPARATUS	4.83	458.85		10	N	1394.50
1171	23800		ARTHRD GLENOHUMRL JT	25.2	2104.20		90	Y	8084.19
1172	23802		ARTHRD GLENOHUMRL JT W/AUTOG GRF	29.45	2459.08		90	Y	4247.50
1173	23900		NTRTHRC AMP	33.16	2768.86		90	Y	2097.37
1174	23920		DISRTCJ SHO	26.73	2231.96		90	Y	2097.37
1175	23921		DISRTCJ SHO SEC CLSR/SCAR REVJ	10.86	906.81		90	N	1463.98
1176	23929		UNLIS PX SHO	BR	BR		0	N	151.16
1177	23930		I&D UPR ARM/ELBW AREA DP ABSC/HMTMA	9.07	757.35		10	N	1769.66
1178	23931		I&D UPR ARM/ELBW AREA BURSA	7.42	619.57		10	N	1769.66
1179	23935		INC DP W/OPNG B1 CORTEX HUM/ELBW	12.41	1036.24		90	Y	2007.54
1180	24000		ARTHRT ELBW W/EXPL DRG/RMVL FB	11.62	970.27		90	Y	2897.26
1181	24006		ARTHRT ELBW CAPSULAR EXC CAPSULAR RLS SPX	17.64	1472.94		90	Y	2897.26
1182	24065		BX SOFT TISS UPR ARM/ELBW AREA SUPFC	5.51	460.09		10	N	1595.60
1183	24066		BX SOFT TISS UPR ARM/ELBW AREA DP	14.29	1193.22		90	N	1595.60
1184	24071		EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3+CM	10.95	914.33	0.00	90	Y	2132.75
1185	24073		EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5+CM	18.8	1569.80	0.00	90	Y	2132.75
1186	24075		EXC TUM SOFT TISS UPR ARM/ELBW AREA SUBQ	11.42	953.57		90	N	1595.60
1187	24076		EXC TUM SOFT TISS UPR ARM/ELBW AREA DP	11.47	957.75		90	N	1595.60
1188	24077		RAD RESCJ TUM SOFT TISS UPR ARM/ELBW AREA	20.04	1673.34		90	Y	1595.60
1189	24079		RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5+CM	34.99	2921.67	0.00	90	Y	2132.75
1190	24100		ARTHRT ELBW W/SYNVAL BX ONLY	9.79	817.47		90	Y	2007.54
1191	24101		ARTHRT ELBW W/JT EXPL +BX +RMVL LOOSE/FB	12.32	1028.72		90	Y	2897.26
1192	24102		ARTHRT ELBW W/SYNVCT	15.27	1275.05		90	Y	2897.26
1193	24105		EXC OLECRN BURSA	8.21	685.54		90	N	2007.54
1194	24110		EXC/CURTG B1 CST/B9 TUM HUM	14.41	1203.24		90	N	2007.54
1195	24115		EXC/CURTG B1 CST/B9 TUM HUM W/AGRFT	17.79	1485.47		90	Y	2897.26
1196	24116		EXC/CURTG B1 CST/B9 TUM HUM W/ALGRFT	21.68	1810.28		90	Y	2897.26
1197	24120		EXC/CURTG B1 CST/B9 TUM H/N RDS/OLECRN	12.88	1075.48		90	Y	2007.54
1198	24125		EXC/CURTG B1 CST/B9 TUM H/N RDS/OLECRN W/AGRFT	14.4	1202.40		90	Y	2897.26
1199	24126		EXC/CURTG B1 CST/B9 TUM H/N RDS/OLECRN W/ALGRFT	15.63	1305.11		90	Y	2897.26
1200	24130		EXC RDL HEAD	12.52	1045.42		90	N	2897.26

	A	B	C	D	E	F	G	H	I
1201	24134		SEQUESTRECTOMY SHFT/DSTL HUM	19.24	1606.54		90	Y	2897.26
1202	24136		SEQUESTRECTOMY RDL HEAD/NCK	15.68	1309.28		90	N	2897.26
1203	24138		SEQUESTRECTOMY OLECRN PROCESS	16.35	1365.23		90	Y	2897.26
1204	24140		PRTL EXC B1 HUM	18.63	1555.61		90	Y	2897.26
1205	24145		PRTL EXC B1 RDL HEAD/NCK	15.81	1320.14		90	N	2897.26
1206	24147		PRTL EXC B1 OLECRN PROCESS	16.4	1369.40		90	N	2897.26
1207	24149		RAD RESCJ CAPSL TISS&HTRTPC B1 ELBW CONTRCT	28.12	2348.02		90	Y	2897.26
1208	24150		RAD RESCJ TUM SHFT/DSTL HUM	24.29	2028.22		90	Y	4247.50
1209	24152		RAD RESCJ TUM RDL HEAD/NCK	18.08	1509.68		90	Y	4247.50
1210	24155		RESCJ ELBW JT ARTHRECTOMY	20.91	1745.99		90	Y	4247.50
1211	24160		IMPLT RMVL ELBW JT	15.03	1255.01		90	N	2897.26
1212	24164		IMPLT RMVL RDL HEAD	12.29	1026.22		90	N	2897.26
1213	24200		RMVL FB UPR ARM/ELBW AREA SUBQ	5.05	421.68		10	N	397.82
1214	24201		RMVL FB UPR ARM/ELBW AREA DP	14.19	1184.87		90	N	1595.60
1215	24220		NJX ELBW ARTHG	4.61	384.94		0	N	
1216	24300		MNPJ ELBW UNDER ANES	9.7	809.95		90	N	1394.50
1217	24301		MUSC/TDN TR ANY TYP UPR ARM/ELBW 1	18.75	1565.63		90	Y	2897.26
1218	24305		TDN LNGTH UPR ARM/ELBW EA TDN	14.36	1199.06		90	Y	2897.26
1219	24310		TX OPN ELBW SHO EA TDN	11.77	982.80		90	Y	2007.54
1220	24320		TENPLSTY W/MUSC TR +FR GRF ELBW SHO 1	18.84	1573.14		90	Y	4247.50
1221	24330		FLXR-PLASTY ELBW	17.88	1492.98		90	Y	8084.19
1222	24331		FLXR-PLASTY ELBW W/XTNSR ADVMNT	19.67	1642.45		90	Y	4247.50
1223	24332		TNOLS TRICEPS	14.75	1231.63		90	N	2007.54
1224	24340		TENODIS BICEPS TDN ELBW SPX	15.26	1274.21		90	Y	4247.50
1225	24341		RPR TDN/MUSC UPR ARM/ELBW EA TDN/MUSC 1/2	17.5	1461.25		90	Y	4247.50
1226	24342		RINSJ RPTD BICEPS/TRICEPS TDN DSTL +TDN GRF	19.7	1644.95		90	Y	4247.50
1227	24343		RPR LAT COLTRL LIGM ELBW W/LOCAL TISS	17.4	1452.90		90	Y	2897.26
1228	24344		RCNSTJ LAT COLTRL LIGM ELBW W/TDN GRF HRVG	27	2254.50		90	Y	8084.19
1229	24345		RPR MEDIAL COLTRL LIGM ELBW W/LOCAL TISS	17.3	1444.55		90	Y	2897.26
1230	24346		RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	26.83	2240.31		90	Y	4247.50
1231	24357		TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	10.7	898.80		90	N	2897.26
1232	24358		TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE OPEN	12.56	1055.04		90	Y	2897.26
1233	24359		TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE REPAIR	15.41	1294.44		90	Y	2897.26
1234	24360		ARTHRP ELBW W/MEMB	22.44	1873.74		90	Y	3637.36
1235	24361		ARTHRP ELBW W/DSTL HUMRL PROSTC RPLCMT	25.17	2101.70		90	Y	10830.36
1236	24362		ARTHRP ELBW W/IMPLT&FSCA LATA LIGM RCNSTJ	26.13	2181.86		90	Y	5296.66
1237	24363		ARTHRP ELBW W/DSTL HUM&PROX UR PROSTC RPLCMT	36.6	3056.10		90	Y	10830.36
1238	24365		ARTHRP RDL HEAD	15.95	1331.83		90	Y	3637.36
1239	24366		ARTHRP RDL HEAD W/IMPLT	17.08	1426.18		90	Y	10830.36
1240	24400		OSTEOT HUM +INT FIXJ	20.54	1715.09		90	Y	4247.50
1241	24410		MLT OSTEOT W/RELIGNMT IMED ROD HUMRL SHFT	26.12	2181.02		90	Y	4247.50
1242	24420		OSTPL HUM	24.52	2047.42		90	Y	4247.50
1243	24430		RPR NON/MAL HUM W/O GRF	25.41	2121.74		90	Y	8084.19
1244	24435		RPR NON/MAL HUM W/ILIAC/OTH AGRFT	26.18	2186.03		90	Y	8084.19
1245	24470		HEMIEPIPHYSL ARRST	16.8	1402.80		90	Y	4247.50
1246	24495		DCMPRN FASCT F/ARM W/BRACH ART EXPL	16.87	1408.65		90	Y	2897.26
1247	24498		PROPH TX N/P/PLTWR +MMA HUMRL SHFT	21.9	1828.65		90	Y	8084.19
1248	24500		CLTX HUMRL SHFT FX W/O MNPJ	8.21	685.54		90	N	151.16

	A	B	C	D	E	F	G	H	I
1249	24505		CLTX HUMRL SHFT FX W/MNPJ +SKEL TRACJ	12.03	1004.51		90	N	151.16
1250	24515		OPTX HUMRL SHFT FX W/PLATE/SCREWS +CERCLAGE	21.87	1826.15		90	Y	5970.68
1251	24516		TX HUMRL SHFT FX W/INSJ IMED IMPLT +CERCLAGE	21.66	1808.61		90	Y	5970.68
1252	24530		CLTX SPRCNDYLR/TRANSCNDYLR HUMRL FX+MNPJ	8.86	739.81		90	N	151.16
1253	24535		CLTX SPRCNDYLR/TRANSCNDYLR HUMRL FX W/MNPJ	15.03	1255.01		90	N	437.22
1254	24538		PRQ SKEL FIXJ SPRCNDYLR/TRNSCNDYLR HUMRL FX	18.64	1556.44		90	N	2356.77
1255	24545		OPTX HUMRL SPRCNDYLR/TRANSCNDYLR FX +INT/XTRNL	19.78	1651.63		90	Y	5970.68
1256	24546		OPTX HUMRL SPRCNDYLR/TRANSCNDYLR FX +CONDYLAR	28	2338.00		90	Y	5970.68
1257	24560		CLTX HUMRL EPCNDYLR FX MEDIAL/LAT W/O MNPJ	7.39	617.07		90	N	151.16
1258	24565		CLTX HUMRL EPCNDYLR FX MEDIAL/LAT W/MNPJ	12.42	1037.07		90	N	151.16
1259	24566		PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MNPJ	17.14	1431.19		90	N	2356.77
1260	24575		OPTX HUMRL EPCNDYLR MEDIAL/LAT +INT/XTRNL FIXJ	19.91	1662.49		90	Y	5970.68
1261	24576		CLTX HUMRL CNDYLR FX MEDIAL/LAT W/O MNPJ	7.78	649.63		90	N	151.16
1262	24577		CLTX HUMRL CNDYLR FX MEDIAL/LAT W/MNPJ	12.93	1079.66		90	N	437.22
1263	24579		OPTX HUMRL CNDYLR FX MEDIAL/LAT+INT/XTRNL FIXJ	21.39	1786.07		90	Y	5970.68
1264	24582		PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MNPJ	19.27	1609.05		90	N	2356.77
1265	24586		OPTX PRIARTICULAR FX&/DISLC ELBW	27.5	2296.25		90	Y	5970.68
1266	24587		OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHRP	27.23	2273.71		90	Y	5970.68
1267	24600		TX CLSD ELBW DISLC W/O ANES	8.96	748.16		90	N	151.16
1268	24605		TX CLSD ELBW DISLC REQ ANES	11.1	926.85		90	N	1394.50
1269	24615		OPTX AQT/CHRNC ELBW DISLC	17.86	1491.31		90	Y	5970.68
1270	24620		CLTX MONTGG TYP FX DISLC ELBW W/MNPJ	13.49	1126.42		90	Y	1677.55
1271	24635		OPTX MONTGG TYP FX DISLC ELBW +INT/XTRNL FIXJ	27.59	2303.77		90	Y	5970.68
1272	24640		CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MNPJ	2.97	248.00		10	N	151.16
1273	24650		CLTX RDL H/N FX W/O MNPJ	6.04	504.34		90	N	151.16
1274	24655		CLTX RDL H/N FX W/MNPJ	10.49	875.92		90	N	437.22
1275	24665		OPTX RDL H/N FX +INT FIXJ/RDL HEAD EXC	16.07	1341.85		90	Y	4146.21
1276	24666		OPTX RDL H/N FX +INT FIXJ/RDL HEAD EXC PROSTC	18.19	1518.87		90	Y	5970.68
1277	24670		CLTX UR FX PROX END W/O MNPJ	6.77	565.30		90	N	151.16
1278	24675		CLTX UR FX PROX END W/MNPJ	10.95	914.33		90	N	151.16
1279	24685		OPEN REPAIR ELBOW FRACTURE INVOLVING ULNAR BONE	16.81	1403.64		90	Y	4146.21
1280	24800		ARTHRD ELBW JT LOCAL	20.25	1690.88		90	Y	4247.50
1281	24802		ARTHRD ELBW JT W/AUTOG GRF	25.07	2093.35		90	Y	4247.50
1282	24900		AMP ARM THRU HUM W/PRIM CLSR	17.48	1459.58		90	Y	2097.37
1283	24920		AMP ARM THRU HUM OPN CIRCULAR GUILLOTINE	17.45	1457.08		90	Y	2097.37
1284	24925		AMP ARM THRU HUM SEC CLSR/SCAR REVJ	13.41	1119.74		90	Y	2007.54
1285	24930		AMP ARM THRU HUM RE-AMP	18.23	1522.21		90	Y	2097.37
1286	24931		AMP ARM THRU HUM W/IMPLT	20.28	1693.38		90	Y	2097.37
1287	24935		STUMP ELONGATION UXTR	25.04	2090.84		90	Y	8084.19
1288	24940		CINEPLASTY UXTR COMPL PX	21.03	1756.01		90	Y	2097.37
1289	24999		UNLIS PX HUM/ELBW	BR	BR		0	N	151.16
1290	25000		INC XTNSR TDN SHTH WRST	10.06	840.01		90	N	2007.54
1291	25001		INC FLXR TDN SHTH WRST	8	668.00		90	N	2007.54
1292	25020		DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	15.2	1269.20		90	N	2897.26
1293	25023		DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	28.44	2374.74		90	Y	2897.26
1294	25024		DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DBRDMT	18.33	1530.56		90	N	2897.26
1295	25025		DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT NV	27.57	2302.10		90	Y	2897.26
1296	25028		I&D F/ARM&/WRST DP ABSC/HMTMA	13.26	1107.21		90	N	2007.54

	A	B	C	D	E	F	G	H	I
1297	25031		I&D F/ARM&/WRST BURSA	11.7	976.95		90	Y	2007.54
1298	25035		INC DP B1 CORTEX F/ARM&/WRST	20.43	1705.91		90	Y	2007.54
1299	25040		ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	14.77	1233.30		90	Y	2897.26
1300	25065		BX SOFT TISS F/ARM&/WRST SUPFC	5.45	455.08		10	N	748.01
1301	25066		BX SOFT TISS F/ARM&/WRST DP	11.06	923.51		90	N	2132.75
1302	25071		EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3+CM	11.47	957.75	0.00	90	Y	2132.75
1303	25073		EXC TUMOR SFT TISS FOREARM&//WRIST SUBFASC 3+CM	14.29	1193.22	0.00	90	Y	2132.75
1304	25075		EXC TUM SOFT TISS F/ARM&/WRST AREA SUBQ	9.59	800.77		90	N	1595.60
1305	25076		EXC TUM SOFT TISS F/ARM&/WRST AREA DP	14.09	1176.52		90	N	1595.60
1306	25077		RAD RESCJ TUM SOFT TISS F/ARM&/WRST AREA	21.62	1805.27		90	Y	1595.60
1307	25078		RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3+CM	30.54	2550.09	0.00	90	Y	2132.75
1308	25085		CAPSUL WRST	12.55	1047.93		90	Y	2007.54
1309	25100		ARTHRT WRST JT W/BX	9.16	764.86		90	Y	2007.54
1310	25101		ARTHRT WRST JT W/JT EXPL +BX +RMVL LOOSE/FB	10.64	888.44		90	Y	2897.26
1311	25105		ARTHRT WRST JT W/SYNVCT	13.18	1100.53		90	Y	2897.26
1312	25107		ARTHRT DSTL RADIOUR JT RPR TRIANG CRTLG CPLX	15.8	1319.30		90	Y	2897.26
1313	25109		EXC TDN F/ARM&/WRST FLEXOR OR EXTENSOR EA	12.4	1035.40		90	N	2007.54
1314	25110		EXC LES TDN SHTH F/ARM&/WRST	10.79	900.97		90	N	2007.54
1315	25111		EXC GANGLION WRST DORSAL/VOLAR PRIM	8.17	682.20		90	N	2007.54
1316	25112		EXC GANGLION WRST DORSAL/VOLAR RECRT	9.9	826.65		90	N	2007.54
1317	25115		RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	23.3	1945.55		90	N	2007.54
1318	25116		RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	19.88	1659.98		90	Y	2007.54
1319	25118		SYNVCT XTNSR TDN SHTH WRST 1 CMPRT	10.13	845.86		90	N	2897.26
1320	25119		SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL U	13.62	1137.27		90	Y	2897.26
1321	25120		EXC/CURTG B1 CST/B9 TUM RDS/U	17.58	1467.93		90	Y	2897.26
1322	25125		EXC/CURTG B1 CST/B9 TUM RDS/U W/AGRFT	19.67	1642.45		90	Y	2897.26
1323	25126		EXC/CURTG B1 CST/B9 TUM RDS/U W/ALGRFT	20.08	1676.68		90	Y	2897.26
1324	25130		EXC/CURTG B1 CST/B9 TUM CARPL B1S	11.7	976.95		90	Y	2897.26
1325	25135		EXC/CURTG B1 CST/B9 TUM CARPL B1S W/AGRFT	14.46	1207.41		90	Y	2897.26
1326	25136		EXC/CURTG B1 CST/B9 TUM CARPL B1S W/ALGRFT	12.78	1067.13		90	Y	2897.26
1327	25145		SEQUESTRECTOMY F/ARM&/WRST	17.87	1492.15		90	Y	2897.26
1328	25150		PRTL EXC B1 U	15.44	1289.24		90	N	2897.26
1329	25151		PRTL EXC B1 RDS	19.66	1641.61		90	Y	2897.26
1330	25170		RAD RESCJ TUM RDS/U	25.98	2169.33		90	Y	4247.50
1331	25210		CARPECTOMY 1 B1	12.78	1067.13		90	Y	2897.26
1332	25215		CARPECTOMY ALL B1S PROX ROW	16.68	1392.78		90	Y	2897.26
1333	25230		RDL STYLOIDECTOMY SPX	11.39	951.07		90	N	2897.26
1334	25240		EXC DSTL U PRTL/COMPL	12.04	1005.34		90	Y	2897.26
1335	25246		NJX WRST ARTHG	4.61	384.94		0	N	
1336	25248		EXPL W/RMVL DP FB F/ARM/WRST	13.43	1121.41		90	N	2007.54
1337	25250		RMVL WRST PROSTH SPX	12.92	1078.82		90	Y	2897.26
1338	25251		RMVL WRST PROSTH COMP W/TOT WRST	17.61	1470.44		90	Y	2897.26
1339	25259		MNPJ WRST UNDER ANES	9.67	807.45		90	N	1677.55
1340	25260		RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MUSC	20.59	1719.27		90	N	2897.26
1341	25263		RPR TDN/MUSC FLXR F/ARM&/WRST SEC 1 EA TDN/MUSC	20.49	1710.92		90	Y	2897.26
1342	25265		RPR TDN/MUSC FLXR F/ARM&/WRST SEC FR GRF EA	23.68	1977.28		90	Y	2897.26
1343	25270		RPR TDN/MUSC XTNSR F/ARM&/WRST PRIM 1 EA TDN	17.4	1452.90		90	Y	2897.26
1344	25272		RPR TDN/MUSC XTNSR F/ARM&/WRST SEC 1 EA TDN/MUSC	19.19	1602.37		90	Y	2897.26

	A	B	C	D	E	F	G	H	I
1345	25274		RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	21.82	1821.97		90	Y	2897.26
1346	25275		RPR TDN SHTH XTNSR F/ARM&/WRST W/FR GRF	16.57	1383.60		90	Y	2897.26
1347	25280		LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRST 1 EA TDN	19.23	1605.71		90	Y	2897.26
1348	25290		TX OPN FLXR/XTNSR TDN F/ARM&/WRST 1 EA TDN	19.15	1599.03		90	N	2897.26
1349	25295		TNOLS FLXR/XTNSR TDN F/ARM&/WRST 1 EA TDN	18.11	1512.19		90	N	2007.54
1350	25300		TENODIS WRST FLXRS FNGRS	17.41	1453.74		90	Y	2897.26
1351	25301		TENODIS WRST XTNSRS FNGRS	16.66	1391.11		90	Y	2897.26
1352	25310		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	20.63	1722.61		90	Y	4247.50
1353	25312		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GRF	23	1920.50		90	Y	4247.50
1354	25315		FLXR ORIGIN SLIDE F/ARM&/WRST	24.4	2037.40		90	Y	4247.50
1355	25316		FLXR ORIGIN SLIDE F/ARM&/WRST W/TDN TR	28.17	2352.20		90	Y	8084.19
1356	25320		CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	23.9	1995.65		90	Y	4247.50
1357	25332		ARTHRP WRST +INTERPOS +XTRNL/INT FIXJ	21.1	1761.85		90	Y	3637.36
1358	25335		CTRIZATION WRST U	24.31	2029.89		90	Y	4247.50
1359	25337		RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	22.57	1884.60		90	N	4247.50
1360	25350		OSTEOT RDS DSTL 3RD	22.33	1864.56		90	Y	4247.50
1361	25355		OSTEOT RDS MIDDLE/PROX 3RD	24.58	2052.43		90	Y	4247.50
1362	25360		OSTEOT U	21.84	1823.64		90	Y	4247.50
1363	25365		OSTEOT RDS&U	28.15	2350.53		90	Y	4247.50
1364	25370		MLT OSTEOT W/RELIGNMT IMED ROD RDS/U	29.86	2493.31		90	Y	4247.50
1365	25375		MLT OSTEOT W/RELIGNMT IMED ROD RDS&U	29.48	2461.58		90	Y	4247.50
1366	25390		OSTPL RDS/U SHRT	24.6	2054.10		90	Y	4247.50
1367	25391		OSTPL RDS/U LNGTH W/AGRFT	30.28	2528.38		90	Y	4247.50
1368	25392		OSTPL RDS&U SHRT	30.04	2508.34		90	Y	2897.26
1369	25393		OSTPL RDS&U LNGTH W/AGRFT	34.09	2846.52		90	Y	4247.50
1370	25394		OSTPL CARPL B1 SHRT	18.98	1584.83		90	Y	4247.50
1371	25400		RPR NON/MAL RDS/U W/O GRF	25.81	2155.14		90	Y	4247.50
1372	25405		RPR NON/MAL RDS/U W/AGRFT	31.64	2641.94		90	Y	8084.19
1373	25415		RPR NON/MAL RDS&U W/O GRF	29.61	2472.44		90	Y	8084.19
1374	25420		RPR NON/MAL RDS&U W/AGRFT	34.72	2899.12		90	Y	8084.19
1375	25425		RPR DFCT W/AGRFT RDS/U	33.89	2829.82		90	Y	4247.50
1376	25426		RPR DFCT W/AGRFT RDS&U	32.76	2735.46		90	Y	4247.50
1377	25430		INSJ VASC PEDCL CARPL B1	17.16	1432.86		90	Y	4247.50
1378	25431		RPR NONU CARPL B1 EA B1	19.71	1645.79		90	Y	4247.50
1379	25440		RPR NONU SCPHD CARPL B1 +RDL STYLODC	20.07	1675.85		90	Y	8084.19
1380	25441		ARTHRP W/PROSTC RPLCMT DSTL RDS	23.57	1968.10		90	Y	10830.36
1381	25442		ARTHRP W/PROSTC RPLCMT DSTL U	19.93	1664.16		90	Y	10830.36
1382	25443		ARTHRP W/PROSTC RPLCMT SCPHD CARPL NAVCLR	19.08	1593.18		90	Y	5296.66
1383	25444		ARTHRP W/PROSTC RPLCMT LUNATE	20.58	1718.43		90	Y	5296.66
1384	25445		ARTHRP W/PROSTC RPLCMT TRAPEZIUM	18.02	1504.67		90	Y	5296.66
1385	25446		ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	29.35	2450.73		90	Y	10830.36
1386	25447		ARTHRP INTERPOS INTERCARPL/CARP/MTCRPL JTS	19.94	1664.99		90	Y	3637.36
1387	25449		REVJ ARTHRP W/RMVL IMPLT WRST JT	25.83	2156.81		90	Y	3637.36
1388	25450		EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	17.96	1499.66		90	N	4247.50
1389	25455		EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&U	19.32	1613.22		90	N	4247.50
1390	25490		PROPH TX N/P/PLTWR +MMA RDS	22.74	1898.79		90	Y	4247.50
1391	25491		PROPH TX N/P/PLTWR +MMA U	23.89	1994.82		90	Y	4247.50
1392	25492		PROPH TX N/P/PLTWR +MMA RDS&U	27.53	2298.76		90	Y	4247.50

	A	B	C	D	E	F	G	H	I
1393	25500		CLTX RDL SHFT FX W/O MNPJ	6.12	511.02		90	N	151.16
1394	25505		CLTX RDL SHFT FX W/MNPJ	12.04	1005.34		90	N	437.22
1395	25515		OPTX RDL SHFT FX +INT/XTRNL FIXJ	17.31	1445.39		90	Y	4146.21
1396	25520		CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	13.44	1122.24		90	N	437.22
1397	25525		OPTX RDL SHFT FX FIXJ&CLTX DISLC DSTL RAD/ULN	23.23	1939.71		90	Y	4146.21
1398	25526		OPTX RDL SHFT FX DSTL RAD/ULN JT W/FX RPR	26.97	2252.00		90	Y	4146.21
1399	25530		CLTX UR SHFT FX W/O MNPJ	5.96	497.66		90	N	151.16
1400	25535		CLTX UR SHFT FX W/MNPJ	11.51	961.09		90	N	151.16
1401	25545		OPTX UR SHFT FX +INT/XTRNL FIXJ	17.12	1429.52		90	Y	4146.21
1402	25560		CLTX RDL&UR SHFT FXS W/O MNPJ	6.21	518.54		90	N	151.16
1403	25565		CLTX RDL&UR SHFT FXS W/MNPJ	12.59	1051.27		90	N	437.22
1404	25574		OPTX RDL&UR SHFT FXS W/INT/XTRNL FIXJ RDS/U	14.99	1251.67		90	Y	5970.68
1405	25575		OPTX RDL&UR SHFT FXS W/INT/XTRNL FIXJ RDS&U	22.02	1838.67		90	Y	5970.68
1406	25600		CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	6.83	570.31		90	N	151.16
1407	25605		CLTX DSTL RDL FX/EPIPHYSL SEP +W/MNPJ	14.46	1207.41		90	N	437.22
1408	25606		PERQ DSTL RADIAL FX/EPIPHYSL SEP	16.96	1416.16		90	N	2356.77
1409	25607		OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	17.03	1422.01		90	Y	5970.68
1410	25608		OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	19.49	1627.42		90	Y	5970.68
1411	25609		OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	24.85	2074.98		90	Y	5970.68
1412	25622		CLTX CARPL SCPHD NAVCLR FX W/O MNPJ	7	584.50		90	N	151.16
1413	25624		CLTX CARPL SCPHD NAVCLR FX W/MNPJ	11.04	921.84		90	N	437.22
1414	25628		OPTX CARPL SCPHD NAVCLR FX +INT/XTRNL FIXJ	17.62	1471.27		90	Y	4146.21
1415	25630		CLTX CARPL B1 FX W/O MNPJ EA B1	7.17	598.70		90	N	151.16
1416	25635		CLTX CARPL B1 FX W/MNPJ EA B1	10.56	881.76		90	N	437.22
1417	25645		OPTX CARPL B1 FX EA B1	14.2	1185.70		90	Y	4146.21
1418	25650		CLTX UR STYLOID FX	7.46	622.91		90	N	151.16
1419	25651		PRQ SKEL FIXJ UR STYLOID FX	11.37	949.40		90	Y	2356.77
1420	25652		OPTX UR STYLOID FX	15.14	1264.19		90	N	4146.21
1421	25660		CLTX RDCRPL/INTERCARPL DISLC 1 B1S W/MNPJ	9.59	800.77		90	Y	151.16
1422	25670		OPTX RDCRPL/INTERCARPL DISLC 1 B1S	15.21	1270.04		90	Y	2356.77
1423	25671		PRQ SKEL FIXJ DSTL RADIOUR DISLC	12.68	1058.78		90	N	2356.77
1424	25675		CLTX DSTL RADIOUR DISLC W/MNPJ	10.35	864.23		90	Y	151.16
1425	25676		OPTX DSTL RADIOUR DISLC AQT/CHRNC	15.74	1314.29		90	Y	2356.77
1426	25680		CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MNPJ	10.91	910.99		90	Y	151.16
1427	25685		OPTX TRANS-SCAPHOPRILUNAR TYP FX DISLC	18.11	1512.19		90	Y	2356.77
1428	25690		CLTX LUNATE DISLC W/MNPJ	11.24	938.54		90	Y	1677.55
1429	25695		OPTX LUNATE DISLC	15.75	1315.13		90	Y	2356.77
1430	25800		ARTHRD WRST COMPL W/O B1 GRF	19.17	1600.70		90	Y	8084.19
1431	25805		ARTHRD WRST W/SLIDING GRF	21.98	1835.33		90	Y	4247.50
1432	25810		ARTHRD WRST W/ILIAC/OTH AGRFT	21.83	1822.81		90	Y	8084.19
1433	25820		ARTHRD WRST LMTD W/O B1 GRF	15.45	1290.08		90	Y	4247.50
1434	25825		ARTHRD WRST W/AGRFT	18.82	1571.47		90	Y	8084.19
1435	25830		ARTHRD DSTL RAD/ULN JT SGMTL RESCJ U +B1 GRF	24.59	2053.27		90	Y	8084.19
1436	25900		AMP F/ARM THRU RDS&U	21.55	1799.43		90	Y	2097.37
1437	25905		AMP F/ARM THRU RDS&U OPN CIRCULAR GUILLOTINE	21.27	1776.05		90	Y	2097.37
1438	25907		AMP F/ARM THRU RDS&U SEC CLSR/SCAR REVJ	19.05	1590.68		90	Y	2007.54
1439	25909		AMP F/ARM THRU RDS&U RE-AMP	21.18	1768.53		90	Y	2097.37
1440	25915		KRUKENBERG PX	34.76	2902.46		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
1441	25920		DISRTCJ THRU WRST	16.95	1415.33		90	Y	2097.37
1442	25922		DISRTCJ THRU WRST SEC CLSR/SCAR REVJ	14.83	1238.31		90	Y	2007.54
1443	25924		DISRTCJ THRU WRST RE-AMP	16.9	1411.15		90	Y	2097.37
1444	25927		TRANSMTCRPL AMP	20.27	1692.55		90	Y	2097.37
1445	25929		TRANSMTCRPL AMP SEC CLSR/SCAR REVJ	13.84	1155.64		90	Y	1463.98
1446	25931		TRANSMTCRPL AMP RE-AMP	19.02	1588.17		90	N	2007.54
1447	25999		UNLIS F/ARM/WRST	BR	BR		0	N	151.16
1448	26010		DRG FNGR ABSC SMPL	6.75	563.63		10	N	132.75
1449	26011		DRG FNGR ABSC COMP	10.49	875.92		10	N	1150.97
1450	26020		DRG TDN SHTH DGT&/PALM EA	10.41	869.24		90	N	1554.06
1451	26025		DRG PLMR BURSA 1 BURSA	10.21	852.54		90	Y	1554.06
1452	26030		DRG PLMR BURSA MLT BURSA	12.01	1002.84		90	Y	1554.06
1453	26034		INC B1 CORTEX HAND/FNGR	13.01	1086.34		90	N	1554.06
1454	26035		DCMPRN FNGRS&/HAND NJX INJ	19.42	1621.57		90	Y	1554.06
1455	26037		DCMPRIVE FASCT HAND	13.99	1168.17		90	Y	1554.06
1456	26040		FASCT PLMR PRQ	7.52	627.92		90	N	2574.99
1457	26045		FASCT PLMR OPN PRTL	11.44	955.24		90	N	2574.99
1458	26055		TDN SHTH INC	16.15	1348.53		90	N	1554.06
1459	26060		TX PRQ 1 EA DGT	6.41	535.24		90	N	1554.06
1460	26070		ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	7.11	593.69		90	N	1554.06
1461	26075		ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	7.66	639.61		90	N	1554.06
1462	26080		ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	9.31	777.39		90	N	1554.06
1463	26100		ARTHRT BX CARP/MTCRPL JT EA	7.87	657.15		90	N	1554.06
1464	26105		ARTHRT BX MTCARPHLNGL JT EA	8.07	673.85		90	N	1554.06
1465	26110		ARTHRT BX IPHAL JT EA	7.68	641.28		90	N	1554.06
1466	26111		EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5+CM	11.12	928.52	0.00	90	Y	2132.75
1467	26113		EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5+CM	14.63	1221.61	0.00	90	Y	2132.75
1468	26115		EXC TUM/VASC MALFRMJ SOFT TISS HAND/FNGR SUBQ	16.39	1368.57		90	N	1595.60
1469	26116		EXC TUM/VASC MALFRMJ SOFT TISS HAND/FNGR DP	11.73	979.46		90	N	1595.60
1470	26117		RAD RESCJ TUM SOFT TISS HAND/FNGR	15.88	1325.98		90	N	1595.60
1471	26118		RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3+CM	28.7	2396.45	0.00	90	Y	2132.75
1472	26121		FASCT PALM +Z-PLASTY TISS REARGMT/SKN GRF	14.73	1229.96		90	N	2574.99
1473	26123		FASCT PRTL PLMR 1 DGT PROX IPHAL JT +TISS	19.71	1645.79		90	N	2574.99
1474	26125		FASCT PRTL PLMR 1 DGT PROX IPHAL JT +Z-PLASTY	7.15	597.03		0	N	1554.06
1475	26130		SYNVCT CARP/MTCRPL JT	11.1	926.85		90	N	1554.06
1476	26135		SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	13.61	1136.44		90	Y	2574.99
1477	26140		SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	12.36	1032.06		90	N	1554.06
1478	26145		SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	12.56	1048.76		90	N	1554.06
1479	26160		EXC LES TDN SHTH/JT CAPSL HAND/FNGR	15.13	1263.36		90	N	1554.06
1480	26170		EXC TDN PALM FLEXOR OR EXTENSOR EA	9.84	821.64		90	N	1554.06
1481	26180		EXC TDN FINGER FLEXOR OR EXTENSOR EA	10.75	897.63		90	N	1554.06
1482	26185		SESMDC THMB/FNGR SPX	12.47	1041.25		90	Y	1554.06
1483	26200		EXC/CURTG B1 CST/B9 TUM MTCRPL	11.04	921.84		90	N	1554.06
1484	26205		EXC/CURTG B1 CST/B9 TUM MTCRPL W/AGRFT	14.87	1241.65		90	N	2574.99
1485	26210		EXC/CURTG B1 CST/B9 TUM PHALANX FNGR	10.74	896.79		90	N	1554.06
1486	26215		EXC/CURTG B1 CST/B9 TUM PHALANX FNGR W/AGRFT	13.55	1131.43		90	N	1554.06
1487	26230		PRTL EXC B1 MTCRPL	12.45	1039.58		90	N	1554.06
1488	26235		PRTL EXC B1 PROX/MIDDLE PHALANX FNGR	12.17	1016.20		90	N	1554.06

	A	B	C	D	E	F	G	H	I
1489	26236		PRTL EXC B1 DSTL PHALANX FNGR	10.78	900.13		90	N	1554.06
1490	26250		RAD RESCJ MTCRPL	14.04	1172.34		90	Y	1554.06
1491	26260		RAD RESCJ PROX/MIDDLE PHALANX FNGR	13.38	1117.23		90	Y	1554.06
1492	26262		RAD RESCJ DSTL PHALANX FNGR	11.19	934.37		90	Y	1554.06
1493	26320		RMVL IMPLT FROM FNGR/HAND	8.4	701.40		90	N	1595.60
1494	26340		MNPJ FNGR JT UNDER ANES EA JT	7.57	632.10		90	N	437.22
1495	26350		RPR/ADVMNT FLXR TDN N/Z/2 1/2 W/O FR GRF EA TDN	19.72	1646.62		90	N	2574.99
1496	26352		RPR/ADVMNT FLXR TDN N/Z/2 2W/FR GRF EA TDN	22.13	1847.86		90	Y	2574.99
1497	26356		RPR/ADVMNT FLXR TDN ZONE 2 1W/O FR GRF EA TDN	27.62	2306.27		90	N	2574.99
1498	26357		RPR/ADVMNT FLXR TDN ZONE 2 2W/O FR GRF EA TDN	23.4	1953.90		90	Y	2574.99
1499	26358		RPR/ADVMNT FLXR TDN ZONE 2 2W/FR GRF EA TDN	24.86	2075.81		90	Y	2574.99
1500	26370		RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	21.28	1776.88		90	Y	2574.99
1501	26372		RPR/ADVMNT TDN W/NTC SUPFCIS TDN 2 W/FR GRF EA	24.43	2039.91		90	Y	2574.99
1502	26373		RPR/ADVMNT TDN W/NTC SUPFCIS TDN 2 W/O FR GRF EA	23.27	1943.05		90	Y	2574.99
1503	26390		EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	22.01	1837.84		90	Y	2574.99
1504	26392		RMVL SYNTH ROD&INSJ FLXR TDN GRF H/F EA ROD	26.22	2189.37		90	Y	2574.99
1505	26410		RPR XTNSR TDN HAND 1/2 W/O FR GRF EA TDN	15.79	1318.47		90	N	1554.06
1506	26412		RPR XTNSR TDN HAND 1/2 W/FR GRF EA TDN	18.79	1568.97		90	Y	2574.99
1507	26415		EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	19.05	1590.68		90	Y	2574.99
1508	26416		RMVL SYNTH ROD&INSJ XTNSR TDN GRF H/F EA ROD	22.4	1870.40		90	N	2574.99
1509	26418		RPR XTNSR TDN FNGR 1/2 W/O FR GRF EA TDN	15.82	1320.97		90	N	1554.06
1510	26420		RPR XTNSR TDN FNGR 1/2 W/FR GRF EA TDN	19.62	1638.27		90	Y	2574.99
1511	26426		RPR XTNSR TDN CTR SLIP 2 TISS W/LAT BAND EA FNGR	18.55	1548.93		90	N	2574.99
1512	26428		RPR XTNSR TDN CTR SLIP SEC W/FR GRF EA FNGR	20.36	1700.06		90	Y	2574.99
1513	26432		CLTX DSTL XTNSR TDN INSJ +PRQ PINNING	13.67	1141.45		90	N	1554.06
1514	26433		RPR XTNSR TDN DSTL INSJ 1/2 W/O GRF	14.7	1227.45		90	N	1554.06
1515	26434		RPR XTNSR TDN DSTL INSJ 1/2 W/FR GRF	17.09	1427.02		90	Y	2574.99
1516	26437		RELIGNMT XTNSR TDN HAND EA TDN	16.79	1401.97		90	N	1554.06
1517	26440		TNOLS FLXR TDN PALM/FNGR EA TDN	17.49	1460.42		90	N	1554.06
1518	26442		TNOLS FLXR TDN PALM&FNGR EA TDN	24.61	2054.94		90	N	2574.99
1519	26445		TNOLS XTNSR TDN HAND/FNGR EA TDN	16.45	1373.58		90	N	1554.06
1520	26449		TNOLS CPLX XTNSR TDN FNGR W/F/ARM EA TDN	23.22	1938.87		90	Y	2574.99
1521	26450		TX FLXR PALM OPN EA TDN	10.71	894.29		90	N	1554.06
1522	26455		TX FLXR FNGR OPN EA TDN	10.62	886.77		90	N	1554.06
1523	26460		TX XTNSR HAND/FNGR OPN EA TDN	10.31	860.89		90	N	1554.06
1524	26471		TENODIS PROX IPHAL JT EA JT	16.44	1372.74		90	Y	1554.06
1525	26474		TENODIS DSTL JT EA JT	16.02	1337.67		90	Y	1554.06
1526	26476		LNGTH TDN XTNSR HAND/FNGR EA TDN	15.55	1298.43		90	N	1554.06
1527	26477		SHRT TDN XTNSR HAND/FNGR EA TDN	15.67	1308.45		90	N	1554.06
1528	26478		LNGTH TDN FLXR HAND/FNGR EA TDN	16.96	1416.16		90	N	1554.06
1529	26479		SHRT TDN FLXR HAND/FNGR EA TDN	16.74	1397.79		90	Y	1554.06
1530	26480		TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	20.78	1735.13		90	Y	2574.99
1531	26483		TR/TRNSPL TDN CARP/MTCRPL AND W/FR TDN GRF EA	22.96	1917.16		90	Y	2574.99
1532	26485		TR/TRNSPL TDN PLMR W/O FR TDN GRF EA TDN	22.15	1849.53		90	Y	2574.99
1533	26489		TR/TRNSPL TDN PLMR W/FR TDN GRF EA TDN	21.64	1806.94		90	Y	2574.99
1534	26490		OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	20.69	1727.62		90	Y	2574.99
1535	26492		OPPONENSPLASTY TDN TR W/GRF EA TDN	22.78	1902.13		90	Y	2574.99
1536	26494		OPPONENSPLASTY HYPOTHENAR MUSC TR	20.94	1748.49		90	Y	2574.99

	A	B	C	D	E	F	G	H	I
1537	26496		OPPONENSPLASTY OTH METHS	22.44	1873.74		90	Y	2574.99
1538	26497		TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	22.62	1888.77		90	Y	2574.99
1539	26498		TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	29.78	2486.63		90	Y	2574.99
1540	26499		CORRJ CLAW FNGR OTH METHS	21.47	1792.75		90	Y	2574.99
1541	26500		RCNSTJ TDN PULLEY EA TDN W/LOCAL TISS SPX	16.85	1406.98		90	Y	1554.06
1542	26502		RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	18.72	1563.12		90	Y	2574.99
1543	26508		RLS THENAR MUSC	17.14	1431.19		90	N	1554.06
1544	26510		CROSS INTRNSC TR EA TDN	16.13	1346.86		90	Y	2574.99
1545	26516		CAPSLD MTCARPHLNGL JT 1 DGT	18.81	1570.64		90	Y	2574.99
1546	26517		CAPSLD MTCARPHLNGL JT 2 DGTS	21.92	1830.32		90	Y	2574.99
1547	26518		CAPSLD MTCARPHLNGL JT 3/4 DGTS	21.93	1831.16		90	Y	2574.99
1548	26520		CAPSLCTOMY/CAPSUL MTCARPHLNGL JT EA JT	18.24	1523.04		90	N	1554.06
1549	26525		CAPSLCTOMY/CAPSUL IPHAL JT EA JT	18.35	1532.23		90	N	1554.06
1550	26530		ARTHRP MTCARPHLNGL JT EA JT	13.09	1093.02		90	Y	3637.36
1551	26531		ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	15.26	1274.21		90	Y	5296.66
1552	26535		ARTHRP IPHAL JT EA JT	9.31	777.39		90	N	3637.36
1553	26536		ARTHRP IPHAL JT W/PROSTC IMPLT EA JT	16.28	1359.38		90	Y	5296.66
1554	26540		RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	17.74	1481.29		90	Y	1554.06
1555	26541		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	21.41	1787.74		90	Y	2574.99
1556	26542		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	18.23	1522.21		90	Y	1554.06
1557	26545		RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	18.53	1547.26		90	Y	2574.99
1558	26546		RPR NON-UNION MTCRPL/PHALANX	25.05	2091.68		90	Y	2574.99
1559	26548		RPR&RCNSTJ FNGR VOLAR PLATE IPHAL JT	20.34	1698.39		90	Y	2574.99
1560	26550		POLLICIZATION DGT	38.89	3247.32		90	Y	2574.99
1561	26551		TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	81.12	6773.52		90	Y	2097.37
1562	26553		TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	67.7	5652.95		90	Y	2097.37
1563	26554		TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	93.45	7803.08		90	Y	2097.37
1564	26555		TR FNGR AXH POS W/O MVASC ANAST	34.85	2909.98		90	Y	2574.99
1565	26556		TR FR TOE JT W/MVASC ANAST	76.49	6386.92		90	Y	2097.37
1566	26560		RPR SYNDACTYLY WEB FNGR EA SPACE W/SKN FLAPS	14.86	1240.81		90	Y	1554.06
1567	26561		RPR SYNDACTYLY WEB FNGR EA SPACE W/SKN FLAPS&GRF	22.96	1917.16		90	Y	2574.99
1568	26562		RPR SYNDACTYLY WEB FNGR EA SPACE CPLX	33.38	2787.23		90	Y	2574.99
1569	26565		OSTEOT MTCRPL EA	18.11	1512.19		90	Y	2574.99
1570	26567		OSTEOT PHALANX FNGR EA	18.24	1523.04		90	Y	2574.99
1571	26568		OSTPL LNGTH MTCRPL/PHALANX	23.84	1990.64		90	Y	2574.99
1572	26580		RPR CL HAND	32.9	2747.15		90	Y	1554.06
1573	26587		RCNSTJ POLYDACTYLOUS DGT SOFT TISS&B1	23.48	1960.58		90	Y	1554.06
1574	26590		RPR MACRODACTYLIA EA DGT	32.52	2715.42		90	Y	1554.06
1575	26591		RPR INTRNSC MUSC HAND EA MUSC	12.24	1022.04		90	Y	2574.99
1576	26593		RLS INTRNSC MUSC HAND EA MUSC	15.91	1328.49		90	N	1554.06
1577	26596		EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	18.03	1505.51		90	Y	1554.06
1578	26600		CLTX MTCRPL FX 1 W/O MNPJ EA B1	6.2	517.70		90	N	151.16
1579	26605		CLTX MTCRPL FX 1 W/MNPJ EA B1	7.56	631.26		90	N	151.16
1580	26607		CLTX MTCRPL FX W/MNPJ W/XTRNL FIXJ EA B1	11.66	973.61		90	Y	1677.55
1581	26608		PRQ SKEL FIXJ MTCRPL FX EA B1	11.77	982.80		90	N	2356.77
1582	26615		OPTX MTCRPL FX 1 +INT/XTRNL FIXJ EA B1	10.87	907.65		90	N	4146.21
1583	26641		CLTX CARP/MTCRPL DISLC THMB W/MNPJ	8.47	707.25		90	N	151.16
1584	26645		CLTX CARP/MTCRPL FX DISLC THMB W/MNPJ	9.72	811.62		90	N	437.22

	A	B	C	D	E	F	G	H	I
1585	26650		PRQ SKEL FIXJ CARP/MTCRPL FX DISLC THMB W/MNPJ	12.59	1051.27		90	N	2356.77
1586	26665		OPTX CARP/MTCRPL FX DISLC THMB +INT/XTRNL FIXJ	14.28	1192.38		90	N	4146.21
1587	26670		CLTX CARP/MTCRPL DISLC THMB MNPJ EA W/O ANES	7.83	653.81		90	N	151.16
1588	26675		CLTX CARP/MTCRPL DISLC THMB MNPJ EA JT REQ ANES	10.33	862.56		90	N	437.22
1589	26676		PRQ SKEL FIXJ CARP/MTCRPL DISLC THMB MNPJ EA JT	12.37	1032.90		90	N	2356.77
1590	26685		OPTX CARP/MTCRPL DISLC THMB +INT/XTRNL FIXJ EA	13.44	1122.24		90	N	2356.77
1591	26686		OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	15.21	1270.04		90	Y	5970.68
1592	26700		CLTX MTCARPHLNGL DISLC 1 W/MNPJ W/O ANES	7.36	614.56		90	N	151.16
1593	26705		CLTX MTCARPHLNGL DISLC 1 W/MNPJ REQ ANES	9.69	809.12		90	N	151.16
1594	26706		PRQ SKEL FIXJ MTCARPHLNGL DISLC 1 W/MNPJ	10.48	875.08		90	N	1677.55
1595	26715		OPTX MTCARPHLNGL DISLC 1 +INT/XTRNL FIXJ	11.49	959.42		90	N	2356.77
1596	26720		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MNPJ EA	4.5	375.75		90	N	151.16
1597	26725		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MNPJ EA	8.18	683.03		90	N	151.16
1598	26727		PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	11.59	967.77		90	N	2356.77
1599	26735		OPTX PHLNGL SHFT FX PROX/MIDDLE PX/F/T FIXJ EA	11.79	984.47		90	N	2356.77
1600	26740		CLTX ARTICULAR FX INVG MTCARPHLNGL/IPHAL JT W/O	5.19	433.37		90	N	151.16
1601	26742		CLTX ARTICULAR FX INVG MTCARPHLNGL/IPHAL JT W/	8.92	744.82		90	N	151.16
1602	26746		OPTX ARTICULAR FX INVG MTCARPHLNGL/IPHAL JT	11.6	968.60		90	N	2356.77
1603	26750		CLTX DSTL PHLNGL FX FNGR/THMB W/O MNPJ EA	4.2	350.70		90	N	151.16
1604	26755		CLTX DSTL PHLNGL FX FNGR/THMB W/MNPJ EA	7.52	627.92		90	N	151.16
1605	26756		PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	10.23	854.21		90	N	2356.77
1606	26765		OPTX DSTL PHLNGL FX FNGR/THMB +INT/XTRNL FIXJ	8.75	730.63		90	N	2356.77
1607	26770		CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	6.33	528.56		90	N	151.16
1608	26775		CLTX IPHAL JT DISLC 1 W/MNPJ REQ ANES	8.97	749.00		90	N	1394.50
1609	26776		PRQ SKEL FIXJ IPHAL JT DISLC 1 W/MNPJ	10.91	910.99		90	N	2356.77
1610	26785		OPTX IPHAL JT DISLC +INT/XTRNL FIXJ 1	8.92	744.82		90	N	2356.77
1611	26820		FUSION OPPOS THMB W/AUTOG GRF	20.91	1745.99		90	Y	2574.99
1612	26841		ARTHRD CARP/MTCRPL JT THMB +INT FIXJ	19.76	1649.96		90	Y	2574.99
1613	26842		ARTHRD CARP/MTCRPL JT THMB +INT FIXJ W/AGRFT	21.12	1763.52		90	Y	2574.99
1614	26843		ARTHRD CARP/MTCRPL JT DGT THMB EA	19.36	1616.56		90	Y	2574.99
1615	26844		ARTHRD CARP/MTCRPL JT DGT THMB EA W/AGRFT	21.62	1805.27		90	Y	2574.99
1616	26850		ARTHRD MTCARPHLNGL JT +INT FIXJ	18.61	1553.94		90	Y	2574.99
1617	26852		ARTHRD MTCARPHLNGL JT +INT FIXJ W/AGRFT	20.91	1745.99		90	Y	2574.99
1618	26860		ARTHRD IPHAL JT +INT FIXJ	15.29	1276.72		90	N	2574.99
1619	26861		ARTHRD IPHAL JT +INT FIXJ EA IPHAL JT	2.71	226.29		0	N	2574.99
1620	26862		ARTHRD IPHAL JT +INT FIXJ W/AGRFT	19.23	1605.71		90	Y	2574.99
1621	26863		ARTHRD IPHAL JT +INT FIXJ W/AGRFT EA JT	6.05	505.18		0	Y	2574.99
1622	26910		AMP MTCRPL W/FNGR/THMB 1 +INTEROSS TR	18.56	1549.76		90	N	2574.99
1623	26951		AMP F/TH 1/2 JT/PHALANX 1 W/NEURECT W/DIR CLSR	15.68	1309.28		90	N	1554.06
1624	26952		AMP F/TH 1/2 JT/PHALANX 1 W/NEURECT LOCAL FLAP	17.42	1454.57		90	N	1554.06
1625	26989		UNLIS PX HANDS/FNGRS	BR	BR		0	N	151.16
1626	26990		I&D PELVIS/HIP JT AREA DP ABSC/HMTMA	15.25	1273.38		90	N	2007.54
1627	26991		I&D PELVIS/HIP JT AREA INFCT BURSA	17.89	1493.82		90	N	2007.54
1628	26992		INC B1 CORTEX PELVIS&/HIP JT	24.14	2015.69		90	Y	2097.37
1629	27000		TX ADDUXOR HIP PRQ SPX	11.17	932.70		90	N	2007.54
1630	27001		TX ADDUXOR HIP OPN	13.46	1123.91		90	Y	2897.26
1631	27003		TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	14.37	1199.90		90	Y	2897.26
1632	27005		TX HIP FLXR OPN SPX	18.26	1524.71		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
1633	27006		TX ABDUXORS&/XTNSR HIP OPN SPX	18.39	1535.57		90	Y	2897.26
1634	27025		FASCT HIP/THI ANY TYP	21.68	1810.28		90	Y	2097.37
1635	27027		DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	21.77	1817.80	0.00	90	Y	2007.54
1636	27030		ARTHRT HIP W/DRG	23.72	1980.62		90	Y	2097.37
1637	27033		ARTHRT HIP W/EXPL/RMVL LOOSE/FB	24.47	2043.25		90	Y	4247.50
1638	27035		DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	28.52	2381.42		90	Y	4247.50
1639	27036		CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	24.77	2068.30		90	Y	2097.37
1640	27040		BX SOFT TISS PELVIS&HIP AREA SUPFC	8.04	671.34		10	N	748.01
1641	27041		BX SOFT TISS PELVIS&HIP AREA DP SUBFSCAL/IM	16.82	1404.47		90	N	748.01
1642	27043		EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3+CM	12.69	1059.62	0.00	90	N	2132.75
1643	27045		EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5+CM	20.16	1683.36	0.00	90	Y	2132.75
1644	27047		EXC TUM PELVIS&HIP AREA SUBQ TISS	14.88	1242.48		90	N	1595.60
1645	27048		EXC TUM PELVIS&HIP AREA DP SUBFSCAL IM	11.47	957.75		90	Y	1595.60
1646	27049		RAD RESCJ TUM SOFT TISS PELVIS&HIP AREA	24.1	2012.35		90	Y	1595.60
1647	27050		ARTHRT W/BX SI JT	9.04	754.84		90	Y	2007.54
1648	27052		ARTHRT W/BX HIP JT	13.45	1123.08		90	Y	2007.54
1649	27054		ARTHRT W/SYNVCT HIP JT	16.78	1401.13		90	Y	2097.37
1650	27057		DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	24.63	2056.61	0.00	90	Y	2007.54
1651	27059		RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5+CM	49.42	4126.57	0.00	90	Y	2132.75
1652	27060		EXC ISCHIAL BURSA	10.39	867.57		90	N	2007.54
1653	27062		EXC TRCHNTRIC BURSA/CALCIFICATION	11.07	924.35		90	N	2007.54
1654	27065		EXC B1 CST/B9 TUM SUPFC +AGRFT	12.16	1015.36		90	Y	2007.54
1655	27066		EXC B1 CST/B9 TUM DP +AGRFT	19.95	1665.83		90	Y	2897.26
1656	27067		EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	25.16	2100.86		90	Y	2897.26
1657	27070		PRTL EXC CRATRZTJ SAUCRZTJ SUPFC	20.88	1743.48		90	Y	2097.37
1658	27071		PRTL EXC CRATRZTJ SAUCRZTJ DP	22.68	1893.78		90	Y	2097.37
1659	27075		RAD RESCJ TUM/INFCTJ WING ILIUM 1 PUBIC/ISCHIAL	57.32	4786.22		90	Y	2097.37
1660	27076		RAD RESCJ TUM/INFCTJ ILIUM ACETABULUM BTH PUBIC	39.61	3307.44		90	Y	2097.37
1661	27077		RAD RESCJ TUM/INFCTJ INNOMINATE B1 TOT	66.42	5546.07		90	Y	2097.37
1662	27078		RAD RESCJ TUM/INFCTJ ISCHIAL TUBRST&GRT TRCHNTR	24.98	2085.83		90	Y	2097.37
1663	27080		COCCYGECTOMY PRIM	11.86	990.31		90	Y	2897.26
1664	27086		RMVL FB PELVIS/HIP SUBQ TISS	6.3	526.05		10	N	748.01
1665	27087		RMVL FB PELVIS/HIP DP	15.6	1302.60		90	Y	2007.54
1666	27090		RMVL HIP PROSTH SPX	20.81	1737.64		90	Y	2097.37
1667	27091		RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	39.34	3284.89		90	Y	2097.37
1668	27093		NJX PX HIP ARTHG W/O ANES	5.39	450.07		0	N	
1669	27095		NJX PX HIP ARTHG ANES	6.68	557.78		0	N	
1670	27096		INJECTION OF JOINT OF LOWER BACK INTO PELVIS	5.22	435.87		0	N	
1671	27097		RLS/RECESSION HAMSTRING PROX	16.21	1353.54		90	Y	2897.26
1672	27098		TR ADDUXOR ISCHIUM	15.71	1311.79		90	Y	2897.26
1673	27100		TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	20.29	1694.22		90	Y	4247.50
1674	27105		TR PARASPI MUSC HIP FASC/TDN XTN GRF	21.29	1777.72		90	Y	4247.50
1675	27110		TR ILIOPSOAS GRTER TRCHNTR FEMUR	23.45	1958.08		90	Y	4247.50
1676	27111		TR ILIOPSOAS FEM NCK	22.05	1841.18		90	Y	4247.50
1677	27120		ACETABULOPLASTY	31.86	2660.31		90	Y	2097.37
1678	27122		ACETABULOPLASTY RESCJ FEM HEAD	27.64	2307.94		90	Y	2097.37
1679	27125		HEMIARTHRP HIP PRTL	27.75	2317.13		90	Y	2097.37
1680	27130		ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	35.91	2998.49		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
1681	27132		CONV PREVIOUS HIP TOT HIP ARTHRP +AGRFT/ALGRFT	42.11	3516.19		90	Y	2097.37
1682	27134		REVJ TOT HIP ARTHRP BTH +AGRFT/ALGRFT	49.13	4102.36		90	Y	2097.37
1683	27137		REVJ TOT HIP ARTHRP ACTBLR ONLY +AGRFT/ALGRFT	37.38	3121.23		90	Y	2097.37
1684	27138		REVJ TOT HIP ARTHRP FEM ONLY +ALGRFT	38.9	3248.15		90	Y	2097.37
1685	27140		OSTEOT&TR GRTER TRCHNTR FEMUR SPX	22.53	1881.26		90	Y	2097.37
1686	27146		OSTEOT ILIAC ACTBLR/INNOMINATE B1	31.6	2638.60		90	Y	2097.37
1687	27147		OSTEOT ILIAC ACTBLR/INNOMINATE B1 OPN RDCTJ HIP	36.2	3022.70		90	Y	2097.37
1688	27151		OSTEOT ILIAC ACTBLR/INNOMINATE B1 FEM OSTEOT	34.52	2882.42		90	Y	2097.37
1689	27156		OSTEOT ILIAC ACTBLR/INNOMINATE B1 OSTEOT RDCTJ	43.08	3597.18		90	Y	2097.37
1690	27158		OSTEOT PELVIS BI	31.97	2669.50		90	Y	2097.37
1691	27161		OSTEOT FEM NCK SPX	30.6	2555.10		90	Y	2097.37
1692	27165		OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	33.78	2820.63		90	Y	2097.37
1693	27170		B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	29.46	2459.91		90	Y	2097.37
1694	27175		TX SLP FEM EPIPHYSIS TRCJ W/O RDCTJ	16.28	1359.38		90	N	2097.37
1695	27176		TX SLP FEM EPIPHYSIS 1/MLT PINNING SITU	22.55	1882.93		90	Y	2097.37
1696	27177		OPTX SLP FEM EPIPHYSIS 1/MLT PINNING/B1 GRF	27.56	2301.26		90	Y	2097.37
1697	27178		OPTX SLP FEM EPIPHYSIS CLSD MNPJ 1/MLT PINNING	21.97	1834.50		90	Y	2097.37
1698	27179		OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	24.34	2032.39		90	Y	8084.19
1699	27181		OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	26.06	2176.01		90	Y	2097.37
1700	27185		EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	18.42	1538.07		90	N	2097.37
1701	27187		PROPH TX N/P/PLTWR +MMA FEM NCK&PROX FEMUR	24.98	2085.83		90	Y	2097.37
1702	27193		CLTX PEL RING FX DISLC DIAST/SUBLXTJ W/O MNPJ	11.32	945.22		90	N	151.16
1703	27194		CLTX PEL RING FX DISLC DIAST/SUBLXTJ W/MNPJ ANES	18.12	1513.02		90	Y	1394.50
1704	27200		CLTX COCCYGEAL FX	4.15	346.53		90	N	151.16
1705	27202		OPTX COCCYGEAL FX	23.01	1921.34		90	Y	4146.21
1706	27215		OPTX ILIAC SPI TUBRST AVLSN/ILIAC WING FX W/INT	18.33	1530.56		90	Y	2097.37
1707	27216		PRQ SKEL FIXJ PST PEL RING FX&/DISLC	26.31	2196.89		90	Y	2097.37
1708	27217		OPTX ANT RING FX&/DISLC W/INT FIXJ	25.39	2120.07		90	Y	2097.37
1709	27218		OPTX PST RING FX&/DISLC W/INT FIXJ	33.72	2815.62		90	Y	2097.37
1710	27220		CLTX ACETABULUM HIP/SOCKT FX W/O MNPJ	12.72	1062.12		90	N	151.16
1711	27222		CLTX ACETABULUM HIP/SOCKT FX MNPJ +SKEL TRACJ	24.37	2034.90		90	N	2097.37
1712	27226		OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	24.51	2046.59		90	Y	2097.37
1713	27227		OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	41.66	3478.61		90	Y	2097.37
1714	27228		OPTX ACTBLR FX INVG ANT&PST 2 COLUMNS FX W/INT	47.86	3996.31		90	Y	2097.37
1715	27230		CLTX FEM FX PROX END NCK W/O MNPJ	11.45	956.08		90	N	151.16
1716	27232		CLTX FEM FX PROX END NCK W/MNPJ +SKEL TRACJ	19.23	1605.71		90	N	2097.37
1717	27235		PRQ SKEL FIXJ FEM FX PROX END NCK	22.81	1904.64		90	N	2897.26
1718	27236		OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	29.25	2442.38		90	Y	2097.37
1719	27238		CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MNPJ	10.99	917.67		90	N	437.22
1720	27240		CLTX INTR/PERI/SBTRCHNTC FEM FX W/MNPJ	23.59	1969.77		90	N	2097.37
1721	27244		TX INTER/PR/SUBTRCHNTRIC FEM FX SCREW IMPLT	29.05	2425.68		90	Y	2097.37
1722	27245		TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	35.69	3390.55		90	Y	2097.37
1723	27246		CLTX GRTER TRCHNTRIC FX W/O MNPJ	9.41	785.74		90	N	437.22
1724	27248		OPTX GRTER TRCHNTRIC FX +INT/XTRNL FIXJ	19.45	1624.08		90	Y	2097.37
1725	27250		CLTX HIP DISLC TRAUMTC W/O ANES	11.64	971.94		90	N	151.16
1726	27252		CLTX HIP DISLC TRAUMTC REQ ANES	18.69	1560.62		90	N	1394.50
1727	27253		OPTX HIP DISLC TRAUMTC W/O INT FIXJ	23.77	1984.80		90	Y	2097.37
1728	27254		OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD FX	31.76	2651.96		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
1729	27256		TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	7.52	627.92		10	N	151.16
1730	27257		TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MNPJ ANES	8.25	688.88		10	N	1394.50
1731	27258		OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	27.61	2305.44		90	Y	2097.37
1732	27259		OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	38.29	3197.22		90	Y	2097.37
1733	27265		CLTX POST HIP ARTHRP DISLC W/O ANES	9.82	819.97		90	N	151.16
1734	27266		CLTX POST HIP ARTHRP DISLC REQ ANES	14.34	1197.39		90	N	1394.50
1735	27267		CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MNPJ	10.03	842.52		90	Y	151.16
1736	27268		CLOSED TX FEMORAL FRACTURE PROX HEAD W MNPJ	12.34	1036.56		90	Y	2097.37
1737	27269		OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	29.33	2463.72		90	Y	2097.37
1738	27275		MNPJ HIP JT REQ GENERAL ANES	4.5	375.75		10	N	1394.50
1739	27280		ARTHRD SI JT W/OBTG GRF	25.54	2132.59		90	Y	2097.37
1740	27282		ARTHRD SYMPHYSIS PUBIS W/OBTG GRF	20.37	1700.90		90	Y	2097.37
1741	27284		ARTHRD HIP JT W/OBTG GRF	40.63	3392.61		90	Y	2097.37
1742	27286		ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	40.82	3408.47		90	Y	2097.37
1743	27290		INTERPELVIABDL AMP HINDQUARTER AMP	39.06	3261.51		90	Y	2097.37
1744	27295		DISRTCJ HIP	31.47	2627.75		90	Y	2097.37
1745	27299		UNLIS PX PELVIS/HIP JT	BR	BR		0	N	151.16
1746	27301		I&D DP ABSC BURSA/HMTMA THI/KNE REGION	16.64	1389.44		90	N	1769.66
1747	27303		INC DP W/OPNG B1 CORTEX FEMUR/KNE	15.85	1323.48		90	Y	2097.37
1748	27305		FASCT ILIOTIBL TX OPN	11.53	962.76		90	Y	2007.54
1749	27306		TX PRQ ADDUXOR/HAMSTRING 1 TDN SPX	9.6	801.60		90	Y	2007.54
1750	27307		TX PRQ ADDUXOR/HAMSTRING MLT TDN	11.65	972.78		90	Y	2007.54
1751	27310		ARTHRT KNE W/EXPL DRG/RMVL FB	17.9	1494.65		90	Y	2897.26
1752	27323		BX SOFT TISS THI/KNE AREA SUPFC	5.97	498.50		10	N	748.01
1753	27324		BX SOFT TISS THI/KNE AREA DP	9.3	776.55		90	N	2132.75
1754	27325		NEURECTOMY HAMSTRING MUSCLE	12.55	1047.93		90	Y	1707.08
1755	27326		NEURECTOMY POPLITEAL	11.9	993.65		90	Y	1707.08
1756	27327		EXC TUM THI/KNE AREA SUBQ	10.71	894.29		90	N	2132.75
1757	27328		EXC TUM THI/KNE AREA DP SUBFSCAL/IM	10.18	850.03		90	N	1595.60
1758	27329		RAD RESCJ TUM SOFT TISS THI/KNE AREA	25.16	2100.86		90	Y	1595.60
1759	27330		ARTHRT KNE W/SYNVAL BX ONLY	9.83	820.81		90	N	2897.26
1760	27331		ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	11.7	976.95		90	Y	2897.26
1761	27332		ARTHRT W/EXC SEMILUNAR CRTLG KNE MEDIAL/LAT	15.81	1320.14		90	Y	2897.26
1762	27333		ARTHRT W/EXC SEMILUNAR CRTLG KNE MEDIAL&LAT	14.38	1200.73		90	Y	2897.26
1763	27334		ARTHRT W/SYNVCT KNE ANT/PST	16.86	1407.81		90	Y	2897.26
1764	27335		ARTHRT W/SYNVCT KNE ANT&PST W/POP AREA	19.07	1592.35		90	Y	2897.26
1765	27337		EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3+CM	11.31	944.39	0.00	90	Y	2132.75
1766	27339		EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5+CM	20.37	1700.90	0.00	90	Y	2132.75
1767	27340		EXC PREPATELLAR BURSA	8.95	747.33		90	N	2007.54
1768	27345		EXC SYNVAL CST POP SPACE	11.82	986.97		90	Y	2007.54
1769	27347		EXC LES MENISCUS/CAPSL KNE	12.28	1025.38		90	Y	2007.54
1770	27350		PATELLECTOMY/HEMIPATELLECTOMY	16.1	1344.35		90	Y	2897.26
1771	27355		EXC/CURTG B1 CST/B9 TUM FEMUR	14.97	1250.00		90	Y	2897.26
1772	27356		EXC/CURTG B1 CST/B9 TUM FEMUR W/ALGRFT	18.23	1522.21		90	Y	2897.26
1773	27357		EXC/CURTG B1 CST/B9 TUM FEMUR W/AGRFT	20.29	1694.22		90	Y	2897.26
1774	27358		EXC/CURTG B1 CST/B9 TUM FEMUR W/INT FIXJ	7.44	621.24		0	Y	2897.26
1775	27360		PRTL EXC B1 FEMUR PROX TIBIA&/FIBULA	21.24	1773.54		90	Y	2897.26
1776	27364		RAD RESECTION TUMOR SOFT TISSUE THIGH/KNEE 5+CM	42.55	3552.93	0.00	90	Y	2132.75

	A	B	C	D	E	F	G	H	I
1777	27365		RAD RESCJ TUM B1 FEMUR/KNE	30.33	2532.56		90	Y	2097.37
1778	27370		NJX KNE ARTHG	4.41	368.24		0	N	
1779	27372		RMVL FB DP THI REGION/KNE AREA	15.05	1256.68		90	Y	2132.75
1780	27380		SUTR INFRAPATELLAR TDN PRIM	14.82	1237.47		90	Y	2007.54
1781	27381		SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	20.08	1676.68		90	Y	2007.54
1782	27385		SUTR QUADRICEPS/HAMSTRING MUSC RPT PRIM	15.88	1325.98		90	Y	2007.54
1783	27386		SUTR QUADRICEPS/HAMSTRING MUSC RPT 2 RCNSTJ	20.87	1742.65		90	Y	2007.54
1784	27390		TX OPN HAMSTRING KNE HIP 1 TDN	10.79	900.97		90	Y	2007.54
1785	27391		TX OPN HAMSTRING KNE HIP MLT TDN 1 LEG	14.18	1184.03		90	Y	2007.54
1786	27392		TX OPN HAMSTRING KNE HIP MLT TDN BI	17.5	1461.25		90	Y	2007.54
1787	27393		LNGTH HAMSTRING TDN 1 TDN	12.58	1050.43		90	Y	2897.26
1788	27394		LNGTH HAMSTRING TDN MLT TDN 1 LEG	16.25	1356.88		90	Y	2897.26
1789	27395		LNGTH HAMSTRING TDN MLT TDN BI	21.93	1831.16		90	Y	4247.50
1790	27396		TRNSPL HAMSTRING TDN PATELLA 1 TDN	15.31	1278.39		90	Y	2897.26
1791	27397		TRNSPL HAMSTRING TDN PATELLA MLT TDN	21.93	1831.16		90	Y	4247.50
1792	27400		TR TDN/MUSC HAMSTRINGS FEMUR	16.58	1384.43		90	Y	4247.50
1793	27403		ARTHRT W/MENISCUS RPR KNE	16	1336.00		90	Y	2897.26
1794	27405		RPR 1 TORN LIGM&/CAPSL KNE COLTRL	16.8	1402.80		90	Y	4247.50
1795	27407		RPR 1 TORN LIGM&/CAPSL KNE CRUCIATE	19.34	1614.89		90	Y	8084.19
1796	27409		RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE LIGMS	24.03	2006.51		90	Y	4247.50
1797	27412		AUTOL CHONDROCYTE IMPLTJ KNE	40.95	3419.33		90	Y	8084.19
1798	27415		OSTCHNDRL ALGRFT KNE OPN	34.55	2884.93		90	Y	8084.19
1799	27416		OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	23.04	1935.36		90	Y	4247.50
1800	27418		ANT TIB TUBERCLEPLASTY	20.79	1735.97		90	Y	4247.50
1801	27420		RCNSTJ DISLOCATING PATELLA	18.67	1558.95		90	Y	4247.50
1802	27422		RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RLS	18.6	1553.10		90	Y	4247.50
1803	27424		RCNSTJ DISLC PATELLA W/PATELLECTOMY	18.61	1553.94		90	Y	4247.50
1804	27425		LAT RETINACULAR RLS OPN	10.97	916.00		90	N	2897.26
1805	27427		LIGMOUS RCNSTJ AGMNTJ KNE XTR-ARTICULAR	17.86	1491.31		90	Y	4247.50
1806	27428		LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR OPN	27.19	2270.37		90	Y	8084.19
1807	27429		LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	30.37	2535.90		90	Y	8084.19
1808	27430		QUADRICEPSPLASTY	18.46	1541.41		90	Y	4247.50
1809	27435		CAPSUL PST CAPSULAR RLS KNE	19.6	1636.60		90	Y	4247.50
1810	27437		ARTHRP PATELLA W/O PROSTH	16.41	1370.24		90	N	3637.36
1811	27438		ARTHRP PATELLA W/PROSTH	20.86	1741.81		90	Y	5296.66
1812	27440		ARTHRP KNE TIBL PLATU	17.98	1501.33		90	Y	3637.36
1813	27441		ARTHRP KNE TIBL PLATU W/DBRDMT&PRTL SYNVCT	19.08	1593.18		90	Y	3637.36
1814	27442		ARTHRP FEM CONDYLES/TIBL PLATU KNE	21.76	1816.96		90	Y	3637.36
1815	27443		ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	20.46	1708.41		90	Y	3637.36
1816	27445		ARTHRP KNE HINGE PROSTH	31.66	2643.61		90	Y	2097.37
1817	27446		ARTHRP KNE CONDYLE&PLATU MEDIAL/LAT CMPRT	28.24	2358.04		90	Y	10830.36
1818	27447		ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT CMPRTS	38.66	3228.11		90	Y	2097.37
1819	27448		OSTEOT FEMUR SHFT/SUPRACONDYLAR W/O FIXJ	20.6	1720.10		90	Y	2097.37
1820	27450		OSTEOT FEMUR SHFT/SUPRACONDYLAR W/FIXJ	25.59	2136.77		90	Y	2097.37
1821	27454		OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	32.26	2693.71		90	Y	2097.37
1822	27455		OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	23.68	1977.28		90	Y	2097.37
1823	27457		OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	24.38	2035.73		90	Y	2097.37
1824	27465		OSTPL FEMUR SHRT	29.33	2449.06		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
1825	27466		OSTPL FEMUR LNGTH	29.61	2472.44		90	Y	2097.37
1826	27468		OSTPL FEMUR CMBN LNGTH&SHRT W/FEM SGM TR	33.24	2775.54		90	Y	2097.37
1827	27470		RPR NON/MAL FEMUR DSTL H/N W/O GRF	29.47	2460.75		90	Y	2097.37
1828	27472		RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG B1 GRF	31.98	2670.33		90	Y	2097.37
1829	27475		ARRST EPIPHYSL DSTL FEMUR	16.42	1371.07		90	N	2897.26
1830	27477		ARRST EPIPHYSL TIBFIB PROX	18.23	1522.21		90	N	2097.37
1831	27479		ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	23.02	1922.17		90	Y	2897.26
1832	27485		ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	16.76	1399.46		90	N	2097.37
1833	27486		REVJ TOT KNE ARTHRP +ALGRFT 1 COMP	35.26	2944.21		90	Y	2097.37
1834	27487		REVJ TOT KNE ARTHRP FEM&ENTIRE TIBL COMP	44.57	3721.60		90	Y	2097.37
1835	27488		RMVL PROSTH TOT KNE PROSTH MMA +INSJ SPACER	29.77	2485.80		90	Y	2097.37
1836	27495		PROPH TX N/P/PLTWR +MMA FEMUR	28.46	2376.41		90	Y	2097.37
1837	27496		DCMPRN FASCT THI&/KNE 1 CMPRT	12.44	1038.74		90	N	2897.26
1838	27497		DCMPRN FASCT THI&/KNE 1 DBRDMT NV MUSC&/NRV	13.32	1112.22		90	Y	2007.54
1839	27498		DCMPRN FASCT THI&/KNE MLT CMPRTS	14.73	1229.96		90	Y	2897.26
1840	27499		DCMPRN FASCT THI&/KNE MLT DBRDMT NV MUSC&/NRV	16.42	1371.07		90	Y	2897.26
1841	27500		CLTX FEM SHFT FX W/O MNPJ	12.56	1048.76		90	N	437.22
1842	27501		CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MNPJ	12.34	1030.39		90	N	151.16
1843	27502		CLTX FEM SHFT FX W/MNPJ +SKN/SKEL TRACJ	19.72	1646.62		90	N	1677.55
1844	27503		CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MNPJ	19.9	1661.65		90	Y	151.16
1845	27506		OPTX FEM SHFT FX W/INSJ IMED IMPLT +SCREW	32.91	2747.99		90	Y	2097.37
1846	27507		OPTX FEM SHFT FX W/PLATE/SCREWS +CERCLAGE	24.81	2071.64		90	Y	2097.37
1847	27508		CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MNPJ	12.71	1061.29		90	N	151.16
1848	27509		PRQ SKEL FIXJ FEM FX DSTL END	16.16	1349.36		90	Y	2356.77
1849	27510		CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MNPJ	17.33	1447.06		90	N	437.22
1850	27511		OPTX FEM SPRCNDYLR/TRNSCNDYLR FX W/O NTRCNDYLR	25.6	2137.60		90	Y	2097.37
1851	27513		OPTX FEM SPRCNDYLR/TRNSCNDYLR FX W/NTRCNDYLR XTN	34	2839.00		90	Y	2097.37
1852	27514		OPTX FEM FX DSTL END MED/LAT CNDYL +INT/XTRNL	33.2	2772.20		90	Y	2097.37
1853	27516		CLTX DSTL FEM EPIPHYSL SEP W/O MNPJ	11.9	993.65		90	N	151.16
1854	27517		CLTX DSTL FEM EPIPHYSL SEP W/MNPJ +SKN/SKEL	16.41	1370.24		90	Y	151.16
1855	27519		OPTX DSTL FEM EPIPHYSL SEP +INT/XTRNL FIXJ	27.94	2332.99		90	Y	2097.37
1856	27520		CLTX PATELLAR FX W/O MNPJ	7.54	629.59		90	N	151.16
1857	27524		OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	18.89	1577.32		90	Y	4146.21
1858	27530		CLTX TIBL FX PROX W/O MNPJ	9.41	785.74		90	N	151.16
1859	27532		CLTX TIBL FX PROX +MNPJ W/SKEL TRACJ	15.07	1258.35		90	N	1677.55
1860	27535		OPTX TIBL FX PROX UNICONDYLAR +INT/XTRNL FIXJ	22.27	1859.55		90	Y	2097.37
1861	27536		OPTX TIBL FX PROX BICONDYLAR +INT FIXJ	29.49	2462.42		90	Y	2097.37
1862	27538		CLTX INTERCONDYLAR SPI&/TUBRST FX KNE +MNPJ	11.27	941.05		90	N	151.16
1863	27540		OPTX NTRCNDYLR SPI&/TUBRST FX KNE +FIXJ	23.53	1964.76		90	Y	2097.37
1864	27550		CLTX KNE DISLC W/O ANES	11.85	989.48		90	N	151.16
1865	27552		CLTX KNE DISLC REQ ANES	15.34	1280.89		90	Y	1394.50
1866	27556		OPTX KNE DISLC +INT/XTRNL FIXJ W/O RPR/AGMNTJ	27.04	2257.84		90	Y	2097.37
1867	27557		OPTX KNE DISLC +FIXJ W/PRIM LIGMOUS RPR	31.05	2592.68		90	Y	2097.37
1868	27558		OPTX KNE DISLC +FIXJ W/RPR W/AGMNTJ	31.74	2650.29		90	Y	2097.37
1869	27560		CLTX PATELLAR DISLC W/O ANES	8.5	709.75		90	N	151.16
1870	27562		CLTX PATELLAR DISLC REQ ANES	10.9	910.15		90	N	1394.50
1871	27566		OPTX PATELLAR DISLC +PRTL/TOT PATELLECTOMY	22.41	1871.24		90	Y	4146.21
1872	27570		MNPJ KNE JT UNDER GENERAL ANES	3.61	301.44		10	N	1394.50

	A	B	C	D	E	F	G	H	I
1873	27580		ARTHRD KNE ANY TQ	36.38	3037.73		90	Y	2097.37
1874	27590		AMP THI THRU FEMUR	20.29	1694.22		90	Y	2097.37
1875	27591		AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	22.8	1903.80		90	Y	2097.37
1876	27592		AMP THI THRU FEMUR OPN CIRCULAR GUILLOTINE	17.22	1437.87		90	Y	2097.37
1877	27594		AMP THI THRU FEMUR SEC CLSR/SCAR REVJ	12.54	1047.09		90	N	2007.54
1878	27596		AMP THI THRU FEMUR RE-AMP	18.22	1521.37		90	N	2097.37
1879	27598		DISRTCJ KNE	18.47	1542.25		90	Y	2097.37
1880	27599		UNLIS PX FEMUR/KNE	BR	BR		0	N	151.16
1881	27600		DCMPRN FASCT LEG ANT&/LAT CMPRTS ONLY	10.56	881.76		90	N	2007.54
1882	27601		DCMPRN FASCT LEG PST CMPRT ONLY	10.84	905.14		90	N	2007.54
1883	27602		DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	12.97	1083.00		90	Y	2007.54
1884	27603		I&D LEG/ANKLE DP ABSC/HMTMA	12.71	1061.29		90	N	1769.66
1885	27604		I&D LEG/ANKLE INFCT BURSA	10.93	912.66		90	N	2007.54
1886	27605		TX PRQ ACHLL TDN SPX LOCAL ANES	10.09	842.52		10	N	1991.95
1887	27606		TX PRQ ACHLL TDN SPX GENERAL ANES	7.61	635.44		10	N	2007.54
1888	27607		INC LEG/ANKLE	15.04	1255.84		90	N	2007.54
1889	27610		ARTHRT ANKLE W/EXPL DRG/RMVL FB	16.3	1361.05		90	N	2897.26
1890	27612		ARTHRT PST CAPSULAR RLS ANKLE +ACHLL TDN LNGTH	14.25	1189.88		90	Y	2897.26
1891	27613		BX SOFT TISS LEG/ANKLE AREA SUPFC	5.56	464.26		10	N	748.01
1892	27614		BX SOFT TISS LEG/ANKLE AREA DP	13.24	1105.54		90	N	2132.75
1893	27615		RAD RESCJ TUM SOFT TISS LEG/ANKLE AREA	22.54	1882.09		90	Y	1595.60
1894	27616		RAD RESCJ TUM SOFT TISSUE LEG/ANKLE 5+CM	34.72	2899.12	0.00	90	N	2132.75
1895	27618		EXC TUM LEG/ANKLE AREA SUBQ TISS	11.44	955.24		90	N	1595.60
1896	27619		EXC TUM LEG/ANKLE AREA DP	18.52	1546.42		90	N	1595.60
1897	27620		ARTHRT ANKLE W/JT EXPL +BX +RMVL LOOSE/FB	11.65	972.78		90	Y	2897.26
1898	27625		ARTHRT W/SYNVCT ANKLE	15.06	1257.51		90	Y	2897.26
1899	27626		ARTHRT W/SYNVCT ANKLE W/TENOSYNVCT	16.25	1356.88		90	Y	2897.26
1900	27630		EXC LES TDN SHTH/CAPSL LEG&/ANKLE	12.76	1065.46		90	N	2007.54
1901	27632		EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ > 3CM	11.16	931.86	0.00	90	Y	2132.75
1902	27634		EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5+CM	18.2	1519.70	0.00	90	Y	2132.75
1903	27635		EXC/CURTG B1 CST/B9 TUM TIB/FIBULA	14.9	1244.15		90	N	2897.26
1904	27637		EXC/CURTG B1 CST/B9 TUM TIB/FIBULA W/AGRFT	18.83	1572.31		90	Y	2897.26
1905	27638		EXC/CURTG B1 CST/B9 TUM TIB/FIBULA W/ALGRFT	19.6	1636.60		90	Y	2897.26
1906	27640		PRTL EXC B1 TIB	22.56	1883.76		90	N	4247.50
1907	27641		PRTL EXC B1 FIBULA	18.17	1517.20		90	N	2897.26
1908	27645		RAD RESCJ TUM B1 TIB	27.13	2265.36		90	Y	2097.37
1909	27646		RAD RESCJ TUM B1 FIBULA	24.33	2031.56		90	Y	2097.37
1910	27647		RAD RESCJ TUM B1 TALUS/CALCANEUS	20.7	1728.45		90	Y	4247.50
1911	27648		NJX ANKLE ARTHG	4.24	354.04		0	N	
1912	27650		RPR PRIM OPN/PRQ RPTD ACHLL TDN	17.75	1482.13		90	Y	4247.50
1913	27652		RPR PRIM OPN/PRQ RPTD ACHLL TDN W/GRF	18.94	1581.49		90	N	8084.19
1914	27654		RPR SEC ACHLL TDN +GRF	17.72	1479.62		90	Y	4247.50
1915	27656		RPR FSCAL DFCT LEG	13.26	1107.21		90	Y	2007.54
1916	27658		RPR FLXR TDN LEG PRIM W/O GRF EA TDN	9.71	810.79		90	Y	2007.54
1917	27659		RPR FLXR TDN LEG SEC +GRF EA TDN	12.84	1072.14		90	Y	2007.54
1918	27664		RPR XTNSR TDN LEG PRIM W/O GRF EA TDN	9.33	779.06		90	N	2897.26
1919	27665		RPR XTNSR TDN LEG SEC +GRF EA TDN	10.65	889.28		90	Y	2897.26
1920	27675		RPR DISLOCATING PRONEAL TDN W/O FIBULAR OSTEOT	13.11	1094.69		90	Y	2007.54

	A	B	C	D	E	F	G	H	I
1921	27676		RPR DISLOCATING PRONEAL TDN FIBULAR OSTEOT	15.62	1304.27		90	Y	2897.26
1922	27680		TNOLS FLXR/XTNSR TDN LEG&/ANKLE 1 EA TDN	11.07	924.35		90	N	2897.26
1923	27681		TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	13.02	1087.17		90	N	2897.26
1924	27685		LNGTH/SHRT TDN LEG/ANKLE 1 TDN SPX	14.56	1215.76		90	Y	2897.26
1925	27686		LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	14.33	1196.56		90	N	2897.26
1926	27687		GASTRCN RECESSION	11.79	984.47		90	Y	2897.26
1927	27690		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	15.54	1297.59		90	Y	4247.50
1928	27691		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	18.4	1536.40		90	Y	4247.50
1929	27692		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	2.88	240.48		0	Y	4247.50
1930	27695		RPR PRIM DISRUPTED LIGM ANKLE COLTRL	12.63	1054.61		90	N	2897.26
1931	27696		RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	15.08	1259.18		90	N	2897.26
1932	27698		RPR SEC DISRUPTED LIGM ANKLE COLTRL	16.71	1395.29		90	Y	2897.26
1933	27700		ARTHRP ANKLE	15.44	1289.24		90	Y	3637.36
1934	27702		ARTHRP ANKLE W/IMPLT TOT ANKLE	25.26	2109.21		90	Y	2097.37
1935	27703		ARTHRP ANKLE REVJ TOT ANKLE	28.78	2403.13		90	Y	2097.37
1936	27704		RMVL ANKLE IMPLT	13.81	1153.14		90	N	2007.54
1937	27705		OSTEOT TIB	19.34	1614.89		90	Y	4247.50
1938	27707		OSTEOT FIBULA	9.79	817.47		90	N	2007.54
1939	27709		OSTEOT TIBFIB	25.92	2164.32		90	Y	2897.26
1940	27712		OSTEOT MLT W/RELIGNMT IMED ROD	26.93	2248.66		90	Y	2097.37
1941	27715		OSTPL TIBFIB LNGTH/SHRT	26.65	2225.28		90	Y	2097.37
1942	27720		RPR NON/MAL TIB W/O GRF	22.09	1844.52		90	Y	4146.21
1943	27722		RPR NON/MAL TIBIA W/SLIDING GRF	22	1837.00		90	Y	5970.68
1944	27724		RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	32.29	2696.22		90	Y	2097.37
1945	27725		RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	29.73	2482.46		90	Y	2097.37
1946	27726		REPAIR FIBULA NONUNION/MALUNION W INT FIXATION	21.61	1815.24		90	Y	4146.21
1947	27727		RPR CGEN PSEUDARTHROSIS TIBIA	25.57	2135.10		90	Y	2097.37
1948	27730		ARRST EPIPHYSL OPN DSTL TIBIA	14.71	1228.29		90	N	2897.26
1949	27732		ARRST EPIPHYSL OPN DSTL FIBULA	10.47	874.25		90	N	2897.26
1950	27734		ARRST EPIPHYSL OPN DSTL TIBFIB	15.46	1290.91		90	N	2897.26
1951	27740		ARRST EPIPHYSL ANY METH TIBFIB	17.82	1487.97		90	Y	2897.26
1952	27742		ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	16.88	1409.48		90	Y	4247.50
1953	27745		PROPH TX N/P/PLTWR +MMA TIBIA	18.98	1584.83		90	Y	8084.19
1954	27750		CLTX TIBL SHFT FX W/O MNPJ	8.13	678.86		90	N	151.16
1955	27752		CLTX TIBL SHFT FX W/MNPJ +SKEL TRACJ	13.02	1087.17		90	N	1677.55
1956	27756		PRQ SKEL FIXJ TIBL SHFT FX	14.05	1173.18		90	Y	2356.77
1957	27758		OPTX TIBL SHFT FX W/PLATE/SCREWS +CERCLAGE	22.1	1845.35		90	Y	4146.21
1958	27759		TX TIBL SHFT FX IMED IMPLT +SCREWS&/CERCLAGE	25.18	2102.53		90	Y	5970.68
1959	27760		CLTX MEDIAL MALLS FX W/O MNPJ	7.84	654.64		90	N	151.16
1960	27762		CLTX MEDIAL MALLS FX W/MNPJ +SKN/SKEL TRACJ	11.78	983.63		90	N	1677.55
1961	27766		OPTX MEDIAL MALLS FX +INT/XTRNL FIXJ	16.28	1359.38		90	N	4146.21
1962	27767		CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MNPJ	6.12	514.08		90	N	151.16
1963	27768		CLOSED TREATMENT PST MALLEOLUS FRACTURE W MNPJ	9.49	797.16		90	N	151.16
1964	27769		OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	16.34	1372.56		90	N	4146.21
1965	27780		CLTX PROX FIBULA/SHFT FX W/O MNPJ	6.97	582.00		90	N	151.16
1966	27781		CLTX PROX FIBULA/SHFT FX W/MNPJ	10.11	844.19		90	N	1677.55
1967	27784		OPTX PROX FIBULA/SHFT FX +INT/XTRNL FIXJ	14.15	1181.53		90	N	4146.21
1968	27786		CLTX DSTL FIBULAR FX LAT MALLS W/O MNPJ	7.44	621.24		90	N	151.16

	A	B	C	D	E	F	G	H	I
1969	27788		CLTX DSTL FIBULAR FX LAT MALLS W/MNPJ	10.29	859.22		90	N	151.16
1970	27792		OPTX DSTL FIBULAR FX LAT MALLS +INT/XTRNL FIXJ	15.14	1264.19		90	N	4146.21
1971	27808		CLTX BIMAL ANKLE FX W/POTTS W/O MNPJ	7.78	649.63		90	N	151.16
1972	27810		CLTX BIMAL ANKLE FX W/POTTS W/MNPJ	11.55	964.43		90	N	437.22
1973	27814		OPTX BIMAL ANKLE FX +INT/XTRNL FIXJ	20.09	1908.55		90	Y	4146.21
1974	27816		CLTX TRIMAL ANKLE FX W/O MNPJ	7.38	616.23		90	N	151.16
1975	27818		CLTX TRIMAL ANKLE FX W/MNPJ	11.97	999.50		90	N	437.22
1976	27822		OPTX TRIMAL ANKLE FX MED&/LAT W/O FIXJ PST LIP	23.03	1923.01		90	Y	4146.21
1977	27823		OPTX TRIMAL ANKLE FX MED&/LAT W/FIXJ PST LIP	26.08	2177.68		90	Y	5970.68
1978	27824		CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MNPJ	7.31	610.39		90	N	151.16
1979	27825		CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	13.38	1117.23		90	N	1677.55
1980	27826		OPTX FX W8 BRG ARTCLR SURF DSTL TIB FIXJ FIB	17.91	1495.49		90	Y	4146.21
1981	27827		OPTX FX W8 BRG ARTCLR SURF DSTL TIB FIXJ TIB	28.89	2412.32		90	Y	5970.68
1982	27828		OPTX FX W8 BRG ARTCLR SURF DSTL TIB FIXJ TIBFIB	32.73	2732.96		90	Y	5970.68
1983	27829		OPTX DSTL TIBFIB JT DISRUPTION +INT/XTRNL FIXJ	12.53	1046.26		90	Y	4146.21
1984	27830		CLTX PROX TIBFIB JT DISLC W/O ANES	8.37	698.90		90	N	151.16
1985	27831		CLTX PROX TIBFIB JT DISLC REQ ANES	9.24	771.54		90	N	1677.55
1986	27832		OPTX PROX TIBFIB JT DISLC W/EXC PROX FIB	12.85	1072.98		90	Y	4146.21
1987	27840		CLTX ANKLE DISLC W/O ANES	8.37	698.90		90	N	437.22
1988	27842		CLTX ANKLE DISLC REQ ANES +PRQ SKEL FIXJ	11.77	982.80		90	N	1394.50
1989	27846		OPTX ANKLE DISLC W/O RPR/INT FIXJ	18.52	1546.42		90	Y	4146.21
1990	27848		OPTX ANKLE DISLC W/RPR/INT/XTRNL FIXJ	21.57	1801.10		90	Y	4146.21
1991	27860		MNPJ ANKLE UNDER GENERAL ANES	4.42	369.07		10	Y	1394.50
1992	27870		ARTHRD ANKLE OPN	26.25	2191.88		90	Y	8084.19
1993	27871		ARTHRD TIBFIB JT PROX/DSTL	17.38	1451.23		90	Y	8084.19
1994	27880		AMP LEG THRU TIBFIB	22.51	1879.59		90	Y	2097.37
1995	27881		AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	22.47	1876.25		90	Y	2097.37
1996	27882		AMP LEG THRU TIBFIB OPN CIRCULAR GUILLOTINE	16.23	1355.21		90	Y	2097.37
1997	27884		AMP LEG THRU TIBFIB SEC CLSR/SCAR REVJ	14.58	1217.43		90	N	2007.54
1998	27886		AMP LEG THRU TIBFIB RE-AMP	16.61	1386.94		90	N	2097.37
1999	27888		AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	17.9	1494.65		90	Y	2097.37
2000	27889		ANKLE DISRTCJ	17.29	1443.72		90	N	2897.26
2001	27892		DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NRV	13.54	1130.59		90	Y	2897.26
2002	27893		DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	13.48	1125.58		90	Y	2897.26
2003	27894		DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUSC&/NRV	20.49	1710.92		90	Y	2897.26
2004	27899		UNLIS PX LEG/ANKLE	BR	BR		0	N	151.16
2005	28001		I&D BURSA FOOT	6.05	505.18		10	N	1150.97
2006	28002		I&D BELW FSCA FOOT 1 BURSAL SPACE	11.25	939.38		10	N	2007.54
2007	28003		I&D BELW FSCA FOOT MLT AREAS	15.81	1320.14		90	N	2007.54
2008	28005		INC B1 CORTEX FOOT	15.44	1289.24		90	N	1991.95
2009	28008		FASCT FOOT&/TOE	9.59	800.77		90	N	1991.95
2010	28010		TX PRQ TOE 1 TDN	5.46	455.91		90	N	1991.95
2011	28011		TX PRQ TOE MLT TDN	7.8	651.30		90	N	1991.95
2012	28020		ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	11.67	974.45		90	N	1991.95
2013	28022		ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	10.5	876.75		90	N	1991.95
2014	28024		ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	10.15	847.53		90	N	1991.95
2015	28035		RLS TARSAL TUNNEL PST TIBL NRV DCMPRN	11.59	967.77		90	N	1707.08
2016	28039		EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ 1.5+CM	12.84	1072.14	0.00	90	Y	2132.75

	A	B	C	D	E	F	G	H	I
2017	28041		EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5+CM	12.09	1009.52	0.00	90	N	2132.75
2018	28043		EXC TUM FOOT SUBQ TISS	7.75	647.13		90	N	1595.60
2019	28045		EXC TUM FOOT DP SUBFSCAL IM	10.73	895.96		90	N	1595.60
2020	28046		RAD RESCJ TUM SOFT TISS FOOT	20.05	1674.18		90	N	1595.60
2021	28047		RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3+CM	25.46	2125.91	0.00	90	Y	2132.75
2022	28050		ARTHRT W/BX INTERTARSAL/TARS JT	9.87	824.15		90	N	1991.95
2023	28052		ARTHRT W/BX METATARSOPHALANGEAL JT	9.41	785.74		90	N	1991.95
2024	28054		ARTHRT W/BX IPHAL JT	8.7	726.45		90	N	1991.95
2025	28055		NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	9.94	829.99		90	Y	1707.08
2026	28060		FASCT PLNTAR FSCA PRTL SPX	11.36	948.56		90	N	1991.95
2027	28062		FASCT PLNTAR FSCA RAD SPX	13.62	1137.27		90	N	1991.95
2028	28070		SYNVCT INTERTARSAL/TARS JT EA	11.09	926.02		90	N	1991.95
2029	28072		SYNVCT METATARSOPHALANGEAL JT EA	10.89	909.32		90	N	1991.95
2030	28080		EXC INTERDGTAL MORTON NEUROMA 1 EA	10.42	870.07		90	N	1991.95
2031	28086		SYNVCT TDN SHTH FOOT FLXR	13.04	1088.84		90	Y	1991.95
2032	28088		SYNVCT TDN SHTH FOOT XTNSR	10.18	850.03		90	N	1991.95
2033	28090		EXC LES TDN TDN SHTH/CAPSL W/SYNVCT FOOT	10.17	849.20		90	N	1991.95
2034	28092		EXC LES TDN TDN SHTH/CAPSL W/SYNVCT TOE EA	9.36	781.56		90	N	1991.95
2035	28100		EXC/CURTG CST/B9 TUM TALUS/CALCANEUS	13.99	1168.17		90	Y	1991.95
2036	28102		EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	13.87	1158.15		90	Y	4789.83
2037	28103		EXC/CURTG CST/B9 TUM TALUS/CALCANEUS W/ALGRFT	11.32	945.22		90	Y	4789.83
2038	28104		EXC/CURTG CST/B9 TUM TARSAL/METAR	11.29	942.72		90	Y	1991.95
2039	28106		EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	11.92	995.32		90	Y	4789.83
2040	28107		EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	12.66	1057.11		90	Y	4789.83
2041	28108		EXC/CURTG CST/B9 TUM PHALANGES FOOT	9.37	782.40		90	N	1991.95
2042	28110		OSTECTOMY PRTL 5TH METAR HEAD SPX	9.91	827.49		90	N	1991.95
2043	28111		OSTECTOMY COMPL 1ST METAR HEAD	11.77	982.80		90	N	1991.95
2044	28112		OSTECTOMY COMPL OTH METAR HEAD 2ND 3RD/4TH	10.87	907.65		90	N	1991.95
2045	28113		OSTECTOMY COMPL 5TH METAR HEAD	12.58	1050.43		90	N	1991.95
2046	28114		OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	23.93	1998.16		90	Y	1991.95
2047	28116		OSTECTOMY TARSAL COALITION	16.56	1382.76		90	N	1991.95
2048	28118		OSTECTOMY CALCANEUS	12.93	1079.66		90	Y	1991.95
2049	28119		OSTECTOMY CALCANEUS SPUR +PLNTAR FSCAL RLS	11.49	959.42		90	N	1991.95
2050	28120		PRTL EXC B1 TALUS/CALCANEUS	13.34	1113.89		90	N	1991.95
2051	28122		PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	15.05	1256.68		90	Y	1991.95
2052	28124		PRTL EXC B1 PHALANX TOE	10.45	872.58		90	N	1991.95
2053	28126		RESCJ PRTL/COMPL PHLNGL BASE EA TOE	8.31	693.89		90	N	1991.95
2054	28130		TALECTOMY ASTRAGALECTOMY	16.14	1347.69		90	Y	1991.95
2055	28140		METATARSECTOMY	14.63	1221.61		90	N	1991.95
2056	28150		PHALANGECTOMY TOE EA TOE	9.49	792.42		90	N	1991.95
2057	28153		RESCJ CONDYLE DSTL END PHALANX EA TOE	8.6	718.10		90	N	1991.95
2058	28160		HEMIPHALANGC/IPHAL JT EXC TOE	8.93	745.66		90	N	1991.95
2059	28171		RAD RESCJ TUM B1 TARSAL XCP TALUS/CALCANEUS	15.61	1303.44		90	Y	1991.95
2060	28173		RAD RESCJ TUM B1 METAR	17.18	1434.53		90	N	1991.95
2061	28175		RAD RESCJ TUM B1 PHALANX TOE	12.36	1032.06		90	N	1991.95
2062	28190		RMVL FB FOOT SUBQ	5.55	463.43		10	N	748.01
2063	28192		RMVL FB FOOT DP	10.63	887.61		90	N	1595.60
2064	28193		RMVL FB FOOT COMP	11.99	1001.17		90	N	748.01

	A	B	C	D	E	F	G	H	I
2065	28200		RPR TDN FLXR FOOT 1/2 W/O FR GRF EA TDN	10.35	864.23		90	N	1991.95
2066	28202		RPR TDN FLXR FOOT SEC W/FR GRF EA TDN	14.59	1218.27		90	Y	1991.95
2067	28208		RPR TDN XTNSR FOOT 1/2 EA TDN	9.85	822.48		90	N	1991.95
2068	28210		RPR TDN XTNSR FOOT SEC W/FR GRF EA TDN	13.14	1097.19		90	Y	4789.83
2069	28220		TNOLS FLXR FOOT 1 TDN	9.81	819.14		90	N	1991.95
2070	28222		TNOLS FLXR FOOT MLT TDN	11.46	956.91		90	N	1991.95
2071	28225		TNOLS XTNSR FOOT 1 TDN	8.52	711.42		90	N	1991.95
2072	28226		TNOLS XTNSR FOOT MLT TDN	10.05	839.18		90	N	1991.95
2073	28230		TX OPN TDN FLXR FOOT 1/MLT TDN SPX	9.49	792.42		90	N	1991.95
2074	28232		TX OPN TDN FLXR TOE 1 TDN SPX	8.41	702.24		90	N	1991.95
2075	28234		TX OPN XTNSR FOOT/TOE EA TDN	8.61	718.94		90	N	1991.95
2076	28238		RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	15.66	1307.61		90	Y	4789.83
2077	28240		TX LNGTH/RLS ABDUXOR HALLUCIS MUSC	9.63	804.11		90	N	1991.95
2078	28250		DIV PLNTAR FSCA&MUSC SPX	12.28	1025.38		90	Y	1991.95
2079	28260		CAPSUL MIDFOOT MEDIAL RLS ONLY SPX	15.32	1279.22		90	Y	1991.95
2080	28261		CAPSUL MIDFOOT W/TDN LNGTH	22.35	1866.23		90	Y	1991.95
2081	28262		CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	31.97	2669.50		90	Y	1991.95
2082	28264		CAPSUL MIDTARSL	19.43	1622.41		90	Y	4789.83
2083	28270		CAPSUL MTTARPHLNGL JT +TENORRHAPHY EA JT SPX	10.38	866.73		90	N	1991.95
2084	28272		CAPSUL IPHAL JT EA JT SPX	8.52	711.42		90	N	1991.95
2085	28280		SYNDACTYLIZATION TOES	11.97	999.50		90	N	1991.95
2086	28285		CORRJ HAMMERTOE	10.11	844.19		90	N	1991.95
2087	28286		CORRJ COCK-UP 5TH TOE W/PLSTC SKN CLSR	9.95	830.83		90	N	1991.95
2088	28288		OSTC PRTL EXOSTC/CONDYLC METAR HEAD	12.5	1043.75		90	N	1991.95
2089	28289		HALLUX RGDUS CORRJ W/CHEILC	16.68	1392.78		90	Y	1991.95
2090	28290		CORRJ HALLUX VALGUS +SESMDC SMPL EXOSTECTOMY	12.71	1061.29		90	N	2877.35
2091	28292		CORRJ HALLUX VALGUS +SESMDC KELR MCBRIDE/MAYO	16.96	1416.16		90	Y	2877.35
2092	28293		CORRJ HALLUX VALGUS +SESMDC RESCJ JT W/IMPLT	22.83	1906.31		90	Y	2877.35
2093	28294		CORRJ HALLUX VALGUS +SESMDC W/TDN TRNSPLS	16.73	1396.96		90	Y	2877.35
2094	28296		CORRJ HALLUX VALGUS +SESMDC W/METAR OSTEOT	18.1	1511.35		90	Y	2877.35
2095	28297		CORRJ HALLUX VALGUS +SESMDC LAPIDUS-TYP PX	19.03	1589.01		90	Y	2877.35
2096	28298		CORRJ HALLUX VALGUS +SESMDC PHALANX OSTEOT	15.99	1335.17		90	Y	2877.35
2097	28299		CORRJ HALLUX VALGUS +SESMDC 2 OSTEOT	20.85	1740.98		90	Y	2877.35
2098	28300		OSTEOT CALCANEUS +INT FIXJ	16.99	1418.67		90	Y	4789.83
2099	28302		OSTEOT TALUS	16.68	1392.78		90	Y	1991.95
2100	28304		OSTEOT TARSAL B1S OTH/THN CALCANEUS/TALUS	17.99	1502.17		90	Y	4789.83
2101	28305		OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	17.3	1444.55		90	Y	4789.83
2102	28306		OSTEOT +LNGTH SHRT/CORRJ 1ST METAR	13.38	1117.23		90	Y	1991.95
2103	28307		OSTEOT +LNGTH SHRT/CORRJ 1ST METAR XCP 1ST TOE	17.3	1444.55		90	Y	1991.95
2104	28308		OSTEOT +LNGTH SHRT/CORRJ METAR XCP 1ST EA	11.82	986.97		90	Y	1991.95
2105	28309		OSTEOT +LNGTH SHRT/ANGULAR CORRJ METAR MLT	22.54	1882.09		90	Y	4789.83
2106	28310		OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	11.83	987.81		90	N	1991.95
2107	28312		OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	10.7	893.45		90	N	1991.95
2108	28313		RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	11.08	925.18		90	N	1991.95
2109	28315		SESMDC 1ST TOE SPX	10.41	869.24		90	N	1991.95
2110	28320		RPR NON/MAL TARSAL B1S	16.24	1356.04		90	Y	4789.83
2111	28322		RPR NON/MAL METAR +B1 GRF	18.22	1521.37		90	Y	4789.83
2112	28340		RCNSTJ TOE MACRODACTYLY SOFT TISS RESCJ	14.03	1171.51		90	N	1991.95

	A	B	C	D	E	F	G	H	I
2113	28341		RCNSTJ TOE MACRODACTYLY REQ B1 RESCJ	16.13	1346.86		90	N	1991.95
2114	28344		RCNSTJ TOE POLYDACTYLY	10.4	868.40		90	N	1991.95
2115	28345		RCNSTJ TOE SYNDACTYLY +SKN GRF EA WEB	12.78	1067.13		90	N	1991.95
2116	28360		RCNSTJ CL FOOT	24.93	2081.66		90	Y	4789.83
2117	28400		CLTX CALCANEAL FX W/O MNPJ	5.92	494.32		90	N	151.16
2118	28405		CLTX CALCANEAL FX W/MNPJ	9.65	805.78		90	N	1677.55
2119	28406		PRQ SKEL FIXJ CALCANEAL FX W/MNPJ	13.42	1120.57		90	N	2356.77
2120	28415		OPTX CALCANEAL FX +INT/XTRNL FIXJ	31.16	2601.86		90	Y	5970.68
2121	28420		OPTX CALCANEAL FX W/PRIM ILIAC/OTH AUTOG B1 GRF	30.41	2539.24		90	Y	4146.21
2122	28430		CLTX TALUS FX W/O MNPJ	5.56	464.26		90	N	151.16
2123	28435		CLTX TALUS FX W/MNPJ	7.51	627.09		90	N	151.16
2124	28436		PRQ SKEL FIXJ TALUS FX W/MNPJ	10.8	901.80		90	N	2356.77
2125	28445		OPTX TALUS FX +INT/XTRNL FIXJ	28.66	2393.11		90	Y	4146.21
2126	28446		OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	28.22	2370.48		90	Y	4789.83
2127	28450		TX TARSAL B1 FX XCP TALUS&CALCN W/O MNPJ	5.1	425.85		90	N	151.16
2128	28455		TX TARSAL B1 FX XCP TALUS&CALCN W/MNPJ	6.76	564.46		90	N	151.16
2129	28456		PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MNPJ	6.93	578.66		90	N	2356.77
2130	28465		OPTX TARSL FX XCP TALUS&CALCN	13.52	1128.92		90	N	4146.21
2131	28470		CLTX METAR FX W/O MNPJ	5.14	429.19		90	N	151.16
2132	28475		CLTX METAR FX W/MNPJ	6.4	534.40		90	N	151.16
2133	28476		PRQ SKEL FIXJ METAR FX W/MNPJ	8.48	708.08		90	N	2356.77
2134	28485		OPTX METAR FX +INT/XTRNL FIXJ	11.25	939.38		90	N	4146.21
2135	28490		CLTX FX GRT TOE PHLX/PHLG W/O MNPJ	3.19	266.37		90	N	151.16
2136	28495		CLTX FX GRT TOE PHLX/PHLG W/MNPJ	3.91	326.49		90	N	151.16
2137	28496		PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MNPJ	10.5	876.75		90	N	2356.77
2138	28505		OPTX FX GRT TOE PHLX/PHLG +INT/XTRNL FIXJ	11.98	1000.33		90	N	2356.77
2139	28510		CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MNPJ	2.72	227.12		90	N	151.16
2140	28515		CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MNPJ	3.51	293.09		90	N	151.16
2141	28525		OPTX FX PHLX/PHLG OTH/THN GRT TOE	10.88	908.48		90	N	2356.77
2142	28530		CLTX SESAMOID FX	2.6	217.10		90	N	151.16
2143	28531		OPTX SESAMOID FX +INT FIXJ	9.51	794.09		90	N	2356.77
2144	28540		CLTX TARSAL B1 DISLC OTH/THN TALOTARSAL W/O ANES	4.65	388.28		90	N	151.16
2145	28545		CLTX TARSAL B1 DISLC OTH/THN TALOTARSAL REQ ANES	5.22	435.87		90	N	2356.77
2146	28546		PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MNPJ	10.57	882.60		90	N	2356.77
2147	28555		OPTX TARSAL B1 DISLC +INT/XTRNL FIXJ	16.69	1393.62		90	Y	4146.21
2148	28570		CLTX TALOTARSAL JT DISLC W/O ANES	4.23	353.21		90	N	437.22
2149	28575		CLTX TALOTARSAL JT DISLC REQ ANES	7.49	625.42		90	N	1677.55
2150	28576		PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MNPJ	8.86	739.81		90	N	2356.77
2151	28585		OPTX TALOTARSAL JT DISLC +INT/XTRNL FIXJ	16.58	1384.43		90	Y	2356.77
2152	28600		CLTX TARS JT DISLC W/O ANES	4.88	407.48		90	N	151.16
2153	28605		CLTX TARS JT DISLC REQ ANES	6.18	516.03		90	N	151.16
2154	28606		PRQ SKEL FIXJ TARS JT DISLC W/MNPJ	9.89	825.82		90	N	2356.77
2155	28615		OPTX TARS JT DISLC +INT/XTRNL FIXJ	17.15	1432.03		90	Y	4146.21
2156	28630		CLTX METATARSOPHLNGL JT DISLC W/O ANES	3.42	285.57		10	N	151.16
2157	28635		CLTX METATARSOPHLNGL JT DISLC REQ ANES	4.09	341.52		10	N	1394.50
2158	28636		PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MNPJ	6.91	576.99		10	N	2356.77
2159	28645		OPTX METATARSOPHLNGL JT DISLC +INT/XTRNL FIXJ	9.85	822.48		90	N	2356.77
2160	28660		CLTX IPHAL JT DISLC W/O ANES	2.52	210.42		10	N	151.16

	A	B	C	D	E	F	G	H	I
2161	28665		CLTX IPHAL JT DISLC REQ ANES	3.54	295.59		10	N	1394.50
2162	28666		PRQ SKEL FIXJ IPHAL JT DISLC W/MNPJ	5.24	437.54		10	N	2356.77
2163	28675		OPTX IPHAL JT DISLC +INT/XTRNL FIXJ	10.15	847.53		90	N	2356.77
2164	28705		ARTHRD PANTALAR	33.23	2774.71		90	Y	4789.83
2165	28715		ARTHRD TRIPLE	24.58	2052.43		90	Y	8084.19
2166	28725		ARTHRD SUBTALAR	20.57	1717.60		90	Y	4789.83
2167	28730		ARTHRD MIDTARSL/TARS MLT/TRANSVRS	21.01	1754.34		90	Y	4789.83
2168	28735		ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	20.14	1681.69		90	Y	4789.83
2169	28737		ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFORM	17.86	1491.31		90	Y	4789.83
2170	28740		ARTHRD MIDTARSL/TARS 1 JT	20.29	1694.22		90	Y	4789.83
2171	28750		ARTHRD GRT TOE METATARSOPHLNGL JT	20.31	1695.89		90	N	4789.83
2172	28755		ARTHRD GRT TOE IPHAL JT	11.36	948.56		90	N	1991.95
2173	28760		ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	17.58	1467.93		90	Y	4789.83
2174	28800		AMP FOOT MIDTARSL	14.55	1214.93		90	Y	2097.37
2175	28805		AMP FOOT TRANSMETAR	18.21	1520.54		90	Y	1991.95
2176	28810		AMP METAR W/TOE 1	11.11	927.69		90	N	1991.95
2177	28820		AMP TOE METATARSOPHLNGL JT	12.61	1052.94		90	N	1991.95
2178	28825		AMP TOE IPHAL JT	10.88	908.48		90	N	1991.95
2179	28890		ESWT HI NRG PFRMD PHYS W/US GDN INVG PLNTAR FSCA	8.91	743.99		90	Y	2897.26
2180	28899		UNLIS FOOT/TOES	BR	BR		0	N	151.16
2181	29000		APPL HALO TYP BDY CST	5.83	486.81		0	Y	96.09
2182	29010		APPL RISSER JACKET LOCALIZER BDY ONLY	5.6	467.60		0	Y	213.90
2183	29015		APPL RISSER JACKET LOCALIZER BDY W/HEAD	5.52	460.92		0	Y	213.90
2184	29020		APPL TURNBUCKLE JACKET BDY ONLY	5.52	460.92		0	Y	96.09
2185	29025		APPL TURNBUCKLE JACKET BDY W/HEAD	5.86	489.31		0	Y	96.09
2186	29035		APPL BDY CST SHO HIPS	5.5	459.25		0	Y	213.90
2187	29040		APPL BDY CST SHO HIPS W/HEAD MINERVA TYP	5.11	426.69		0	Y	96.09
2188	29044		APPL BDY CST SHO HIPS W/1 THI	6.22	519.37		0	Y	213.90
2189	29046		APPL BDY CST SHO HIPS W/BTH THIS	6.06	506.01		0	Y	213.90
2190	29049		APPL CST FIGURE-OF-8	2.19	182.87		0	N	96.09
2191	29055		APPL CST SHO SPICA	4.86	405.81		0	Y	213.90
2192	29058		APPL CST PLASTER VELPEAU	2.83	236.31		0	N	96.09
2193	29065		APPL CST SHO HAND LONG ARM	2.25	187.88		0	N	213.90
2194	29075		APPL CST ELBW FNGR SHORT ARM	2.07	172.85		0	N	213.90
2195	29085		APPL CST HAND&LWR F/ARM GAUNTLET	2.2	183.70		0	N	96.09
2196	29086		APPL CST FNGR	1.61	134.44		0	N	96.09
2197	29105		APPL LONG ARM SPLNT SHO HAND	2.1	175.35		0	N	96.09
2198	29125		APPL SHORT ARM SPLNT F/ARM-HAND STATIC	1.61	134.44		0	N	96.09
2199	29126		APPL SHORT ARM SPLNT F/ARM-HAND DYNAMIC	1.92	160.32		0	N	96.09
2200	29130		APPL FNGR SPLNT STATIC	0.97	81.00		0	N	96.09
2201	29131		APPL FNGR SPLNT DYNAMIC	1.23	102.71		0	N	96.09
2202	29200		STRPG THORAX	1.31	109.39		0	N	96.09
2203	29240		STRPG SHO	1.51	126.09		0	N	96.09
2204	29260		STRPG ELBW/WRST	1.26	105.21		0	N	96.09
2205	29280		STRPG HAND/FNGR	1.26	105.21		0	N	96.09
2206	29305		APPL HIP SPICA CST 1 LEG	5.53	461.76		0	Y	213.90
2207	29325		APPL HIP SPICA CST 1&ONE-HALF SPICA/BTH LEGS	6.06	506.01		0	Y	213.90
2208	29345		APPL LONG LEG CST THI-TOE	3.24	270.54		0	N	213.90

	A	B	C	D	E	F	G	H	I
2209	29355		APPL LONG LEG CST THI-TOE WALKER/AMBL TYP	3.33	278.06		0	N	213.90
2210	29358		APPL LONG LEG CST BRACE	3.6	300.60		0	N	213.90
2211	29365		APPL CYLINDER CST THI ANKLE	2.9	242.15		0	N	213.90
2212	29405		APPL SHORT LEG CST BELW KNE-TOE	2.13	177.86		0	N	213.90
2213	29425		APPL SHORT LEG CST BELW KNE-TOE WALKING/AMBL TYP	2.29	191.22		0	N	213.90
2214	29435		APPL PATELLAR TDN BEARING PTB CST	2.81	234.64		0	N	213.90
2215	29440		ADDING WALKER PREVIOUSLY APPLIED CST	1.26	105.21		0	N	96.09
2216	29445		APPL RGD TOT CONTACT LEG CST	3.63	303.11		0	N	213.90
2217	29450		APPL CLUBFOOT CST W/MOLDING/MNPJ LONG/SHORT LEG	3.63	303.11		0	N	96.09
2218	29505		APPL LONG LEG SPLNT THI ANKLE/TOES	1.85	154.48		0	N	96.09
2219	29515		APPL SHORT LEG SPLNT CALF FOOT	1.64	136.94		0	N	96.09
2220	29520		STRPG HIP	1.33	111.06		0	N	96.09
2221	29530		STRPG KNE	1.31	109.39		0	N	96.09
2222	29540		STRPG ANKLE&/FOOT	0.97	81.00		0	N	96.09
2223	29550		STRPG TOES	0.94	78.49		0	N	96.09
2224	29580		STRPG UNNA BOOT	1.23	102.71		0	N	96.09
2225	29581		APPL MLT-LAYER VENOUS WOUND COMPRESS BELOW KNEE	2.4	200.40	0.00	0	N	96.09
2226	29590		DENIS-BROWNE SPLNT STRPG	1.31	109.39		0	N	96.09
2227	29700		RMVL/BIVALV GAUNTLET BOOT/BDY CST	1.5	125.25		0	N	96.09
2228	29705		RMVL/BIVALV FULL ARM/FULL LEG CST	1.62	135.27		0	N	96.09
2229	29710		RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	2.92	243.82		0	N	213.90
2230	29715		RMVL/BIVALV TURNBUCKLE JACKET	2.1	175.35		0	N	96.09
2231	29720		RPR SPICA BDY CST/JACKET	1.89	157.82		0	N	96.09
2232	29730		WINDOWING CST	1.59	132.77		0	N	96.09
2233	29740		WEDGING CST XCP CLUBFOOT CSTS	2.32	193.72		0	N	96.09
2234	29750		WEDGING CLUBFOOT CST	2.37	197.90		0	N	96.09
2235	29799		UNLIS PX CSTING/STRPG	BR	BR		0	N	96.09
2236	29800		ARTHRS TMPRMAND JT DX +SYNVAL BX SPX	13.51	1128.09		90	Y	2728.39
2237	29804		ARTHRS TMPRMAND JT SURG	16.35	1365.23		90	Y	2728.39
2238	29805		ARTHRS SHO DX +SYNVAL BX SPX	11.8	985.30		90	N	2728.39
2239	29806		ARTHRS SHO SURG CAPSULORRHAPHY	26.68	2227.78		90	N	4451.68
2240	29807		SHOULDER SCOPE, REPAIR CARTILAGE TEAR	26.01	2470.95		90	N	4451.68
2241	29819		ARTHRS SHO SURG W/RMVL LOOSE BDY/FB	14.74	1230.79		90	N	4451.68
2242	29820		ARTHRS SHO SURG SYNVCT PRTL	13.59	1134.77		90	Y	4451.68
2243	29821		ARTHRS SHO SURG SYNVCT COMPL	14.86	1240.81		90	Y	4451.68
2244	29822		ARTHRS SHO SURG DBRDMT LMTD	14.45	1206.58		90	Y	2728.39
2245	29823		ARTHRS SHO SURG DBRDMT X10SV	15.76	1497.20		90	Y	4451.68
2246	29824		SHOULDER SCOPE, PARTIAL REMOVAL COLLAR BONE	16.65	1581.75		90	Y	2728.39
2247	29825		ARTHRS SHO SURG W/LSS&RESCJ ADS +MNPJ	14.72	1229.12		90	Y	4451.68
2248	29826		SHOULDER SCOPE, BONE SHAVING	16.9	1605.50		90	Y	4451.68
2249	29827		SHOULDER SCOPE, ROTATOR CUFF REPAIR	27.57	2619.15		90	Y	4451.68
2250	29828		ARTHROSCOPY SHOULDER SURGICAL BICEPS TENODESIS	21.8	1831.20		90	Y	4451.68
2251	29830		ARTHRS ELBW DX +SYNVAL BX SPX	11.35	947.73		90	N	2728.39
2252	29834		ARTHRS ELBW SURG W/RMVL LOOSE BDY/FB	12.37	1032.90		90	Y	2728.39
2253	29835		ARTHRS ELBW SURG SYNVCT PRTL	12.66	1057.11		90	Y	2728.39
2254	29836		ARTHRS ELBW SURG SYNVCT COMPL	14.55	1214.93		90	Y	2728.39
2255	29837		ARTHRS ELBW SURG DBRDMT LMTD	13.3	1110.55		90	Y	2728.39
2256	29838		ARTHRS ELBW SURG DBRDMT X10SV	14.89	1414.55		90	Y	2728.39

	A	B	C	D	E	F	G	H	I
2257	29840		ARTHRS WRST DX +SYNVAL BX SPX	11.03	921.01		90	Y	2728.39
2258	29843		ARTHRS WRST SURG INFCTJ LVG&DRG	11.82	986.97		90	Y	2728.39
2259	29844		ARTHRS WRST SURG SYNVCT PRTL	12.42	1037.07		90	Y	2728.39
2260	29845		ARTHRS WRST SURG SYNVCT COMPL	14.05	1173.18		90	Y	2728.39
2261	29846		ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JT DBRDMT	13.01	1086.34		90	Y	2728.39
2262	29847		ARTHRS WRST SURG INT FIXJ F/FX/INS	13.44	1122.24		90	Y	4451.68
2263	29848		NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	12	1002.00		90	N	2728.39
2264	29850		ARTHRS AID TX SPI&/FX KNE W/O FIXJ	13.71	1144.79		90	Y	2728.39
2265	29851		ARTHRS AID TX SPI&/FX KNE W/FIXJ	23.53	1964.76		90	Y	4451.68
2266	29855		ARTHRS AID TX TIBL FX PROX UNICONDYLAR	19.8	1653.30		90	Y	4451.68
2267	29856		ARTHRS AID TX TIBL FX PROX BICONDYLAR	25.29	2111.72		90	Y	4451.68
2268	29860		ARTHRS HIP DX +SYNVAL BX SPX	16.1	1344.35		90	Y	4451.68
2269	29861		ARTHRS HIP SURG W/RMVL LOOSE BDY/FB	17.71	1478.79		90	Y	4451.68
2270	29862		ARTHRS HIP CHNDPLS ABRASJ ARTHRP&/RESCJ LABRUM	19.82	1654.97		90	Y	4451.68
2271	29863		ARTHRS HIP W/SYNVCT	19.56	1633.26		90	Y	4451.68
2272	29866		ARTHRS KNE OSTCHNDRL AGRFT HRVG	26.33	2198.56		90	N	4451.68
2273	29867		ARTHRS KNE OSTCHNDRL ALGRFT	31.88	2661.98		90	N	4451.68
2274	29868		ARTHRS KNE MENSCL TRNSPLJ MED/LAT	42.84	3577.14		90	N	4451.68
2275	29870		ARTHRS KNE DX +SYNVAL BX SPX	10.17	849.20		90	N	2728.39
2276	29871		ARTHRS KNE INFCTJ LVG&DRG	12.74	1063.79		90	N	2728.39
2277	29873		ARTHRS KNE LAT RLS	12.85	1072.98		90	N	2728.39
2278	29874		ARTHRS KNE RMVL LOOSE BDY/FB	13.35	1114.73		90	Y	2728.39
2279	29875		ARTHRS KNE SYNVCT LMTD SPX	12.43	1037.91		90	Y	2728.39
2280	29876		ARTHRS KNE SYNVCT MAJOR 2/> CMPRTS	16.04	1339.34		90	N	2728.39
2281	29877		ARTHRS KNE DBRDMT/SHVG ARTCLR CRTLG CHNDPLS	15.17	1266.70		90	Y	2728.39
2282	29879		ARTHRS KNE ABRASJ ARTHRP/MLT DRLG/MICROFX	16.25	1543.75		90	Y	2728.39
2283	29880		ARTHRS KNE SURG W/MENISCECTOMY MED&LAT W/SHVG	16.97	1612.15		90	Y	2728.39
2284	29881		ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	15.81	1501.95		90	Y	2728.39
2285	29882		ARTHRS KNE SURG W/MENISCUS RPR MED/LAT	17.06	1424.51		90	N	2728.39
2286	29883		ARTHRS KNE SURG W/MENISCUS RPR MED&LAT	21.08	1760.18		90	Y	2728.39
2287	29884		ARTHRS KNE SURG W/LSS ADS +MNPJ SPX	15.11	1261.69		90	Y	2728.39
2288	29885		ARTHRS KNE DRLG OSTEO DISS GRFG	18.35	1532.23		90	Y	4451.68
2289	29886		ARTHRS KNE DRLG OSTEO DISS LES	15.46	1290.91		90	N	2728.39
2290	29887		ARTHRS KNE DRLG OSTEO DISS LES INT FIXJ	18.26	1524.71		90	Y	2728.39
2291	29888		ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	24.89	2078.32		90	Y	8084.19
2292	29889		ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	30.23	2524.21		90	Y	8084.19
2293	29891		ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	17.22	1437.87		90	Y	4451.68
2294	29892		ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	17.93	1497.16		90	Y	8084.19
2295	29893		NDSC PLNTAR FASCT	13.04	1088.84		90	Y	1991.95
2296	29894		ARTHRS ANKLE TIBTLR&FIBLTLR W/RMVL LOOSE BDY/FB	12.97	1083.00		90	Y	2728.39
2297	29895		ARTHRS ANKLE TIBTLR&FIBLTLR SURG SYNVCT PRTL	12.69	1059.62		90	Y	2728.39
2298	29897		ARTHRS ANKLE TIBTLR&FIBLTLR SURG DBRDMT LMTD	13.33	1113.06		90	Y	2728.39
2299	29898		ARTHRS ANKLE TIBTLR&FIBLTLR SURG DBRDMT X10SV	14.8	1235.80		90	Y	2728.39
2300	29899		ARTHRS ANKLE TIBTLR&FIBLTLR SURG W/ANKLE ARTHRD	26.33	2198.56		90	Y	4451.68
2301	29900		ARTHRS MTCARPHLNGL JT DX W/SYNVAL BX	11.7	976.95		90	Y	2728.39
2302	29901		ARTHRS MTCARPHLNGL JT SURG W/DBRDMT	12.95	1081.33		90	Y	2728.39
2303	29902		ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	13.26	1107.21		90	Y	2728.39
2304	29904		ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	14.63	1228.92		90	Y	2728.39

	A	B	C	D	E	F	G	H	I
2305	29905		ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	15.77	1324.68		90	Y	2728.39
2306	29906		ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	16.61	1395.24		90	Y	2728.39
2307	29907		ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	20.34	1708.56		90	Y	4451.68
2308	29999		UNLIS PX ARTHRS	BR	BR		0	N	2728.39
2309	30000		DRG ABSC/HMTMA NSL INT APPR	5.4	450.90		10	N	312.33
2310	30020		DRG ABSC/HMTMA NSL SEPTUM	4.84	404.14		10	N	312.33
2311	30100		BX INTRANSL	3	250.50		0	N	694.83
2312	30110		EXC NSL POLYP SMPL	4.96	414.16		10	N	1567.36
2313	30115		EXC NSL POLYP X10SV	10.05	839.18		90	N	1567.36
2314	30117		EXC/DSTRJ INTRANSL LES INT APPR	17.23	1438.71		90	N	1567.36
2315	30118		EXC/DSTRJ INTRANSL LES XTRNL APPR LAT RHIXOMY	18.46	1541.41		90	Y	2276.44
2316	30120		EXC/SURG PLNING SKN NOSE RHINOPHYMA	11.9	993.65		90	N	2276.44
2317	30124		EXC DERMOID CST NOSE SMPL SKN SUBQ	6.69	558.62		90	N	694.83
2318	30125		EXC DERMOID CST NOSE CPLX UNDER B1/CRTLG	15.11	1261.69		90	Y	3919.59
2319	30130		EXC INF TURBINATE PRTL/COMPL ANY METH	8.9	743.15		90	N	1567.36
2320	30140		SBMCSL RESCJ INF TURBINATE PRTL/COMPL ANY METH	9.77	815.80		90	N	2276.44
2321	30150		RHINECTOMY PRTL	19.84	1656.64		90	N	3919.59
2322	30160		RHINECTOMY TOT	19.48	1626.58		90	Y	3919.59
2323	30200		NJX TURBINATE THER	2.45	204.58		0	N	694.83
2324	30210		DISPLMT THER PROETZ TYP	3.24	270.54		10	N	694.83
2325	30220		INSJ NSL SEPTAL PROSTH BUTTON	6.05	505.18		10	N	694.83
2326	30300		RMVL FB INTRANSL OFF TYP PX	5.54	462.59		10	N	61.03
2327	30310		RMVL FB INTRANSL REQ GENERAL ANES	4.95	413.33		10	Y	1567.36
2328	30320		RMVL FB INTRANSL LAT RHIXOMY	11.27	941.05		90	Y	1567.36
2329	30400		RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NSL TIP	25.63	2140.11		90	N	3919.59
2330	30410		RHINP PRIM COMPLETE XTRNL PARTS	31.15	2601.03		90	Y	3919.59
2331	30420		RHINP PRIM W/MAJOR SEPTAL RPR	33.57	2803.10		90	N	3919.59
2332	30430		RHINP SEC MINOR REVJ SM AMOUNT NSL TIP WORK	23.16	1933.86		90	Y	2276.44
2333	30435		RHINP SEC INTRM REVJ B1Y WORK OSTEOT	30.65	2559.28		90	Y	3919.59
2334	30450		RHINP SEC MAJOR REVJ NSL TIP WORK&OSTEOT	39.91	3332.49		90	Y	3919.59
2335	30460		RHINP DFRM W/COLUM LNGTH TIP ONLY	19.51	1629.09		90	Y	3919.59
2336	30462		RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	39.46	3294.91		90	Y	3919.59
2337	30465		RPR NSL VSTBLR STENOSIS	23.61	1971.44		90	Y	3919.59
2338	30520		SEPTOP/SBMCSL RESCJ	13.47	1124.75		90	N	2276.44
2339	30540		RPR CHOANAL ATRESIA INTRANSL	16.41	1370.24		90	Y	3919.59
2340	30545		RPR CHOANAL ATRESIA TRANSPALATINE	23.51	1963.09		90	Y	3919.59
2341	30560		LSS INTRANSL SYNECHIA	6.06	506.01		10	N	312.33
2342	30580		RPR FSTL OROMAX	14.85	1239.98		90	N	3919.59
2343	30600		RPR FSTL ORONSL	13.68	1142.28		90	Y	3919.59
2344	30620		SEPTAL/OTH INTRANSL DERMTP	14.66	1224.11		90	N	3919.59
2345	30630		RPR NSL SEPTAL PRFORATIONS	14.82	1237.47		90	N	2276.44
2346	30801		CAUT&/ABLTJ MUCOSA INF TURBS UNI/BI SUPFC	5.19	433.37		10	N	694.83
2347	30802		CAUT&/ABLTJ MUCOSA INF TURBS UNI/BI INTRAMURAL	6.61	551.94		10	N	1567.36
2348	30901		CTRL NSL HEMRRG ANT SMPL LMTD CAUT&/PACKING	2.52	210.42		0	N	105.07
2349	30903		CTRL NSL HEMRRG ANT CPLX X10SV CAUT&/PACKING	4.32	360.72		0	N	105.07
2350	30905		CTRL NSL HEMRRG PST PST NSL PACKS&/CAUT 1ST	5.51	460.09		0	N	105.07
2351	30906		CTRL NSL HEMRRG PST PST NSL PACKS&/CAUT SBSQ	6.31	526.89		0	N	105.07
2352	30915		LIG ART ETHMOIDAL	13.69	1143.12		90	N	2423.04

	A	B	C	D	E	F	G	H	I
2353	30920		LIG ART INT MAX ART TRANSANTRAL	19.51	1629.09		90	N	2423.04
2354	30930		FX NSL INF TURBINATE THER	2.87	239.65		10	N	1567.36
2355	30999		UNLIS PX NOSE	BR	BR		0	N	105.07
2356	31000		LVG CANNULJ MAX SINUS	4.02	335.67		10	N	312.33
2357	31002		LVG CANNULATION SPHENOID SINUS	4.95	413.33		10	Y	694.83
2358	31020		SINUSOTOMY MAX ANTRT INTRANSL	11.4	951.90		90	N	2276.44
2359	31030		SINUSOT MAX ANTRT RAD W/O RMVL ANTROCH POLYPS	17.02	1421.17		90	N	3919.59
2360	31032		SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	13.6	1135.60		90	N	3919.59
2361	31040		PTERYGOMAX FOSSA SURG ANY APPR	18.75	1565.63		90	N	2276.44
2362	31050		SINUSOTOMY SPHENOID +BX	11.58	966.93		90	N	3919.59
2363	31051		SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	15.18	1267.53		90	N	3919.59
2364	31070		SINUSOTOMY FRNT XTRNL SMPL TREPHINE OPRATION	10.15	847.53		90	N	2276.44
2365	31075		SINUSOT FRNT TRANSORB UNI F/MCCL/OSTMA LYNCH TYP	18.65	1557.28		90	Y	3919.59
2366	31080		SINUSOT FRNT OBLIT W/O OSTPL FLAP BROW INC	25.28	2110.88		90	Y	3919.59
2367	31081		SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	29.25	2442.38		90	Y	3919.59
2368	31084		SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	27.58	2302.93		90	Y	3919.59
2369	31085		SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	29.35	2450.73		90	Y	3919.59
2370	31086		SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	26.73	2231.96		90	Y	3919.59
2371	31087		SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	26.49	2211.92		90	Y	3919.59
2372	31090		SINUSOT UNI 3/> PARANSL SINUSES	23.24	1940.54		90	N	3919.59
2373	31200		ETHMDCT INTRANSL ANT	13.58	1133.93		90	N	3919.59
2374	31201		ETHMDCT INTRANSL TOT	17.42	1454.57		90	N	3919.59
2375	31205		ETHMDCT XTRNSL TOT	21.4	1786.90		90	Y	3919.59
2376	31225		MAXILLECTOMY W/O ORB EXNTJ	42.87	3579.65		90	Y	2097.37
2377	31230		MAXILLECTOMY W/ORB EXNTJ EN BLOC	48.11	4017.19		90	Y	2097.37
2378	31231		NSL NDSC DX UNI/BI SPX	4.45	371.58		0	N	168.02
2379	31233		NSL/SINUS NDSC DX MAX SINUSC	6.37	531.90		0	N	168.02
2380	31235		NSL/SINUS NDSC DX SPHENOID SINUSOSCOPY	7.39	617.07		0	N	1974.92
2381	31237		NSL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	7.99	667.17		0	N	1974.92
2382	31238		NSL/SINUS NDSC SURG W/CTRL NSL HEMRRG	8.24	688.04		0	N	1974.92
2383	31239		NSL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY	16.51	1378.59		10	Y	2669.30
2384	31240		NSL/SINUS NDSC SURG W/CONCHA BULLOSA RESCJ	4.18	349.03		0	N	1974.92
2385	31254		NSL/SINUS NDSC SURG W/ETHMDCT PRTL ANT	7.19	600.37		0	N	2669.30
2386	31255		NSL/SINUS NDSC SURG W/ETHMDCT TOT ANT&PST	10.67	890.95		0	N	2669.30
2387	31256		NSL/SINUS NDSC SURG W/MAX ANTROSTOMY	5.21	435.04		0	N	2669.30
2388	31267		NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	8.41	702.24		0	N	2669.30
2389	31276		NSL/SINUS NDSC W/FRNT SINUS EXPL	13.45	1123.08		0	N	2669.30
2390	31287		NSL/SINUS NDSC SURG W/SPHENDT	6.13	511.86		0	N	2669.30
2391	31288		NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	7.11	593.69		0	N	2669.30
2392	31290		NSL/SINUS NDSC RPR CEREBSP FLU LEAK ETHMOID	29.13	2432.36		10	Y	2097.37
2393	31291		NSL/SINUS NDSC RPR CEREBSP FLU LEAK SPHENOID	30.73	2565.96		10	Y	2097.37
2394	31292		NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN	25.21	2105.04		10	Y	2669.30
2395	31293		NSL/SINUS NDSC MEDIAL ORB&INF ORB WALL DCMPRN	27.43	2290.41		10	Y	2669.30
2396	31294		NSL/SINUS NDSC SURG W/OPTIC NRV DCMPRN	31.58	2636.93		10	Y	2669.30
2397	31299		UNLIS PX ACCESSORY SINUSES	BR	BR		0	N	105.07
2398	31300		LRYNGOT W/RMVL TUM/LARYNGOCELE CORDECTOMY	29.93	2499.16		90	Y	2276.44
2399	31320		LARYNGOTOMY THYROTOMY LARYNGOFISSURE DX	15.54	1297.59		90	Y	3919.59
2400	31360		LARGTOM TOT W/O RAD NCK DSJ	45.1	3765.85		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2401	31365		LARGTOM TOT W/RAD NCK DSJ	57.08	4766.18		90	Y	2097.37
2402	31367		LARGTOM STOT SUPRAGLOTTIC W/O RAD NCK DSJ	50.52	4218.42		90	Y	2097.37
2403	31368		LARGTOM STOT SUPRAGLOTTIC W/RAD NCK DSJ	57.38	4791.23		90	Y	2097.37
2404	31370		PRTL LARGTOM HEMILARGTOM HRZNTL	48.03	4010.51		90	Y	2097.37
2405	31375		PRTL LARGTOM HEMILARGTOM LATER>	44.93	3751.66		90	Y	2097.37
2406	31380		PRTL LARGTOM HEMILARGTOM ANTER>	44.64	3727.44		90	Y	2097.37
2407	31382		PRTL LARGTOM HEMILARGTOM ANTERO-LATERO-VER	48.45	4045.58		90	Y	2097.37
2408	31390		PHARYNGOLARGTOM W/RAD NCK DSJ W/O RCNSTJ	64.37	5374.90		90	Y	2097.37
2409	31395		PHARYNGOLARGTOM W/RAD NCK DSJ W/RCNSTJ	69.3	5786.55		90	Y	2097.37
2410	31400		ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPR	24.37	2034.90		90	Y	3919.59
2411	31420		EPIGLOTTIDECTOMY	20.15	1682.53		90	Y	3919.59
2412	31500		INTUBAJ ENDOTRACHEAL EMER PX	2.79	232.97		0	N	223.90
2413	31502		TRACHT TUBE CHNG PRIOR ESTBM FSTL TRC	0.89	74.32		0	N	128.96
2414	31505		LARGSC INDIR DX SPX	2.02	168.67		0	N	73.02
2415	31510		LARGSC INDIR W/BX	5.11	426.69		0	N	1974.92
2416	31511		LARGSC INDIR W/RMVL FB	5.16	430.86		0	N	168.02
2417	31512		LARGSC INDIR W/RMVL LES	5.12	427.52		0	Y	1974.92
2418	31513		LARGSC INDIR W/VOCAL CORD NJX	3.4	283.90		0	N	168.02
2419	31515		LARGSC +TRACHEOSCOPY ASPIR	5.18	432.53		0	N	1974.92
2420	31520		LARGSC +TRACHEOSCOPY DX NB	3.95	329.83		0	N	168.02
2421	31525		LARGSC +TRACHEOSCOPY DX XCP NB	6.12	511.02		0	N	1974.92
2422	31526		LARGSC +TRACHESC MCRSCP/TLSCP	4.09	341.52		0	N	1974.92
2423	31527		LARGSC +TRACHEOSCOPY W/INSJ OBTURATOR	4.93	411.66		0	Y	2669.30
2424	31528		LARGSC +TRACHEOSCOPY W/DILAT 1ST	3.66	305.61		0	N	1974.92
2425	31529		LARGSC +TRACHEOSCOPY W/DILAT SBSQ	4.19	349.87		0	Y	1974.92
2426	31530		LARGSC W/FB RMVL	5.12	427.52		0	N	1974.92
2427	31531		LARGSC FB RMVL MCRSCP/TLSCP	5.57	465.10		0	N	1974.92
2428	31535		LARGSC W/BX	4.92	410.82		0	N	1974.92
2429	31536		LARGSC W/BX W/OPRATING MCRSCP/TLSCP	5.52	460.92		0	N	1974.92
2430	31540		LARGSC EXC TUM&/STRIPPING CORDS/EPIGL	6.34	529.39		0	N	1974.92
2431	31541		LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	6.95	580.33		0	N	1974.92
2432	31545		LARGSC MCRSCP/TLSCP RMVL LES VOCAL C/D FLAP	9.21	769.04		0	N	2669.30
2433	31546		LARGSC MCRSCP/TLSCP RMVL LES VOCAL C/D GRF	14.2	1185.70		0	N	2669.30
2434	31560		LARGSC W/ARYTENOIDECTOMY	8.17	682.20		0	Y	2669.30
2435	31561		LARGSC W/ARYTENOIDECTOMY W/OPRATING MCRSCP/TLSCP	8.93	745.66		0	Y	2669.30
2436	31570		LARGSC W/NJX VOCAL CORD THER	9.02	753.17		0	N	1974.92
2437	31571		LARGSC W/NJX VOCAL CORD THER W/MCRSCP/TLSCP	6.54	546.09		0	N	2669.30
2438	31575		LARGSC FLX FIBOPT DX	2.9	242.15		0	N	168.02
2439	31576		LARGSC FLX FIBOPT W/BX	5.48	457.58		0	N	1974.92
2440	31577		LARGSC FLX FIBOPT W/RMVL FB	6.06	506.01		0	N	402.32
2441	31578		LARGSC FLX FIBOPT W/RMVL LES	6.91	576.99		0	N	2669.30
2442	31579		LARGSC FLX/RGD FIBOPT W/STROBOSCOPY	5.71	476.79		0	N	402.32
2443	31580		LARYNGOPLASTY LARYN WEB 2 STG W/KEEL INSJ&RMVL	29.32	2448.22		90	Y	3919.59
2444	31582		LARYNGP LARYN STENOSIS GRF/CORE MOLD W/TRACHT	46.81	3908.64		90	Y	3919.59
2445	31584		LARYNGOPLASTY W/OPN RDCTJ FX	37.21	3107.04		90	Y	2097.37
2446	31587		LARYNGOPLASTY CRICOID SPLT	23.53	1964.76		90	Y	2097.37
2447	31588		LARYNGOPLASTY NOS	27.28	2277.88		90	Y	3919.59
2448	31590		LARYN REINNERVATION NEUROMUSCULAR PEDCL	22.37	1867.90		90	Y	3919.59

	A	B	C	D	E	F	G	H	I
2449	31595		SCTJ RECRT LARYN NRV THER SPX UNI	18.7	1561.45		90	Y	3919.59
2450	31599		UNLIS PX LARX	BR	BR		0	N	105.07
2451	31600		TRACHS PLND SPX	10.2	851.70		0	N	2276.44
2452	31601		TRACHS PLND SPX UNDER 2 YR	6.6	551.10		0	Y	2276.44
2453	31603		TRACHS EMER PX TRANSTRACHEAL	5.73	478.46		0	N	694.83
2454	31605		TRACHS EMER PX CRICOTHYR MEMB	4.71	393.29		0	N	694.83
2455	31610		TRACHS FENESTRATION PX W/SKN FLAPS	17.14	1431.19		90	N	2276.44
2456	31611		CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	12.7	1060.45		90	Y	2276.44
2457	31612		TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	1.99	166.17		0	N	2276.44
2458	31613		TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	10.52	878.42		90	N	2276.44
2459	31614		TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	16.96	1416.16		90	N	3919.59
2460	31615		TRACHEOBRNCHSC THRU EST TRACHS INC	4.54	379.09		0	N	694.83
2461	31620		ENDOBRNCL US BRONCHOSCOPIC DX/THER IVNTJ	7.1	592.85		0	N	
2462	31622		BRNCHSC DX +CELL WASHG SPX	8.23	687.21		0	N	945.70
2463	31623		BRNCHSC BRUSHING/PROTECTED BRUSHINGS	9.04	754.84		0	N	945.70
2464	31624		BRNCHSC W/BRNCL ALVEOLAR LAVAGE	8.39	700.57		0	N	945.70
2465	31625		BRNCHSC BRNCL/ENDOBRNCL BX 1 SITS	8.93	745.66		0	N	945.70
2466	31626		BRNCHSC W/PLMT FIDUCIAL MARKERS 1/MLT	11.71	977.79	0.00	0	N	945.70
2467	31627		BRNCHSC W/CPTR-ASST IMAGE-GUIDED NAVIGATION	32.29	2696.22	0.00	0	N	
2468	31628		BRNCHSC W/TRANSBRNCL LUNG BX 1 LOBE	10.62	886.77		0	N	945.70
2469	31629		BRNCHSC NDL BX TRACHEA MAIN STEM&/BRONCHUSI	17.54	1464.59		0	N	945.70
2470	31630		BRNCHSC W/TRACHEAL/BRNCL DILAT/CLSD RDCTJ FX	5.36	447.56		0	N	2362.04
2471	31631		BRNCHSC W/PLACEMENT TRACHEAL STENT	5.93	495.16		0	N	2362.04
2472	31632		BRNCHSC W/TRANSBRNCL LUNG BX EA LOBE	1.94	161.99		0	N	945.70
2473	31633		BRNCHSC W/TRANSBRNCL NDL ASPIR BX EA LOBE	2.29	191.22		0	N	945.70
2474	31635		BRNCHSC W/REMOVAL FOREIGN BODY	9.42	786.57		0	N	945.70
2475	31636		BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	5.85	488.48		0	N	2362.04
2476	31637		BRNCHSC EA MAJOR BRONCHUS STENTED	2.08	173.68		0	N	945.70
2477	31638		BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	6.48	541.08		0	N	2362.04
2478	31640		BRNCHSC W/EXCISION TUMOR	6.83	570.31		0	N	2362.04
2479	31641		BRNCHSC DSTRJ TUM/RELIEF STENOSIS OTH/THN EXC	6.65	555.28		0	N	2362.04
2480	31643		BRNCHSC PLMT CATH INTRCV RADIOELMNT APPL	4.53	378.26		0	N	945.70
2481	31645		BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE 1ST	8.05	672.18		0	N	945.70
2482	31646		BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE SBSQ	7.35	613.73		0	N	945.70
2483	31656		BRNCHSC NJX CONTRAST SGMTL BRONCHOG	8.89	742.32		0	N	945.70
2484	31715		TRANSTRACHEAL NJX BRONCHOGRAPY	1.4	116.90		0	N	
2485	31717		CATHJ W/BRNCL BRUSH BX	9.7	809.95		0	N	402.32
2486	31720		CATH ASPIR SPX NASOTRACHEAL	1.33	111.06		0	N	37.00
2487	31725		CATH ASPIR SPX TRACHEOBRNCL W/FIBERSC BEDSIDE	2.45	204.58		0	N	2097.37
2488	31730		TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	10.75	897.63		0	N	402.32
2489	31750		TRACHEOPLASTY CRV	31.93	2666.16		90	Y	3919.59
2490	31755		TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	40.72	3400.12		90	Y	3919.59
2491	31760		TRACHEOPLASTY INTRATHRC	34.43	2874.91		90	Y	2097.37
2492	31766		CARINAL RCNSTJ	46.03	3843.51		90	Y	2097.37
2493	31770		BRONCHOPLASTY GRF RPR	33.84	2825.64		90	Y	2097.37
2494	31775		BRONCHOPLASTY EXC STENOSIS&ANAST	36.13	3016.86		90	Y	2097.37
2495	31780		EXC TRACHEAL STENOSIS&ANAST CRV	29.69	2479.12		90	Y	2097.37
2496	31781		EXC TRACHEAL STENOSIS&ANAST CERVICOTHRC	35.94	3000.99		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2497	31785		EXC TRACHEAL TUM/CARC CRV	27.08	2261.18		90	Y	2276.44
2498	31786		EXC TRACHEAL TUM/CARC THRC	38.36	3203.06		90	Y	2097.37
2499	31800		SUTR TRACHEAL WND/INJ CRV	17.09	1427.02		90	Y	2097.37
2500	31805		SUTR TRACHEAL WND/INJ INTRATHRC	20.82	1738.47		90	Y	2097.37
2501	31820		SURG CLSR TRACHS/FSTL W/O PLSTC RPR	10.11	844.19		90	Y	2276.44
2502	31825		SURG CLSR TRACHS/FSTL W/PLSTC RPR	14.27	1191.55		90	Y	2276.44
2503	31830		REVJ TRACHS SCAR	10.25	855.88		90	N	2276.44
2504	31899		UNLIS PX TRACHEA BRONCHI	BR	BR		0	N	945.70
2505	32035		THORACOSTOMY W/RIB RESCJ EMPYEMA	17.24	1439.54		90	Y	2097.37
2506	32036		THORACOSTOMY OPN FLAP DRG EMPYEMA	18.83	1572.31		90	Y	2097.37
2507	32095		THORCOM LMTD BX LNG/PLEURA	15.59	1301.77		90	Y	2097.37
2508	32100		THORCOM MAJOR W/EXPL&BX	24.33	2031.56		90	Y	2097.37
2509	32110		THORCOM MAJOR CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	36.39	3038.57		90	Y	2097.37
2510	32120		THORCOM MAJOR PO COMPLCTJS	21.48	1793.58		90	Y	2097.37
2511	32124		THORCOM MAJOR W/OPN INTRAPLEURAL PNEUMONOLSS	22.86	1908.81		90	Y	2097.37
2512	32140		THORCOM MAJOR W/CST RMVL +PLEURAL PX	24.47	2043.25		90	Y	2097.37
2513	32141		THORCOM MAJOR EXC-PLCTJ BULLAE +ANY PLEURAL PX	34.63	2891.61		90	Y	2097.37
2514	32150		THORCOM MAJOR W/RMVL INTRAPLEURAL FB/FIBRIN DEP	24.61	2054.94		90	Y	2097.37
2515	32151		THORCOM MAJOR W/RMVL IPUL FB	25.36	2117.56		90	Y	2097.37
2516	32160		THORCOM MAJOR W/CAR MASSAGE	18.43	1538.91		90	Y	2097.37
2517	32200		PNEUMONOSTOMY W/OPN DRG ABSC/CST	27.41	2288.74		90	Y	2097.37
2518	32201		PNEUMONOSTOMY W/PRQ DRG ABSC/CST	24.04	2007.34		0	Y	506.30
2519	32215		PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	20.09	1677.52		90	Y	2097.37
2520	32220		DCRTCTJ PULM SPX TOT	40.05	3344.18		90	Y	2097.37
2521	32225		DCRTCTJ PULM SPX PRTL	24.65	2058.28		90	Y	2097.37
2522	32310		PLEURECTOMY PARIETAL SPX	22.91	1912.99		90	Y	2097.37
2523	32320		DCRTCTJ&PARIETAL PLEURECTOMY	39.85	3327.48		90	Y	2097.37
2524	32400		BX PLEURA PRQ NDL	3.77	314.80		0	N	881.50
2525	32402		BX PLEURA OPN	14.1	1177.35		90	Y	2097.37
2526	32405		BX LNG/MED PRQ NDL	2.49	207.92		0	N	881.50
2527	32420		PNEUMOCNTS PNXR LNG ASPIR	2.74	228.79		0	N	506.30
2528	32421		THORACENTESIS PUNCTURE PLEURAL CAVITY ASPIRATION	4.17	350.28		0	N	506.30
2529	32422		THORACENTESIS WITH INSERTION TUBE WATER SEAL	5.1	428.40		0	N	506.30
2530	32440		RMVL LNG TOT PNUMEC	40.57	3387.60		90	Y	2097.37
2531	32442		TOT PNUMEC RESCJ SGM TRACHEA BRNCTRAC ANAST	70.26	5866.71		90	Y	2097.37
2532	32445		TOT PNUMEC XTRPLEURAL	77.22	6447.87		90	Y	2097.37
2533	32480		RMVL LNG OTH/THN TOT PNUMEC 1 LOBE LOBEC	38.25	3193.88		90	Y	2097.37
2534	32482		RMVL LNG OTH/THN TOT PNUMEC 2 LOBES BILOBEC	40.69	3397.62		90	Y	2097.37
2535	32484		RMVL LNG OTH/THN TOT PNUMEC 1 SGM SGMECTOMY	36.74	3067.79		90	Y	2097.37
2536	32486		RMVL LNG XCP TOT PNUMEC SLEEVE LOBECTOMY	55.74	4654.29		90	Y	2097.37
2537	32488		RMVL LNG OTH/THN TOT PNUMEC COMPLETION PNUMEC	56.59	4725.27		90	Y	2097.37
2538	32491		RMVL LNG OTH/THN TOT PNUMEC EXC-PLCTJ EMPHY LNG	37.69	3147.12		90	Y	2097.37
2539	32500		RMVL LNG OTH/THN TOT PNUMEC WEDGE RESCJ 1/MLT	37.14	3101.19		90	Y	2097.37
2540	32501		RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	6.36	531.06		0	Y	2097.37
2541	32503		RESCJ APICAL LNG TUM W/O CH WALL RCNSTJ	47.18	3939.53		90	Y	2097.37
2542	32504		RESCJ APICAL LNG TUM W/CH WALL RCNSTJ	53.77	4489.80		90	Y	2097.37
2543	32540		XTRPLEURAL ENCL EMPYEMA EMPYEMECTOMY	39.53	3300.76		90	Y	2097.37
2544	32550		INSERTION INDWELLING TUNNELED PLEURAL CATHETER	21.56	1811.04		0	N	2777.67

	A	B	C	D	E	F	G	H	I
2545	32551		TUBE THORACOSTOMY INCLUDES WATER SEAL	4.49	377.16		0	N	506.30
2546	32552		RMVL NDWELLG TUN PLEURAL CATH W/CUFF	5.01	418.34	0.00	10	N	128.96
2547	32553		PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	16.11	1345.19	0.00	0	Y	1254.56
2548	32560		CHEMICAL PLEURODESIS FOR PERSISTENT PNEUMOTHORAX	7.92	665.28		0	N	506.30
2549	32561		INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	2.61	217.94	0.00	0	Y	506.30
2550	32562		INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	2.32	193.72	0.00	0	Y	506.30
2551	32601		THRSC DX SPX LNGS&PLEURAL SPACE W/O BX	7.99	667.17		0	Y	3101.23
2552	32602		THRSC DX SPX LNGS&PLEURAL SPACE BX	8.67	723.95		0	Y	3101.23
2553	32603		THRSC DX SPX PRCRD SAC W/O BX	11.18	933.53		0	Y	3101.23
2554	32604		THRSC DX SPX PRCRD SAC BX	12.49	1042.92		0	Y	3101.23
2555	32605		THRSC DX SPX MEDSTNL SPACE W/O BX	10.03	837.51		0	Y	3101.23
2556	32606		THRSC DX SPX MEDSTNL SPACE W/BX	12.02	1003.67		0	Y	3101.23
2557	32650		THRSC W/PLEURODESIS	17.66	1474.61		90	Y	2097.37
2558	32651		THRSC W/PRTL PULM DCRTCTJ	26.05	2175.18		90	Y	2097.37
2559	32652		THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	39.22	3274.87		90	Y	2097.37
2560	32653		THRSC RMVL INTRAPLEURAL FB/FIBRIN DEP	25.26	2109.21		90	Y	2097.37
2561	32654		THRSC CTRL TRAUMTC HEMRRG	27.65	2308.78		90	Y	2097.37
2562	32655		THRSC EXC-PLCTJ BULLAE ANY PLEURAL PX	23.56	1967.26		90	Y	2097.37
2563	32656		THRSC W/PARIETAL PLEURECTOMY	21.21	1771.04		90	Y	2097.37
2564	32657		THRSC W/WEDGE RESCJ LNG 1/MLT	20.84	1740.14		90	Y	2097.37
2565	32658		THRSC W/RMVL CLOT/FB FROM PRCRD SAC	19.1	1594.85		90	Y	2097.37
2566	32659		THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	19.36	1616.56		90	Y	2097.37
2567	32660		THRSC W/TOT PRICARDIECTOMY	26.98	2252.83		90	Y	2097.37
2568	32661		THRSC W/EXC PRCRD CST TUM/MASS	21.26	1775.21		90	Y	2097.37
2569	32662		THRSC W/EXC MEDSTNL CST TUM/MASS	23.88	1993.98		90	Y	2097.37
2570	32663		THRSC W/LOBEC TOT/SGMTL	35.26	2944.21		90	Y	2097.37
2571	32664		THRSC W/THRC SYMPTH	22.44	1873.74		90	Y	2097.37
2572	32665		THRSC W/ESOPHAGOMYOTOMY HELLER TYP	29.71	2480.79		90	Y	2097.37
2573	32800		RPR LNG HRNA THRU CH WALL	23.34	1948.89		90	Y	2097.37
2574	32810		CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	22.7	1895.45		90	Y	2097.37
2575	32815		OPN CLSR MAJOR BRNCL FSTL	61.03	5096.01		90	Y	2097.37
2576	32820		MAJOR RCNSTJ CH WALL POSTTRAUMTC	34.69	2896.62		90	Y	2097.37
2577	32850		DON PNUMEC FROM CDVR DON	BR	BR		0	Y	2097.37
2578	32851		LNG TRNSPL 1 W/O CARD BYP	68.37	5708.90		90	Y	2097.37
2579	32852		LNG TRNSPL 1 W/CARD BYP	76.98	6427.83		90	Y	2097.37
2580	32853		LNG TRNSPL 2 BI SEQL/EN BLOC W/O CARD BYP	81.78	6828.63		90	Y	2097.37
2581	32854		LNG TRNSPL 2 BI SEQL/EN BLOC W/CARD BYP	88.36	7378.06		90	Y	2097.37
2582	32855		BKBENCH STANDARD PREPJ CDVR DON LNG ALGRFT UNI	BR	BR		0	Y	2097.37
2583	32856		BKBENCH STANDARD PREPJ CDVR DON LNG ALGRFT BI	BR	BR		0	Y	2097.37
2584	32900		RESCJ RIBS XTRPLEURAL ALL STGS	34.11	2848.19		90	Y	2097.37
2585	32905		THORACOPLASTY SCHEDE TYP/XTRPLEURAL	34	2839.00		90	Y	2097.37
2586	32906		THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	42.1	3515.35		90	Y	2097.37
2587	32940		PNEUMONOLSS XTRPRIOSTEAL W/FILLING/PACKING PX	31.24	2608.54		90	Y	2097.37
2588	32960		PNEUMOTHORAX THER INTRAPLEURAL NJX AIR	3.49	291.42		0	N	506.30
2589	32997		TOT LNG LVG UNI	9.02	753.17		0	N	2097.37
2590	32998		ABLATION PULMONARY TUMOR PERQ RF UNI	74.11	6188.19		0	Y	4683.68
2591	32999		UNLIS PX LNGS&PLEURA	BR	BR		0	N	506.30
2592	33010		PRICARDIOCNTS 1ST	3	250.50		0	N	506.30

	A	B	C	D	E	F	G	H	I
2593	33011		PRICARDIOCNTS SBSQ	3.05	254.68		0	N	506.30
2594	33015		TUBE PRICARDIOSTOMY	13.22	1103.87		90	N	2097.37
2595	33020		PRICARDIOTOMY RMVL CLOT/FB PRIM PX	21.88	1826.98		90	Y	2097.37
2596	33025		CRTJ PRCRD WINDOW/PRTL RESCJ DRG	20.34	1698.39		90	Y	2097.37
2597	33030		PRICARDIECTOMY STOT/COMPL W/O CARD BYP	32.32	2698.72		90	Y	2097.37
2598	33031		PRICARDIECTOMY STOT/COMPL W/CARD BYP	35.9	2997.65		90	Y	2097.37
2599	33050		EXC PRCRD CST/TUM	25.08	2094.18		90	Y	2097.37
2600	33120		EXC ICAR TUM RESCJ W/CARD BYP	39.65	3310.78		90	Y	2097.37
2601	33130		RESCJ XTRNL CAR TUM	34.59	2888.27		90	Y	2097.37
2602	33140		TRANSMYOCRD LASER REVSC THORCOM SPX	39.1	3264.85		90	Y	2097.37
2603	33141		TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	4.36	364.06		0	Y	2097.37
2604	33202		INSERTION EPICARDIAL ELECTRODE OPEN	19.76	1649.96		90	Y	2097.37
2605	33203		INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	20.2	1686.70		90	N	2097.37
2606	33206		INSJ/RPLCMT PRM PM W/TRANSVNS ELTRD ATR	11.73	979.46		90	N	10840.90
2607	33207		INSJ/RPLCMT PRM PM W/TRANSVNS ELTRD VENTR	13.68	1142.28		90	N	10840.90
2608	33208		INSJ/RPLCMT PRM PM W/TRANSVNS ELTRD ATR&VENTR	12.81	1069.64		90	N	12963.78
2609	33210		INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	4.52	377.42		0	N	4462.48
2610	33211		INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	4.67	389.95		0	N	4462.48
2611	33212		INSJ/RPLCMT PM PLS GEN ONLY 1CHMBR ATR/VENTR	8.85	738.98		90	N	8950.99
2612	33213		INSJ/RPLCMT PM PLS GEN ONLY 2CHMBR	10.04	838.34		90	N	9863.95
2613	33214		UPG PM SYS CONV 1CHMBR SYS 2CHMBR SYS	12.61	1052.94		90	Y	12963.78
2614	33215		RPSG PREV IMPLTED PM/CVDFB R ATR/R VENTR ELTRD	8.04	671.34		90	N	2092.01
2615	33216		INSJ ELTRD 1CHMBR 1 ELTRD PRM PM/1CHMBR CVDFB	9.9	826.65		90	N	4462.48
2616	33217		INSJ ELTRD 2CHMBR 2 ELTRDS PRM PM/2CHMBR CVDFB	9.9	826.65		90	N	4462.48
2617	33218		RPR 1 ELTRD 1CHMBR PRM PM/1CHMBR CVDFB	10.18	850.03		90	N	2092.01
2618	33220		RPR 2 ELTRDS 2 CHMBR PRM PM/2CHMBR CVDFB	10.25	855.88		90	N	2092.01
2619	33222		REVJ/RELOCATION SKN POCKET PM	9.24	771.54		90	N	1463.98
2620	33223		REVJ SKN POCKET 1/2CHMBR PACG CVDFB	10.99	917.67		90	Y	1463.98
2621	33224		INSJ ELTRD CAR VEN SYS ATTCH PM/CVDFB PLS GEN	12.95	1081.33		0	N	18614.21
2622	33225		INSJ ELTRD CAR VEN SYS TM INSJ CVDFB/PM PLS GEN	11.51	961.09		0	N	18614.21
2623	33226		RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	12.5	1043.75		0	N	2092.01
2624	33233		RMVL PRM PM PLS GEN	6.51	543.59		90	N	2092.01
2625	33234		RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	12.7	1060.45		90	N	2092.01
2626	33235		RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	16.62	1387.77		90	N	2092.01
2627	33236		RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	20.3	1695.05		90	Y	2097.37
2628	33237		RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SYS	21.72	1813.62		90	Y	2097.37
2629	33238		RMVL PRM TRANSVNS ELTRD THORCOM	24	2004.00		90	Y	2097.37
2630	33240		INSJ 1/2CHMBR PACG CVDFB PLS GEN	12.04	1005.34		90	N	29712.33
2631	33241		SUBQ RMVL 1/2CHMBR PACG CVDFB PLS GEN	6.1	509.35		90	Y	2092.01
2632	33243		RMVL 1/2CHMBR PACG CVDFB ELTRD THORCOM	34.51	2881.59		90	Y	2097.37
2633	33244		RMVL 1/2CHMBR PACG CVDFB ELTRD TRANSVNS XTRJ	22.52	1880.42		90	N	2092.01
2634	33249		INSJ/RPSG LEAD 1/2CHMBR CVDFB&INSJ PLS GEN	23.17	1934.70		90	Y	37604.22
2635	33250		ABLTJ ARRHYTGNIC FOC/PTHWY TRC&/FOC	37.18	3104.53		90	Y	2097.37
2636	33251		ABLTJ ARRHYTGNIC FOC/PTHWY TRC&/FOC CARD BYP	41.02	3425.17		90	Y	2097.37
2637	33254		ABLATION & RCNSTJ ATRIA LMTD	34.5	2880.75		90	Y	2097.37
2638	33255		ABLATION & RCNSTJ ATRIA X10SV W/O BYPASS	41.51	3466.09		90	Y	2097.37
2639	33256		ABLATION & RCNSTJ ATRIA X10SV W/BYPASS	49.59	4140.77		90	Y	2097.37
2640	33257		ATRIA ABLATE & RCNSTJ W OTHER PROCEDURE LIMITED	14.84	1246.56		ZZZ	Y	2097.37

	A	B	C	D	E	F	G	H	I
2641	33258		ATRIA ABLTJ &RCNSTJ W OTHER PX EXTENSIVE W/O BYP	16.77	1408.68		ZZZ	Y	2097.37
2642	33259		ATRIA ABLATE &RCNSTJ W OTHER PX EXTENSIVE W BYP	22.03	1850.52		ZZZ	Y	2097.37
2643	33261		OPRATIVE ABLTJ VENTR ARRHYTGNIC FOC W/CARD BYP	41.01	3424.34		90	Y	2097.37
2644	33265		NDSC ABLATION & RCNSTJ ATRIA LMTD W/O BYPASS	34.5	2880.75		90	Y	2097.37
2645	33266		NDSC ABLATION & RCNSTJ ATRIA X10SV W/O BYPASS	47.2	3941.20		90	Y	2097.37
2646	33282		IMPLTJ PT-ACTIVATED CAR EVENT RECORDER	8.56	714.76		90	N	7118.85
2647	33284		RMVL IMPLTABLE PT-ACTIVATED CAR EVENT RECORDER	6.37	531.90		90	N	748.01
2648	33300		RPR CAR WND W/O BYP	53.86	4497.31		90	Y	2097.37
2649	33305		RPR CAR WND W/CARD BYP	86.51	7223.59		90	Y	2097.37
2650	33310		CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	30.17	2519.20		90	Y	2097.37
2651	33315		CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	37.48	3129.58		90	Y	2097.37
2652	33320		SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	27.02	2256.17		90	Y	2097.37
2653	33321		SUTR RPR AORTA/GRT VSL W/SHUNT BYP	31.45	2626.08		90	Y	2097.37
2654	33322		SUTR RPR AORTA/GRT VSL W/CARD BYP	34.94	2917.49		90	Y	2097.37
2655	33330		INSJ GRF AORTA/GRT VSL W/O SHUNT/CARD BYP	35.59	2971.77		90	Y	2097.37
2656	33332		INSJ GRF AORTA/GRT VSL W/SHUNT BYP	35.31	2948.39		90	Y	2097.37
2657	33335		INSJ GRF AORTA/GRT VSL W/CARD BYP	47.91	4000.49		90	Y	2097.37
2658	33400		VLVP AORTIC VALVE OPN W/CARD BYP	56.86	4747.81		90	Y	2097.37
2659	33401		VLVP AORTIC VALVE OPN W/INFL OCCLUSION	38.09	3180.52		90	Y	2097.37
2660	33403		VLVP AORTIC VALVE W/TRANSVENTR DILAT W/CARD BYP	39.74	3318.29		90	Y	2097.37
2661	33404		CONSTJ APICAL-AORTIC CONDUIT	46.4	3874.40		90	Y	2097.37
2662	33405		RPLCMT A-VALVE PROSTC XCP HOMOGRF/STENT< VALVE	59.96	5006.66		90	Y	2097.37
2663	33406		RPLCMT A-VALVE ALGRFT VALVE FRHAND	71.74	5990.29		90	Y	2097.37
2664	33410		RPLCMT A-VALVE STENT< TISS VALVE	62.97	5258.00		90	Y	2097.37
2665	33411		RPLCMT A-VALVE AORTIC ANNULUS ENLGMENT NONC CUSP	80.63	6732.61		90	Y	2097.37
2666	33412		RPLCMT A-VALVE KONNO PROCEDURE	65.18	5442.53		90	Y	2097.37
2667	33413		RPLCMT A-VALVE ROSS PX	81.01	6764.34		90	Y	2097.37
2668	33414		RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	54.31	4534.89		90	Y	2097.37
2669	33415		RESCJ/INC SUBVALVULAR TISSUE	49.85	4162.48		90	Y	2097.37
2670	33416		VENTRICULOMYOTOMY-MYECTOMY	50.86	4246.81		90	Y	2097.37
2671	33417		AORTOPLASTY SUPRAVALVULAR STENOSIS	43.57	3638.10		90	Y	2097.37
2672	33420		VALVOTOMY MITRAL VALVE CLSD HRT	34.33	2866.56		90	Y	2097.37
2673	33422		VALVOTOMY MITRAL VALVE OPN HRT W/CARD BYP	43.92	3667.32		90	Y	2097.37
2674	33425		VLVP MITRAL VALVE W/CARD BYP	63.15	5273.03		90	Y	2097.37
2675	33426		VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	60.7	5068.45		90	Y	2097.37
2676	33427		VLVP MITRAL VALVE W/CARD BYP RAD RCNSTJ +RING	64.82	5412.47		90	Y	2097.37
2677	33430		RPLCMT MITRAL VALVE W/CARD BYP	68.45	5715.58		90	Y	2097.37
2678	33460		VALVECTOMY TRICSPD VALVE W/CARD BYP	55.93	4670.16		90	Y	2097.37
2679	33463		VLVP TRICSPD VALVE W/O RING INSJ	69.71	5820.79		90	Y	2097.37
2680	33464		VLVP TRICSPD VALVE W/RING INSJ	58.36	4873.06		90	Y	2097.37
2681	33465		RPLCMT TRICSPD VALVE W/CARD BYP	64.05	5348.18		90	Y	2097.37
2682	33468		TRICSPD VALVE RPSG&PLCTJ EBSTEIN ANOMAL	47.67	3980.45		90	Y	2097.37
2683	33470		VALVOTOMY PULM VALVE CLSD HRT TRANSVENTR	30.4	2538.40		90	Y	2097.37
2684	33471		VALVOTOMY PULM VALVE CLSD HRT VIA P-ART	33.16	2768.86		90	Y	2097.37
2685	33472		VALVOTOMY PULM VALVE OPN HRT W/INFL OCCLUSION	34.85	2909.98		90	Y	2097.37
2686	33474		VALVOTOMY PULM VALVE OPN HRT W/CARD BYP	51.01	4259.34		90	Y	2097.37
2687	33475		RPLCMT PULM VALVE	58.41	4877.24		90	Y	2097.37
2688	33476		R VENTR RESCJ INFUND STEN +COMMISSUROTOMY	38	3173.00		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2689	33478		O/F TRC AGMNTJ +COMMISSUROTOMY/INFUND RESCJ	41.05	3427.68		90	Y	2097.37
2690	33496		RPR NON-STRUCTURAL PROSTC VALVE DYSF CARD BYP	43.27	3613.05		90	Y	2097.37
2691	33500		RPR C ARVEN/ARTERIOCAR CHAMBER FSTL W/CARD BYP	40.25	3360.88		90	Y	2097.37
2692	33501		RPR C ARVEN/ARTERIOCAR CHAMBER FSTL W/O CARD BYP	27.67	2310.45		90	Y	2097.37
2693	33502		RPR ANOM C ART FROM P-ART ORIGIN LIG	33.13	2766.36		90	Y	2097.37
2694	33503		RPR ANOM C ART FROM P-ART ORIGIN GRF	31.79	2654.47		90	Y	2097.37
2695	33504		RPR ANOM C ART FROM P-ART ORIGIN GRF W/CARD BYP	37.5	3131.25		90	Y	2097.37
2696	33505		RPR ANOM C ART W/CONSTJ INTRAP-ART TUNNEL	49.43	4127.41		90	Y	2097.37
2697	33506		RPR ANOM C ART FROM P-ART TO AORTA	53.47	4464.75		90	Y	2097.37
2698	33507		RPR ANOM AORTIC ORIGIN C ART UNROOFING/TLCJ	45.43	3793.41		90	Y	2097.37
2699	33508		NDSC SURG W/VID-ASSTD HARVEST VEIN CAB	0.42	35.07		0	Y	
2700	33510		CAB VEIN ONLY 1 C VEN GRF	51.32	4285.22		90	Y	2097.37
2701	33511		CAB VEIN ONLY 2 C VEN GRFS	55.46	4630.91		90	Y	2097.37
2702	33512		CAB VEIN ONLY 3 C VEN GRFS	61.39	5126.07		90	Y	2097.37
2703	33513		CAB VEIN ONLY 4 C VEN GRFS	63.13	5271.36		90	Y	2097.37
2704	33514		CAB VEIN ONLY 5 C VEN GRFS	65.86	5499.31		90	Y	2097.37
2705	33516		CAB VEIN ONLY 6/> C VEN GRFS	68.53	5722.26		90	Y	2097.37
2706	33517		CAB W/VEN GRF&ARTL GRF 1 VEIN GRF	4.55	379.93		0	Y	2097.37
2707	33518		CAB W/VEN GRF&ARTL GRF 2 VEN GRFS	9.65	805.78		0	Y	2097.37
2708	33519		CAB W/VEN GRF&ARTL GRF 3 VEN GRFS	13.01	1086.34		0	Y	2097.37
2709	33521		CAB W/VEN GRF&ARTL GRF 4 VEN GRFS	15.96	1332.66		0	Y	2097.37
2710	33522		CAB W/VEN GRF&ARTL GRF 5 VEN GRFS	18.44	1539.74		0	Y	2097.37
2711	33523		CAB W/VEN GRF&ARTL GRF 6/> VEN GRFS	21.23	1772.71		0	Y	2097.37
2712	33530		ROPRTJ CAB/VALVE PX >1 MO AFTER ORIGINAL OPERJ	12.2	1018.70		0	Y	2097.37
2713	33533		CAB W/ARTL GRF 1 ARTL GRF	50.37	4205.90		90	Y	2097.37
2714	33534		CAB W/ARTL GRF 2 C ARTL GRFS	57.5	4801.25		90	Y	2097.37
2715	33535		CAB W/ARTL GRF 3 C ARTL GRFS	62.93	5254.66		90	Y	2097.37
2716	33536		CAB W/ARTL GRF 4/> C ARTL GRFS	67.01	5595.34		90	Y	2097.37
2717	33542		MYOCRD RESCJ	61.74	5155.29		90	Y	2097.37
2718	33545		RPR POSTINFRCJ VENTR SEPTAL DFCT	73.26	6117.21		90	Y	2097.37
2719	33548		SURG VENTR RSTRJ PX W/PROSTC PATCH PFRMD	73.54	6140.59		90	Y	2097.37
2720	33572		C ENDARTERCOMY OPN ANY METH	6.06	506.01		0	Y	2097.37
2721	33600		CLSR ATRIOVENTRICULAR VALVE SUTURE/PATCH	44.04	3677.34		90	Y	2097.37
2722	33602		CLSR SEMILUNAR VALVE AORTIC/PULM SUTR/PATCH	42.79	3572.97		90	Y	2097.37
2723	33606		ANAST P-ART AORTA DAMUS-KAYE-STANSEL PX	45.9	3832.65		90	Y	2097.37
2724	33608		RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	47.2	3941.20		90	Y	2097.37
2725	33610		RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	45.68	3814.28		90	Y	2097.37
2726	33611		RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	50.03	4177.51		90	Y	2097.37
2727	33612		RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	52.71	4401.29		90	Y	2097.37
2728	33615		RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	49.47	4130.75		90	Y	2097.37
2729	33617		RPR CPLX CAR ANOMAL MODF FONTAN PX	56.8	4742.80		90	Y	2097.37
2730	33619		RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLASIA	70.33	5872.56		90	Y	2097.37
2731	33641		RPR ATR SEPTAL DFCT SECUNDUM W/CARD BYP +PATCH	39.69	3314.12		90	Y	2097.37
2732	33645		DIR/PATCH CLSR SINUS VENOSUS +ANOM PULM VEN DRG	40.53	3384.26		90	Y	2097.37
2733	33647		RPR ATR&VENTR SEPTAL DFCT DIR/PATCH CLSR	43.14	3602.19		90	Y	2097.37
2734	33660		RPR INCOMPL/PRTL AV CANAL +AV VALVE RPR	46.02	3842.67		90	Y	2097.37
2735	33665		RPR INTRM/TRANSJ AV CANAL +AV VALVE RPR	48.75	4070.63		90	Y	2097.37
2736	33670		RPR COMPL AV CANAL +PROSTC VALVE	50.49	4215.92		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2737	33675		CLOSURE MULTIPLE VSD	55.03	4595.01		90	Y	2097.37
2738	33676		CLOSURE MULTIPLE VSD W/RESECTION	56.77	4740.30		90	Y	2097.37
2739	33677		CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	59.01	4927.34		90	Y	2097.37
2740	33681		CLSR 1 VENTR SEPTAL DFCT + PATCH	47.69	3982.12		90	Y	2097.37
2741	33684		CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	49.36	4121.56		90	Y	2097.37
2742	33688		CLSR V-SEPTL DFCT W/RMVL P-ART BAND +GUSSET	46.12	3851.02		90	Y	2097.37
2743	33690		BANDING P-ART	29.91	2497.49		90	Y	2097.37
2744	33692		COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	45.54	3802.59		90	Y	2097.37
2745	33694		COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	50.38	4206.73		90	Y	2097.37
2746	33697		COMPL RPR T-FALLOT W/PULM ATRESIA	54.45	4546.58		90	Y	2097.37
2747	33702		RPR SINUS VALSALVA FISTULA	40.35	3369.23		90	Y	2097.37
2748	33710		RPR SINUS VALSALVA FSTL W/RPR V-SEPTL DFCT	45.04	3760.84		90	Y	2097.37
2749	33720		RPR SINUS VALSALVA ANEURYSM	40.23	3359.21		90	Y	2097.37
2750	33722		CLSR AORTICO-L VENTR TUNNEL	39.98	3338.33		90	Y	2097.37
2751	33724		REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	39.34	3284.89		90	Y	2097.37
2752	33726		REPAIR PULM VENOUS STENOSIS	51.8	4325.30		90	Y	2097.37
2753	33730		COMPL RPR ANOM VEN RETURN	51.33	4286.06		90	Y	2097.37
2754	33732		RPR C TRIATM/SUPVALVR RING RESCJ L ATR MEMB	43.32	3617.22		90	Y	2097.37
2755	33735		ATR SEPTECT/SEPTOST CLSD HRT	30.82	2573.47		90	Y	2097.37
2756	33736		ATR SEPTECT/SEPTOST OPN HRT W/CARD BYP	36.39	3038.57		90	Y	2097.37
2757	33737		ATR SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	33.42	2790.57		90	Y	2097.37
2758	33750		SHUNT SUBCLA P-ART	31.51	2631.09		90	Y	2097.37
2759	33755		SHUNT ASCENDING AORTA P-ART	31.99	2671.17		90	Y	2097.37
2760	33762		SHUNT DESCENDING AORTA P-ART	32.72	2732.12		90	Y	2097.37
2761	33764		SHUNT CTR W/PROSTC GRF	33.16	2768.86		90	Y	2097.37
2762	33766		SHUNT SUPRIOR V/C P-ART FLO 1 LNG	35.64	2975.94		90	Y	2097.37
2763	33767		SHUNT SUPRIOR V/C P-ART FLO BTH LNGS	37.58	3137.93		90	Y	2097.37
2764	33768		ANAST CAVOPULM 2ND SUPRIOR V/C	10.94	913.49		0	Y	2097.37
2765	33770		RPR TGA W/O SURG ENLGMNT V-SEPTL DFCT	54.48	4549.08		90	Y	2097.37
2766	33771		RPR TGA ENLGMNT V-SEPTL DFCT	54.1	4517.35		90	Y	2097.37
2767	33774		RPR TGA ATR BAFFLE W/CARD BYP	47.27	3947.05		90	Y	2097.37
2768	33775		RPR TGA ATR BAFFLE W/RMVL PULM BAND	48.29	4032.22		90	Y	2097.37
2769	33776		RPR TGA ATR BAFFLE W/CLSR V-SEPTL DFCT	51.33	4286.06		90	Y	2097.37
2770	33777		RPR TGA ATR BAFFLE RPR SBPULMC OBSTRCJ	50.21	4192.54		90	Y	2097.37
2771	33778		RPR TGA AORTIC P-ART RCNSTJ	61	5093.50		90	Y	2097.37
2772	33779		RPR TGA AORTIC P-ART RCNSTJ W/RMVL PULM BAND	56.1	4684.35		90	Y	2097.37
2773	33780		RPR TGA AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	60.35	5039.23		90	Y	2097.37
2774	33781		RPR TGA AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	58.33	4870.56		90	Y	2097.37
2775	33782		A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	80.79	6745.97	0.00	90	Y	2097.37
2776	33783		A-ROOT TLCJ VSD PULM STNS RPR W/ RIMPLTJ C OSTIA	88.14	7359.69	0.00	90	Y	2097.37
2777	33786		TOT RPR TRUNCUS ARTERIOSUS	58.64	4896.44		90	Y	2097.37
2778	33788		RIMPLTJ AN ANOM P-ART	39.94	3334.99		90	Y	2097.37
2779	33800		AORTIC SSP TRACHEAL DCMPRN SPX	25.87	2160.15		90	Y	2097.37
2780	33802		DIV ABERRANT VSL VASC RING	27.48	2294.58		90	Y	2097.37
2781	33803		DIV ABERRANT VSL VASC RING W/REANAST	30.65	2559.28		90	Y	2097.37
2782	33813		OBLTRJ AORTOPULM SEPTAL DFCT W/O CARD BYP	32.64	2725.44		90	Y	2097.37
2783	33814		OBLTRJ AORTOPULM SEPTAL DFCT W/CARD BYP	39.69	3314.12		90	Y	2097.37
2784	33820		RPR PATENT DUXUS ARTERIOSUS LIG	25.66	2142.61		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2785	33822		RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	26.74	2232.79		90	Y	2097.37
2786	33824		RPR PATENT DUXUS ARTERIOSUS DIV 18 YR&OLDER	30.6	2555.10		90	Y	2097.37
2787	33840		EXC COARCJ AORTA +PDA W/DIR ANAST	31.2	2605.20		90	Y	2097.37
2788	33845		EXC COARCTATION AORTA +PDA W/GRF	34.61	2889.94		90	Y	2097.37
2789	33851		EXC COARCJ AORTA W/L SUBCLA ART/PROSTC AS GUSSET	33.12	2765.52		90	Y	2097.37
2790	33852		RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC	34.98	2920.83		90	Y	2097.37
2791	33853		RPR HYPOPLSTC A-ARCH AGRFT/PROSTC CARD BYP	47.95	4003.83		90	Y	2097.37
2792	33860		ASCENDING AORTA GRF W/CARD BYP +VALVE SSP	76.6	6396.10		90	Y	2097.37
2793	33861		ASCENDING AORTA GRF +VALVE SSP W/C RCNSTJ	63.19	5276.37		90	Y	2097.37
2794	33863		AS-AORT GRF +VALVE SSP AORTIC ROOT RPLCMT	78.4	6546.40		90	Y	2097.37
2795	33864		ASCENDING AORTA GRF VALVE SPARE ANNULUS REMODEL	79.68	6693.12		90	Y	2097.37
2796	33870		TRANSVRS ARCH GRF W/CARD BYP	65.88	5500.98		90	Y	2097.37
2797	33875		DTA GRF +BYP	50.83	4244.31		90	Y	2097.37
2798	33877		RPR THORACOAAA W/GRF +CARD BYP	85.53	7141.76		90	Y	2097.37
2799	33880		EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	46.49	3881.92		90	Y	2097.37
2800	33881		EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	40.13	3350.86		90	Y	2097.37
2801	33883		PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	29.61	2472.44		90	Y	2097.37
2802	33884		PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	10.67	890.95		0	Y	2097.37
2803	33886		PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	25.7	2145.95		90	Y	2097.37
2804	33889		OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	21.42	1788.57		0	Y	2097.37
2805	33891		BYP GRF W/DTA RPR NCK INC	27.52	2297.92		0	Y	2097.37
2806	33910		P-ART EMBOLECTOMY W/CARD BYP	41.7	3481.95		90	Y	2097.37
2807	33915		P-ART EMBOLECTOMY W/O CARD BYP	33.35	2784.73		90	Y	2097.37
2808	33916		PULM ENDARTERCOMY +EMBOLECTOMY W/CARD BYP	40.34	3368.39		90	Y	2097.37
2809	33917		RPR P-ART STENOSIS RCNSTJ W/PATCH/GRF	38.04	3176.34		90	Y	2097.37
2810	33920		RPR PULM ATRESIA W/CONSTJ/RPLCMT CONDUIT	46.88	3914.48		90	Y	2097.37
2811	33922		TRNSXJ P-ART W/CARD BYP	35.81	2990.14		90	Y	2097.37
2812	33924		LIG&TKDN SYSIC-TO-P-ART SHUNT W/CGEN HRT PX	7.68	641.28		0	Y	2097.37
2813	33925		RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O CARD BYP	46.26	3862.71		90	Y	2097.37
2814	33926		RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/CARD BYP	63.25	5281.38		90	Y	2097.37
2815	33930		DON CARDIECTOMY-PNUMEC	BR	BR		0	Y	2097.37
2816	33933		BKBENCH PREPJ CDVR DON HRT/LNG ALGRFT	BR	BR		0	Y	2097.37
2817	33935		HRT-LNG TRNSPL W/RCP CARDIECTOMY-PNUMEC	91.92	7675.32		90	Y	2097.37
2818	33940		DON CARDIECTOMY	BR	BR		0	Y	2097.37
2819	33944		BKBENCH STANDARD PREPJ CDVR DON HRT ALGRFT	BR	BR		0	Y	2097.37
2820	33945		HRT TRNSPL +RCP CARDIECTOMY	110.12	9195.02		90	Y	2097.37
2821	33960		PROLNG XTRCORP CRCJ 1ST 24 HR	25.15	2100.03		0	Y	2097.37
2822	33961		PROLNG XTRCORP CRCJ EA 24 HR	14.14	1180.69		0	Y	2097.37
2823	33967		INSJ INTRA-AORTIC BALO ASSIST DEV PRQ	6.7	559.45		0	Y	2097.37
2824	33968		RMVL INTRA-AORTIC BALO ASSIST DEV PRQ	0.89	74.32		0	N	2097.37
2825	33970		INSJ I-AORT BALO ASSIST DEV THRU FEM ART OPN	9.23	770.71		0	Y	2097.37
2826	33971		RMVL I-AORT BALO ASSIST DEV W/RPR FEM ART +GRF	17.98	1501.33		90	Y	2097.37
2827	33973		INSJ I-AORT BALO ASSIST DEV THRU AS-AORT	13.49	1126.42		0	Y	2097.37
2828	33974		RMVL I-AORT BALO DEV FROM AS-AORT RPR AS-AORT	23.03	1923.01		90	Y	2097.37
2829	33975		INSJ VENTR ASSIST DEV XTRCORP 1 VNTRC	28.3	2363.05		0	Y	2097.37
2830	33976		INSJ VENTR ASSIST DEV XTRCORP BIVENTR	31.56	2635.26		0	Y	2097.37
2831	33977		RMVL VENTR ASSIST DEV XTRCORP 1 VNTRC	31.5	2630.25		90	Y	2097.37
2832	33978		RMVL VENTR ASSIST DEV XTRCORP BIVENTR	34.99	2921.67		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2833	33979		INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	63.07	5266.35		0	Y	2097.37
2834	33980		RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	92.1	7690.35		90	Y	2097.37
2835	33981		RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	BR	BR			Y	2097.37
2836	33982		RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/O CARD BYP	BR	BR			Y	2097.37
2837	33983		RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/CARD BYP	BR	BR			Y	2097.37
2838	33999		UNLIS CAR SURG	BR	BR		0	N	506.30
2839	34001		EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	24.53	2048.26		90	Y	2097.37
2840	34051		EMBLC/THRMBC INNOMINATE SUBCLA ART	24.98	2085.83		90	Y	2097.37
2841	34101		EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	16.28	1359.38		90	Y	3729.70
2842	34111		EMBLC/THRMBC +CATH RDL/UR ART ARM INC	16.29	1360.22		90	Y	3729.70
2843	34151		EMBLC/THRMBC RNL CELIAC MESENTERY A-ILIAC ART	37.31	3115.39		90	Y	2097.37
2844	34201		EMBLC/THRMBC FEMPOP A-ILIAC ART	24.63	2056.61		90	Y	3729.70
2845	34203		EMBLC/THRMBC POP-TIBIO-PRONEAL ART LEG INC	25.99	2170.17		90	Y	3729.70
2846	34401		THRMBC DIR/W/CATH V/C ILIAC VEIN ABDL INC	37.24	3109.54		90	Y	2097.37
2847	34421		THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	19.52	1629.92		90	Y	3729.70
2848	34451		THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	40.39	3372.57		90	Y	2097.37
2849	34471		THRMBC DIR/W/CATH SUBCLA VEIN NCK INC	25.96	2167.66		90	Y	3729.70
2850	34490		THRMBC DIR/W/CATH AX&SUBCLA VEIN ARM INC	16.33	1363.56		90	N	3729.70
2851	34501		VLVP FEM VEIN	25.51	2130.09		90	Y	3729.70
2852	34502		RCNSTJ V/C ANY METH	40.6	3390.10		90	Y	2097.37
2853	34510		VEN VALVE TRPOS ANY VEIN DON	29.01	2422.34		90	Y	3729.70
2854	34520		CROSS-> VEIN GRF VEN SYS	28.07	2343.85		90	Y	3729.70
2855	34530		SAPHENOPOP VEIN ANAST	26.15	2183.53		90	Y	3729.70
2856	34800		EVASC RPR AAA W/AORTO-AORTIC TUBE PROSTH	30.48	2545.08		90	Y	2097.37
2857	34802		EVASC RPR AAA W/MDLR BFRC PROSTH 1 LIMB	33.03	2758.01		90	Y	2097.37
2858	34803		EVASC RPR AAA W/MDLR BFRC PROSTH 2 LIMBS	33.94	2833.99		90	Y	2097.37
2859	34804		EVASC RPR AAA W/UNIBDY BFRC PROSTH	32.99	2754.67		90	Y	2097.37
2860	34805		EVASC RPR AAA AORTO-UNIILIAC/AORTO-UNIFEM PROSTH	31.37	2619.40		90	Y	2097.37
2861	34806		TCAT PLACEMENT PHYSIOLOGIC SENSOR ANEURYSMAL SAC	2.62	220.08		ZZZ	Y	2097.37
2862	34808		EVASC PLMT ILIAC ART OCCLUSION DEV	5.6	467.60		0	Y	2097.37
2863	34812		OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	9.34	779.89		0	Y	2097.37
2864	34813		PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	6.46	539.41		0	Y	2097.37
2865	34820		ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	13.3	1110.55		0	Y	2097.37
2866	34825		PLMT XTN PROSTH EVASC RPR ARYSM/DSJ 1ST VSL	18.61	1553.94		90	Y	2097.37
2867	34826		PLMT XTN PROSTH EVASC RPR ARYSM/DSJ EA VSL	5.46	455.91		0	Y	2097.37
2868	34830		OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	49.08	4098.18		90	Y	2097.37
2869	34831		OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	50.75	4237.63		90	Y	2097.37
2870	34832		OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	52.76	4405.46		90	Y	2097.37
2871	34833		ILIAC ART EXPOS W/CRTJ CONDUIT UNI	16.62	1387.77		0	Y	2097.37
2872	34834		BRACH ART EXPOS DPLMNT AORTIC/ILIAC PROSTH UNI	7.6	634.60		0	Y	2097.37
2873	34900		EVASC GRF PLMT RPR ILIAC ART	24.32	2030.72		90	Y	2097.37
2874	35001		DIR RPR ARYSM/&GRF INSJ CRTD SUBCLA ART	30.5	2546.75		90	Y	2097.37
2875	35002		DIR RPR ARYSM&GRF INSJ RPTD ARYSM CRTD SUBCLA	32.11	2681.19		90	Y	2097.37
2876	35005		DIR RPR ARYSM&GRF INSJ VRT ART	27.54	2299.59		90	Y	2097.37
2877	35011		DIR RPR ARYSM&GRF INSJ AX-BRACH ART	26.78	2236.13		90	Y	4257.51
2878	35013		DIR RPR ARYSM&GRF INSJ AX-BRACH ART	33.12	2765.52		90	Y	2097.37
2879	35021		DIR RPR ARYSM&GRF INSJ INNOMINATE SUBCLA ART	31.97	2669.50		90	Y	2097.37
2880	35022		DIR RPR ARYSM&GRF RPTD ARYSM INNOM SUBCLA ART	35.96	3002.66		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2881	35045		DIR RPR ARYSM&GRF INSJ RDL/UR ART	25.85	2158.48		90	Y	2097.37
2882	35081		DIR RPR ARYSM&GRF INSJ ABDL AORTA	45.38	3789.23		90	Y	2097.37
2883	35082		DIR RPR ARYSM&GRF INSJ RPTD ARYSM ABDL AORTA	57.9	4834.65		90	Y	2097.37
2884	35091		DIR RPR ARYSM&GRF INSJ ABDL AORTA VISC VSL	49.7	4149.95		90	Y	2097.37
2885	35092		DIR RPR ARYSM&GRF RPTD ARYSM ABDL AORTA VISC VSL	69.08	5768.18		90	Y	2097.37
2886	35102		DIR RPR ARYSM&GRF INSJ ABDL AORTA ILIAC VSL	49.36	4121.56		90	Y	2097.37
2887	35103		DIR RPR ARYSM&GRF RPTD ARYSM ABDL AORTA ILIAC	60.06	5015.01		90	Y	2097.37
2888	35111		DIR RPR ARYSM&GRF INSJ SPLENIC ART	37	3089.50		90	Y	2097.37
2889	35112		DIR RPR ARYSM&GRF INSJ RPTD ARYSM SPLENIC ART	44.85	3744.98		90	Y	2097.37
2890	35121		DIR RPR ARYSM&GRF INSJ HEPATC CELIAC RNL/MSN ART	44.44	3710.74		90	Y	2097.37
2891	35122		DIR RPR ARYSM&GRF RPTD ARYSM HEPATC CEL RNL/MSN	52.08	4348.68		90	Y	2097.37
2892	35131		DIR RPR ARYSM&GRF INSJ ILIAC ART	37.73	3150.46		90	Y	2097.37
2893	35132		DIR RPR ARYSM&GRF INSJ RPTD ARYSM ILIAC ART	45.33	3785.06		90	Y	2097.37
2894	35141		DIR RPR ARYSM&GRF INSJ COMMON FEM ART	30.09	2512.52		90	Y	2097.37
2895	35142		DIR RPR ARYSM&GRF INSJ RPTD ARYSM COMMON FEM ART	35.74	2984.29		90	Y	2097.37
2896	35151		DIR RPR ARYSM&GRF INSJ POP ART	33.93	2833.16		90	Y	2097.37
2897	35152		DIR RPR ARYSM&GRF INSJ RPTD ARYSM POP ART	39.16	3269.86		90	Y	2097.37
2898	35180		RPR CGEN ARVEN FSTL HEAD&NCK	21.14	1765.19		90	Y	3246.08
2899	35182		RPR CGEN ARVEN FSTL THORAX&ABD	45.29	3781.72		90	Y	2097.37
2900	35184		RPR CGEN ARVEN FSTL XTR	27.32	2281.22		90	Y	3246.08
2901	35188		RPR/TRAUMTC ARVEN FSTL HEAD&NCK	22.98	1918.83		90	Y	3729.70
2902	35189		RPR/TRAUMTC ARVEN FSTL THORAX&ABD	42.35	3536.23		90	Y	2097.37
2903	35190		RPR/TRAUMTC ARVEN FSTL XTR	19.97	1667.50		90	Y	3246.08
2904	35201		RPR BLVSL DIR NCK	25.09	2095.02		90	Y	3246.08
2905	35206		RPR BLVSL DIR UXTR	20.51	1712.59		90	Y	3246.08
2906	35207		RPR BLVSL DIR HAND FNGR	18.43	1538.91		90	Y	3729.70
2907	35211		RPR BLVSL DIR INTRATHRC W/BYP	35.72	2982.62		90	Y	2097.37
2908	35216		RPR BLVSL DIR INTRATHRC W/O BYP	45.65	3811.78		90	Y	2097.37
2909	35221		RPR BLVSL DIR INTRA-ABDL	36.82	3074.47		90	Y	2097.37
2910	35226		RPR BLVSL DIR LXTR	22.76	1900.46		90	Y	748.01
2911	35231		RPR BLVSL W/VEIN GRF NCK	31.1	2596.85		90	Y	3246.08
2912	35236		RPR BLVSL W/VEIN GRF UXTR	26.11	2180.19		90	Y	3246.08
2913	35241		RPR BLVSL W/VEIN GRF INTRATHRC W/BYP	37.28	3112.88		90	Y	2097.37
2914	35246		RPR BLVSL W/VEIN GRF INTRATHRC W/O BYP	40.75	3402.63		90	Y	2097.37
2915	35251		RPR BLVSL W/VEIN GRF INTRA-ABDL	44.05	3678.18		90	Y	2097.37
2916	35256		RPR BLVSL W/VEIN GRF LXTR	27.62	2306.27		90	Y	3246.08
2917	35261		RPR BLVSL W/GRF OTH/THN VEIN NCK	27.4	2287.90		90	Y	4257.51
2918	35266		RPR BLVSL W/GRF OTH/THN VEIN UXTR	22.95	1916.33		90	Y	4257.51
2919	35271		RPR BLVSL W/GRF OTH/THN VEIN INTRATHRC W/BYP	35.5	2964.25		90	Y	2097.37
2920	35276		RPR BLVSL W/GRF OTH/THN VEIN INTRATHRC W/O BYP	37.42	3124.57		90	Y	2097.37
2921	35281		RPR BLVSL W/GRF OTH/THN VEIN INTRA-ABDL	42.11	3516.19		90	Y	2097.37
2922	35286		RPR BLVSL W/GRF OTH/THN VEIN LXTR	25.34	2115.89		90	Y	4257.51
2923	35301		TEAEC W/PATCH GRF CRTD VRT SUBCLA NCK INC	28.29	2362.22		90	Y	2097.37
2924	35302		TEAEC W/GRAFT SUPERFICIAL FEMORAL ART	29.25	2442.38		90	Y	2097.37
2925	35303		TEAEC W/GRAFT POPLITEAL ART	32.13	2682.86		90	Y	2097.37
2926	35304		TEAEC W/GRAFT TIBIOPERONEAL TRUNK ART	33.43	2791.41		90	Y	2097.37
2927	35305		TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	32.13	2682.86		90	Y	2097.37
2928	35306		TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	12.04	1005.34		0	Y	2097.37

	A	B	C	D	E	F	G	H	I
2929	35311		TEAEC +PATCH GRF SUBCLA INNOMINATE THRC INC	40.29	3364.22		90	Y	2097.37
2930	35321		TEAEC +PATCH GRF AX-BRACH	24.13	2014.86		90	Y	3246.08
2931	35331		TEAEC +PATCH GRF ABDL AORTA	39.33	3284.06		90	Y	2097.37
2932	35341		TEAEC +PATCH GRF MESENTERIC CELIAC/RNL	37.53	3133.76		90	Y	2097.37
2933	35351		TEAEC +PATCH GRF ILIAC	34.59	2888.27		90	Y	2097.37
2934	35355		TEAEC +PATCH GRF ILIOFEM	28.15	2350.53		90	Y	2097.37
2935	35361		TEAEC +PATCH GRF CMBN AORTOILIAC	42.43	3542.91		90	Y	2097.37
2936	35363		TEAEC +PATCH GRF CMBN AORTOILIOFEM	45.38	3789.23		90	Y	2097.37
2937	35371		TEAEC +PATCH GRF COMMON FEM	22.42	1872.07		90	Y	2097.37
2938	35372		TEAEC +PATCH GRF DP PROFUNDA FEM	26.88	2244.48		90	Y	2097.37
2939	35390		ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATION	4.34	362.39		0	Y	2097.37
2940	35400		ANGIOSCOPY NON-C VSL/GRFS THER IVNTJ	4.15	346.53		0	N	2097.37
2941	35450		TRLUML BALO ANGIOP OPN RNL/OTH VISC ART	13.76	1148.96		0	Y	2097.37
2942	35452		TRLUML BALO ANGIOP OPN AORTIC	9.63	804.11		0	Y	2097.37
2943	35454		TRLUML BALO ANGIOP OPN ILIAC	8.48	708.08		0	Y	2097.37
2944	35456		TRLUML BALO ANGIOP OPN FEM-POP	10.28	858.38		0	Y	2097.37
2945	35458		TRLUML BALO ANGIOP OPN BRCH/CPHLC TRNK/BRNCH EA	13.12	1095.52		0	Y	4621.59
2946	35459		TRLUML BALO ANGIOP OPN TIBIOPRONEAL TRNK&BRNCH	11.97	999.50		0	Y	4621.59
2947	35460		TRLUML BALO ANGIOP OPN VEN	8.4	701.40		0	Y	4621.59
2948	35470		TRLUML BALO ANGIOP PRQ TIBPRNL TRNK/BRNCH EA	90.22	7533.37		0	N	4621.59
2949	35471		TRLUML BALO ANGIOP PRQ RNL/VISC ART	101.31	8459.39		0	N	4621.59
2950	35472		TRLUML BALO ANGIOP PRQ AORTIC	66.84	5581.14		0	Y	4621.59
2951	35473		TRLUML BALO ANGIOP PRQ ILIAC	62.33	5204.56		0	N	4621.59
2952	35474		TRLUML BALO ANGIOP PRQ FEMPOP	87.88	7337.98		0	N	4621.59
2953	35475		TRLUML BALO ANGIOP PRQ BRCH/CPHLC TRNK/BRNCH EA	63.1	5268.85		0	N	4621.59
2954	35476		TRLUML BALO ANGIOP PRQ VEN	48.21	4025.54		0	N	4621.59
2955	35480		TRLUML PRPH ATHRC OPN RNL/OTH VISC ART	15.26	1274.21		0	Y	2097.37
2956	35481		TRLUML PRPH ATHRC OPN AORTIC	10.75	897.63		0	Y	2097.37
2957	35482		TRLUML PRPH ATHRC OPN ILIAC	9.31	777.39		0	Y	2097.37
2958	35483		TRLUML PRPH ATHRC OPN FEMPOP	11.39	951.07		0	Y	2097.37
2959	35484		TRLUML PRPH ATHRC OPN BRCH/CPHLC TRNK/BRNCH EA	14.23	1188.21		0	Y	8510.25
2960	35485		TRLUML PRPH ATHRC OPN TIBPRNL TRNK&BRNCH	13.28	1108.88		0	Y	8510.25
2961	35490		TRLUML PRPH ATHRC PRQ RNL/OTH VISC ART	15.77	1316.80		0	Y	8510.25
2962	35491		TRLUML PRPH ATHRC PRQ AORTIC	11.04	921.84		0	Y	8510.25
2963	35492		TRLUML PRPH ATHRC PRQ ILIAC	9.7	809.95		0	Y	8510.25
2964	35493		TRLUML PRPH ATHRC PRQ FEMPOP	11.73	979.46		0	N	8510.25
2965	35494		TRLUML PRPH ATHRC PRQ BRCH/CPHLC TRNK/BRNCH EA	14.6	1219.10		0	N	8510.25
2966	35495		TRLUML PRPH ATHRC PRQ TIBPRNL TRNK&BRNCH	13.67	1141.45		0	Y	8510.25
2967	35500		HARVEST UXTR VEIN 1 SGM LXTR/CAB PX	8.66	723.11		0	Y	1627.16
2968	35501		BYP W/VEIN COMMON-IPSILATERAL CRTD	39.39	3289.07		90	Y	2097.37
2969	35506		BYP W/VEIN CAROTID-SUBCLA/ SUBCLA CAROTID	34.77	2903.30		90	Y	2097.37
2970	35508		BYP W/VEIN CRTD-VRT	35.51	2965.09		90	Y	2097.37
2971	35509		BYP W/VEIN CAROTID-CONTRALATERAL CAROTID	38.33	3200.56		90	Y	2097.37
2972	35510		BYP W/VEIN CRTD-BRACH	33.54	2800.59		90	Y	2097.37
2973	35511		BYP W/VEIN SUBCLA-SUBCLA	31.63	2641.11		90	Y	2097.37
2974	35512		BYP W/VEIN SUBCLA-BRACH	32.89	2746.32		90	Y	2097.37
2975	35515		BYP W/VEIN SUBCLA-VRT	35.22	2940.87		90	Y	2097.37
2976	35516		BYP W/VEIN SUBCLA-AX	31.06	2593.51		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
2977	35518		BYP W/VEIN AX-AX	31.93	2666.16		90	Y	2097.37
2978	35521		BYP W/VEIN AX-FEM	34.12	2849.02		90	Y	2097.37
2979	35522		BYP W/VEIN AX-BRACH	32.03	2674.51		90	Y	2097.37
2980	35523		BYPASS GRAFT WITH VEIN BRACHIAL-ULNAR/-RADIAL	32.49	2729.16		90	Y	2097.37
2981	35525		BYP W/VEIN BRACH-BRACH	30.35	2534.23		90	Y	2097.37
2982	35526		BYP W/VEIN AORTOSUBCLA/CRTD	45.9	3832.65		90	Y	2097.37
2983	35531		BYP W/VEIN AORTOCELIAC/AORTOMESENTERIC	54.07	4514.85		90	Y	2097.37
2984	35533		BYP W/VEIN AX-FEM-FEM	41.92	3500.32		90	Y	2097.37
2985	35535		BYPASS GRAFT WITH VEIN HEPATORENAL	54.04	4512.34	0.00	90	Y	2097.37
2986	35536		BYP W/VEIN SPLENORNL	47.18	3939.53		90	Y	2097.37
2987	35537		BYP W/VEIN AORTOILIAC	56.49	4716.92		90	Y	2097.37
2988	35538		BYP W/VEIN AORTOBI-ILIAC	63.1	5268.85		90	Y	2097.37
2989	35539		BYP W/VEIN AORTOFEMORAL	59.31	4952.39		90	Y	2097.37
2990	35540		BYP W/VEIN AORTOBIFEMORAL	66.11	5520.19		90	Y	2097.37
2991	35548		BYP W/VEIN AORTOILIOFEM UNI	32.31	2697.89		90	Y	2097.37
2992	35549		BYP W/VEIN AORTOILIOFEM BI	35.26	2944.21		90	Y	2097.37
2993	35551		BYP W/VEIN AORTOFEMPOP	39.76	3319.96		90	Y	2097.37
2994	35556		BYP W/VEIN FEMPOP	36.55	3051.93		90	Y	2097.37
2995	35558		BYP W/VEIN FEM-FEM	32.86	2743.81		90	Y	2097.37
2996	35560		BYP W/VEIN AORTORNL	47.91	4000.49		90	Y	2097.37
2997	35563		BYP W/VEIN ILIOILIAC	36.93	3083.66		90	Y	2097.37
2998	35565		BYP W/VEIN ILIOFEM	35.5	2964.25		90	Y	2097.37
2999	35566		BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	43.88	3663.98		90	Y	2097.37
3000	35570		BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	41.89	3497.82	0.00	90	Y	2097.37
3001	35571		BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	36.5	3047.75		90	Y	2097.37
3002	35572		HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	9.26	773.21		0	Y	
3003	35583		IN-SITU VEIN BYP FEMPOP	37.86	3161.31		90	Y	2097.37
3004	35585		IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	44.74	3735.79		90	Y	2097.37
3005	35587		IN-SITU VEIN BYP POP-TIBL PRONEAL	37.73	3150.46		90	Y	2097.37
3006	35600		HARVEST UXTR ART 1 SGM CAB PX	6.77	565.30		0	Y	2097.37
3007	35601		BYP OTH/THN VEIN COMMON-IPSILATERAL CRTD	37.08	3096.18		90	Y	2097.37
3008	35606		BYP OTH/THN VEIN CRTD-SUBCLA	31.48	2628.58		90	Y	2097.37
3009	35612		BYP OTH/THN VEIN SUBCLA-SUBCLA	24.62	2055.77		90	Y	2097.37
3010	35616		BYP OTH/THN VEIN SUBCLA-AX	29.6	2471.60		90	Y	2097.37
3011	35621		BYP OTH/THN VEIN AX-FEM	30.01	2505.84		90	Y	2097.37
3012	35623		BYP OTH/THN VEIN AX-POP/-TIBL	36.68	3062.78		90	Y	2097.37
3013	35626		BYP OTH/THN VEIN AORTOSUBCLA/CRTD	41.75	3486.13		90	Y	2097.37
3014	35631		BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	50.37	4205.90		90	Y	2097.37
3015	35632		BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	51.29	4282.72	0.00	90	Y	2097.37
3016	35633		BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	55.37	4623.40	0.00	90	Y	2097.37
3017	35634		BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	50.21	4192.54	0.00	90	Y	2097.37
3018	35636		BYP OTH/THN VEIN SPLENORNL	44.23	3693.21		90	Y	2097.37
3019	35637		BYP OTH/THN VEIN AORTOILIAC	44.97	3755.00		90	Y	2097.37
3020	35638		BYP OTH/THN VEIN AORTOBI-ILIAC	45.68	3814.28		90	Y	2097.37
3021	35642		BYP OTH/THN VEIN CRTD-VRT	27.66	2309.61		90	Y	2097.37
3022	35645		BYP OTH/THN VEIN SUBCLA-VRT	27.02	2256.17		90	Y	2097.37
3023	35646		BYP OTH/THN VEIN AORTOBIFEM	46.49	3881.92		90	Y	2097.37
3024	35647		BYP OTH/THN VEIN AORTOFEM	41.9	3498.65		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
3025	35650		BYP OTH/THN VEIN AX-AX	28.74	2399.79		90	Y	2097.37
3026	35651		BYP OTH/THN VEIN AORTOFEMPOP	36.96	3086.16		90	Y	2097.37
3027	35654		BYP OTH/THN VEIN AX-FEM-FEM	37.19	3105.37		90	Y	2097.37
3028	35656		BYP OTH/THN VEIN FEMPOP	29.35	2450.73		90	Y	2097.37
3029	35661		BYP OTH/THN VEIN FEM-FEM	29.42	2456.57		90	Y	2097.37
3030	35663		BYP OTH/THN VEIN ILIOILIAC	34.02	2840.67		90	Y	2097.37
3031	35665		BYP OTH/THN VEIN ILIOFEM	31.97	2669.50		90	Y	2097.37
3032	35666		BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	34.48	2879.08		90	Y	2097.37
3033	35671		BYP OTH/THN VEIN POP-TIBL/-PRONEAL ART	30.35	2534.23		90	Y	2097.37
3034	35681		BYP COMPOSIT PROSTC&VEIN	2.17	181.20		0	Y	2097.37
3035	35682		BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	9.73	812.46		0	Y	2097.37
3036	35683		BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATIONS	11.48	958.58		0	Y	2097.37
3037	35685		PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	5.47	456.75		0	Y	3246.08
3038	35686		CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	4.53	378.26		0	Y	3246.08
3039	35691		TRPOS&/RIMPLTJ VRT CRTD ART	26.94	2249.49		90	Y	2097.37
3040	35693		TRPOS&/RIMPLTJ VRT SUBCLA ART	23.59	1969.77		90	Y	2097.37
3041	35694		TRPOS&/RIMPLTJ SUBCLA CRTD ART	28.05	2342.18		90	Y	2097.37
3042	35695		TRPOS&/RIMPLTJ CRTD SUBCLA ART	28.76	2401.46		90	Y	2097.37
3043	35697		RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	4.07	339.85		0	Y	2097.37
3044	35700		ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	4.18	349.03		0	Y	2097.37
3045	35701		EXPL N/FLWD SURG RPR +LSS ART CRTD ART	14.24	1189.04		90	Y	2097.37
3046	35721		EXPL N/FLWD SURG RPR +LSS ART FEM ART	12.18	1017.03		90	Y	2097.37
3047	35741		EXPL N/FLWD SURG RPR +LSS ART POP ART	13.35	1114.73		90	Y	2097.37
3048	35761		EXPL N/FLWD SURG RPR +LSS ART OTH VSL	9.88	824.98		90	Y	3246.08
3049	35800		EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	12.62	1053.77		90	Y	2097.37
3050	35820		EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	43.76	3653.96		90	Y	2097.37
3051	35840		EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	16.3	1361.05		90	Y	2097.37
3052	35860		EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	10.71	894.29		90	Y	3246.08
3053	35870		RPR GRF-ENTERIC FSTL	34.32	2865.72		90	Y	2097.37
3054	35875		THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	15.96	1332.66		90	Y	3729.70
3055	35876		THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	25.52	2130.92		90	Y	3729.70
3056	35879		REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	25.12	2097.52		90	Y	3729.70
3057	35881		REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	28.02	2339.67		90	Y	3729.70
3058	35883		REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	32.9	2747.15		90	Y	3729.70
3059	35884		REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	34.94	2917.49		90	Y	3729.70
3060	35901		EXC INFCT GRF NCK	13.63	1138.11		90	Y	2097.37
3061	35903		EXC INFCT GRF XTR	15.58	1300.93		90	Y	3246.08
3062	35905		EXC INFCT GRF THORAX	47.04	3927.84		90	Y	2097.37
3063	35907		EXC INFCT GRF ABD	51.76	4321.96		90	Y	2097.37
3064	36000		INTRO NDL/INTRACATH VEIN	0.71	59.29		0	N	
3065	36002		NJX PX PRQ TX XTR PSEUDOARYSM	4.61	384.94		0	N	209.78
3066	36005		NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	8.7	726.45		0	Y	
3067	36010		INTRO CATH SUPRIOR/IVC	19.56	1633.26		0	N	
3068	36011		SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	28.71	2397.29		0	N	
3069	36012		SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANCH	22.48	1877.08		0	N	
3070	36013		INTRO CATH R HRT/MAIN P-ART	23.3	1945.55		0	N	
3071	36014		SLCTV CATH PLMT L/R P-ART	22.53	1881.26		0	N	
3072	36015		SLCTV CATH PLMT SGMTL/SUBSGMTL P-ART	25.51	2130.09		0	N	

	A	B	C	D	E	F	G	H	I
3073	36100		INTRO NDL/INTRACATH CRTD/VRT ART	14.82	1237.47		0	N	
3074	36120		INTRO NDL/INTRACATH RTRGR BRACH ART	12.24	1022.04		0	N	
3075	36140		INTRO NDL/INTRACATH XTR ART	14.12	1179.02		0	N	
3076	36147		INTRO NDL/CATH AV SHUNT IST ACCESS W/ RAD EVAL	21.28	1776.88	0.00	0	Y	218.44
3077	36148		INTRO NDL/CATH AV SHUNT ADDL ACCESS THER IVNTJ	6.7	559.45	0.00	0	Y	
3078	36160		INTRO NDL/INTRACATH AORTIC TRANSLMBR	15.52	1295.92		0	N	
3079	36200		INTRO CATH AORTA	18.66	1558.11		0	N	
3080	36215		SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	31.06	2593.51		0	N	
3081	36216		SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	33.62	2807.27		0	N	
3082	36217		SLCTV CATHJ 3RD ORD SLCTV THRC/BRCH/CPHLC BRNCH	58.75	4905.63		0	N	
3083	36218		SLCTV CATHJ EA 2ND ORD THRC/BRCH/CPHLC BRNCH	5.7	475.95		0	N	
3084	36245		SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	35.68	2979.28		0	N	
3085	36246		SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	34.3	2864.05		0	N	
3086	36247		SLCTV CATHJ 3RD ORD SLCTV ABDL PEL/LXTR BRNCH	54.35	4538.23		0	N	
3087	36248		SLCTV CATHJ EA 2ND ORD ABDL PEL/LXTR ART BRNCH	4.79	399.97		0	N	
3088	36260		INSJ IMPLTABLE IA NFS PMP	14.99	1251.67		90	N	2775.79
3089	36261		REVJ IMPLTED IA NFS PMP	9.23	770.71		90	Y	2092.01
3090	36262		RMVL IMPLTED IA NFS PMP	6.91	576.99		90	N	2092.01
3091	36299		UNLIS PX VASC NJX	BR	BR		0	N	
3092	36400		VNPNXR <3 YEARS PHYS SKILL FEM/JUG VEIN	0.66	55.11		0	N	
3093	36405		VNPNXR <3 YEARS PHYS SKILL SCALP VEIN	0.58	48.43		0	N	
3094	36406		VNPNXR <3 YEARS PHYS SKILL OTHER VEIN	0.46	38.41		0	N	
3095	36410		VNPNXR 3 YEARS/> PHYS SKILL	0.47	39.25		0	N	
3096	36415		COLLJ VEN BLD VNPNXR	0.12	9.60		0	N	
3097	36416		COLLJ CAPILLARY BLD SPEC	0.12	9.60		0	N	
3098	36420		VNPNXR CUTDOWN UNDER AGE 1 YR	1.24	103.54		0	N	21.16
3099	36425		VNPNXR CUTDOWN AGE 1/>	0.96	80.16		0	N	21.16
3100	36430		TRANSFUSION BLD/BLD COMPONENTS	1.05	87.68		0	N	308.30
3101	36440		PUSH TRANSFUSION BLD 2 YR/UNDER	1.36	113.56		0	N	308.30
3102	36450		EXCHNG TRANSFUSION BLD NB	2.95	246.33		0	N	308.30
3103	36455		EXCHNG TRANSFUSION BLD OTH/THN NB	3.29	274.72		0	N	308.30
3104	36460		TRANSFUSION INTRAUTERINE FTL	8.81	735.64		0	Y	308.30
3105	36468		1/MLT NJXS SCLRSG SLNS SPIDER VEINS LIMB/TRNK	BR	BR		0	N	80.15
3106	36469		1/MLT NJXS SCLRSG SLNS SPIDER VEINS FACE	BR	BR		0	N	80.15
3107	36470		NJX SCLRSG SLN 1 VEIN	3.72	310.62		10	N	80.15
3108	36471		NJX SCLRSG SLN MLT VEINS SM LEG	4.57	381.60		10	N	80.15
3109	36475		ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	53.98	4507.33		0	N	4106.21
3110	36476		ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND VEINS	10.61	885.94		0	N	2423.04
3111	36478		ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	49.26	4113.21		0	N	2423.04
3112	36479		ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND VEINS	10.81	902.64		0	N	2423.04
3113	36481		PRQ PORTAL VEIN CATHJ ANY METH	9.29	775.72		0	N	
3114	36500		VEN CATHJ SLCTV ORGAN BLD SAMPLING	4.68	390.78		0	N	
3115	36510		CATHJ UMBILICAL VEIN DX/THER NB	4.27	356.55		0	N	
3116	36511		THER APHERESIS WHITE BLD CELLS	2.33	194.56		0	N	1089.03
3117	36512		THER APHERESIS RED BLD CELLS	2.35	196.23		0	N	1089.03
3118	36513		THER APHERESIS PLTLTS	2.41	201.24		0	N	1089.03
3119	36514		THER APHERESIS PLSM PHERESIS	16.97	1417.00		0	N	1089.03
3120	36515		THER APHERESIS W/XTRCORP IMMUNODSPTJ&PLSM RENFS	62.56	5223.76		0	N	3038.51

	A	B	C	D	E	F	G	H	I
3121	36516		THER APHRS XTRCORP SLCTV ADSRPJ/FILTRJ&RENFS	76.55	6391.93		0	N	3038.51
3122	36522		PHOTOPHERESIS XTRCORP	34.65	2893.28		0	N	3038.51
3123	36555		INSJ NON-TUN CTR CVC UNDER 5 YR	7.86	656.31		0	N	1018.23
3124	36556		INSJ NON-TUN CTR CVC AGE 5 YR/>	7.37	615.40		0	N	1018.23
3125	36557		INSJ TUN CTR CVC W/O SUBQ PORT/PMP UNDER 5 YR	24.6	2054.10		10	N	2310.24
3126	36558		INSJ TUN CTR CVC W/O SUBQ PORT/PMP AGE 5 YR/>	24.27	2026.55		10	N	2310.24
3127	36560		INSJ TUN CTR CTR VAD W/SUBQ PORT UNDER 5 YR	33.64	2808.94		10	N	2775.79
3128	36561		INSJ TUN CTR CTR VAD W/SUBQ PORT AGE 5 YR/>	33.61	2806.44		10	N	2775.79
3129	36563		INSJ TUN CTR CTR VAD W/SUBQ PMP	32.19	2687.87		10	N	2775.79
3130	36565		INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	28.87	2410.65		10	N	2775.79
3131	36566		INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	53.6	4475.60		10	N	2775.79
3132	36568		INSJ PRPH CVC W/O SUBQ PORT/PMP UNDER 5 YR	8.87	740.65		0	N	1018.23
3133	36569		INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	8.38	699.73		0	N	1018.23
3134	36570		INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	35.83	2991.81		10	N	2310.24
3135	36571		INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36.35	3035.23		10	N	2310.24
3136	36575		RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	4.64	387.44		0	N	581.26
3137	36576		RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	9.71	810.79		10	N	1018.23
3138	36578		RPLCMT CATH CTR VAD SUBQ PORT/PMP	13.87	1158.15		10	N	2310.24
3139	36580		RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	7.53	628.76		0	N	1018.23
3140	36581		RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	21.62	1805.27		10	N	2310.24
3141	36582		RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	29.39	2454.07		10	N	2775.79
3142	36583		RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	29.45	2459.08		10	N	2775.79
3143	36584		RPLCMT COMPL PRPH CVC W/O SUBQ PORT/PMP	7.43	620.41		0	N	1018.23
3144	36585		RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	30.81	2572.64		10	N	2310.24
3145	36589		RMVL TUN CVC W/O SUBQ PORT/PMP	4.41	368.24		10	N	581.26
3146	36590		RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	6.85	571.98		10	N	1018.23
3147	36591		COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	0.55	46.20		XXX	N	55.92
3148	36592		COLLECT BLOOD FROM CATHETER VENOUS NOS	0.68	57.12		XXX	N	55.92
3149	36593		DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	0.97	81.48		XXX	N	218.44
3150	36595		MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	18.94	1581.49		0	N	2310.24
3151	36596		MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	4.1	342.35		0	N	1018.23
3152	36597		RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDN	3.44	287.24		0	N	1018.23
3153	36598		CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	3.24	270.54		0	N	218.44
3154	36600		ARTL PNXR W/DRAWAL BLD DX	0.8	66.80		0	N	21.16
3155	36620		ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	1.32	110.22		0	N	
3156	36625		ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	2.68	223.78		0	N	
3157	36640		ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	3.11	259.69		0	N	2775.79
3158	36660		CATHJ UMBILICAL ART NB DX/THER	1.78	148.63		0	N	2097.37
3159	36680		PLMT NDL INTRAOSS NFS	1.64	136.94		0	N	137.80
3160	36800		INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	4.18	349.03		0	N	2824.92
3161	36810		INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	5.61	468.44		0	N	2824.92
3162	36815		INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	3.85	321.48		0	N	2824.92
3163	36818		ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	18.25	1523.88		90	Y	3729.70
3164	36819		ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	20.98	1751.83		90	Y	3729.70
3165	36820		ARVEN ANAST OPN F/ARM VEIN TRPOS	21	1753.50		90	Y	3729.70
3166	36821		HEMODIALYSIS ACCESS BY JOINING ARTERY AND VEIN	13.95	1164.83		90	Y	3729.70
3167	36822		INSJ CANNULA PROLNG XC-CIRCJ ECMO SPX	9.98	833.33		90	N	2097.37
3168	36823		INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	32.64	2725.44		90	N	2097.37

	A	B	C	D	E	F	G	H	I
3169	36825		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	15.21	1270.04		90	Y	3729.70
3170	36830		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	17.43	1455.41		90	Y	3729.70
3171	36831		THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	12.06	1007.01		90	Y	3729.70
3172	36832		REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	15.38	1284.23		90	Y	3729.70
3173	36833		REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	17.36	1449.56		90	Y	3729.70
3174	36835		INSJ THOMAS SHUNT SPX	11.87	991.15		90	Y	2824.92
3175	36838		DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	31.25	2609.38		90	Y	3729.70
3176	36860		XTRNL CANNULA DECLTNG SPX W/O BALO CATH	4.08	340.68		0	N	218.44
3177	36861		XTRNL CANNULA DECLTNG SPX W/BALO CATH	3.96	330.66		0	N	2824.92
3178	36870		THRMBC PRQ ARVEN FSTL AUTOG/NONAUTOG GRF	54.48	4549.08		90	N	4257.51
3179	37140		VEN ANAST OPN PORTOCAVAL	34.68	2895.78		90	Y	2097.37
3180	37145		VEN ANAST OPN RENOPORTAL	37.17	3103.70		90	Y	2097.37
3181	37160		VEN ANAST OPN CAVAL-MESENTERIC	32.59	2721.27		90	Y	2097.37
3182	37180		VEN ANAST OPN SPLENORNL PROX	36.81	3073.64		90	Y	2097.37
3183	37181		VEN ANAST OPN SPLENORNL DSTL	39.41	3290.74		90	Y	2097.37
3184	37182		INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	22.08	1843.68		0	N	2097.37
3185	37183		REVJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	10.55	880.93		0	N	8871.97
3186	37184		PRIM PRQ TRLUML MCHNL THRMBC 1ST VSL	73.96	6175.66		0	N	3729.70
3187	37185		PRIM PRQ TRLUML MCHNL THRMBC SBSQ VSL	24.17	2018.20		0	N	3729.70
3188	37186		SEC PRQ TRLUML THRMBC	49.93	4169.16		0	N	3729.70
3189	37187		PRQ TRLUML MCHNL THRMBC VEIN	71.94	6006.99		0	N	3729.70
3190	37188		PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	62.1	5185.35		0	N	3729.70
3191	37195		THROMBOLSS CERE IV NFS	8.41	702.40		0	N	218.44
3192	37200		TCAT BX	5.82	485.97		0	N	2775.79
3193	37201		TCAT THER NFS THROMBOLSS OTH/THN C	7.25	605.38		0	N	1627.16
3194	37202		TCAT THER NFS OTH/THN THROMBOLSS ANY TYP	8.66	723.11		0	N	1627.16
3195	37203		TCAT RETRIEVAL PRQ IV FB	36.67	3061.95		0	N	2775.79
3196	37204		TCAT OCCLS/EMBOLJ PRQ NON-CNS NON-HEAD/NCK	23.52	1963.92		0	N	8510.25
3197	37205		TCAT PLMT IV STENT XCP C CRTD&VRT PRQ 1ST VSL	11.81	986.14		0	N	8871.97
3198	37206		TCAT PLMT AN IV STENT XCP C CRTD&VRT PRQ EA	5.48	457.58		0	N	8871.97
3199	37207		TCAT PLMT AN IV STENT NON-C VSL OPN 1ST VSL	11.59	967.77		0	Y	8871.97
3200	37208		TCAT PLMT AN IV STENT NON-C VSL OPN EA VSL	5.6	467.60		0	Y	8871.97
3201	37209		EXCHNG PREV PLACED IV CATH THROMBOLYTIC THER	2.91	242.99		0	N	2775.79
3202	37210		UTERINE FIBROID EMBOLIZATION PERQ W/RAD GID	56.16	4689.36		0	N	8871.97
3203	37215		TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	28.04	2341.34		90	N	8871.97
3204	37216		TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	26.04	2174.34		90	N	2097.37
3205	37250		IV US NON-C VSL DX EVAL&/THER IVNTJ 1ST VSL	2.87	239.65		0	N	
3206	37251		IV US NON-C VSL DX EVAL&/THER IVNTJ EA VSL	2.17	181.20		0	N	
3207	37500		VASC NDSC SEPS	18.41	1537.24		90	N	4106.21
3208	37501		UNLIS VASC NDSC PX	BR	BR		0	N	2423.04
3209	37565		LIG INT JUG VEIN	17.59	1468.77		90	Y	3246.08
3210	37600		LIG XTRNL CRTD ART	18.69	1560.62		90	Y	3246.08
3211	37605		LIG INT/COMMON CRTD ART	21.33	1781.06		90	Y	4106.21
3212	37606		LIG INT/COMMON CRTD ART W/GRADUAL OCCLS	13.71	1144.79		90	Y	2423.04
3213	37607		LIG/BANDING ANGIOACCESS ARVEN FSTL	9.86	823.31		90	N	2423.04
3214	37609		LIG/BX TEMPORAL ART	7.51	627.09		10	N	1595.60
3215	37615		LIG MAJOR ART NCK	11.71	977.79		90	Y	2423.04
3216	37616		LIG MAJOR ART CH	27.36	2284.56		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
3217	37617		LIG MAJOR ART ABD	33.15	2768.03		90	Y	2097.37
3218	37618		LIG MAJOR ART XTR	9.57	799.10		90	Y	2097.37
3219	37620		INTERRUPJ IVC SUTR LIG PLCTJ CLIP XTRVASC IV	16.76	1399.46		90	Y	4106.21
3220	37650		LIG FEM VEIN	13.13	1096.36		90	Y	2423.04
3221	37660		LIG COMMON ILIAC VEIN	31.25	2609.38		90	Y	2097.37
3222	37700		LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	6.61	551.94		90	N	2423.04
3223	37718		LIG DIV&STRIPPING SHORT SAPHENOUS VEIN	10.4	868.40		90	N	2423.04
3224	37722		LIG DIV&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	12.38	1033.73		90	N	4106.21
3225	37735		LIG&DIV&COMPL STRIP LONG/SHORT SAPH RAD EXC	16.49	1376.92		90	Y	4106.21
3226	37760		LIG PRFORATOR VEINS SUBFSCAL RAD +SKN GRF OPN	16.19	1351.87		90	Y	2423.04
3227	37761		LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	15.9	1327.65	0.00	90	Y	2423.04
3228	37765		STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	11.7	976.95		90	N	2423.04
3229	37766		STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	14.11	1178.19		90	N	2423.04
3230	37780		LIG&DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	6.77	565.30		90	N	2423.04
3231	37785		LIG DIV&/EXC VARICOSE VEIN CLUSTER 1 LEG	9.14	763.19		90	N	2423.04
3232	37788		PEN REVSC ART +VEIN GRF	32.99	2754.67		90	Y	2097.37
3233	37790		PEN VEN OCCLUSIVE PX	12.68	1058.78		90	Y	3181.04
3234	37799		UNLIS PX VASC SURG	BR	BR		0	N	55.92
3235	38100		SPLENC TOT SPX	25.78	2152.63		90	Y	2097.37
3236	38101		SPLENC PRTL SPX	26.28	2194.38		90	Y	2097.37
3237	38102		SPLENC TOT EN BLOC X10SV DS CONJUNCT W/OTH PX	6.49	541.92		0	Y	2097.37
3238	38115		RPR RPTD SPLEEN SPLENORRHAPHY +PRTL SPLENC	28.57	2385.60		90	Y	2097.37
3239	38120		LAPS SURG SPLENC	24.78	2069.13		90	Y	4271.34
3240	38129		UNLIS LAPS PX SPLEEN	BR	BR		0	N	3470.14
3241	38200		NJX PX SPLENOPORTOGRAPY	3.42	285.57		0	N	
3242	38204		MGMT RCP HEMATOP PROGENITOR CELL DON SEARCH&CELL	1.86	155.31		0	N	
3243	38205		BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	2.06	172.01		0	N	
3244	38206		BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	2.06	172.01		0	N	1089.03
3245	38207		TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV&STRG	0.43	35.91		0	N	308.30
3246	38208		TRNSPL PREPJ HEMATOP PROGEN THAW PREV HRV	0.52	43.42		0	N	308.30
3247	38209		TRNSPL PREPJ HEMATOP PROGEN THAW PREV HRV WASHG	0.23	19.21		0	N	308.30
3248	38210		TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	0.88	73.48		0	N	527.74
3249	38211		TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	0.66	55.11		0	N	527.74
3250	38212		TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	0.44	36.74		0	N	527.74
3251	38213		TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	0.23	19.21		0	N	527.74
3252	38214		TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	0.23	19.21		0	N	527.74
3253	38215		TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	0.51	42.59		0	N	527.74
3254	38220		MARROW ASPIRATION ONLY	4.48	374.08		0	N	282.67
3255	38221		MARROW BX NDL/TROCAR	4.94	412.49		0	N	282.67
3256	38230		MARROW HRVG TRNSPLJ	7.92	661.32		10	N	3038.51
3257	38240		MARROW/BLD-DRV PRPH STEM CELL TRNSPLJ ALLOGENIC	3.13	261.36		0	N	3038.51
3258	38241		MARROW/BLD-DRV PRPH STEM CELL TRNSPLJ AUTOL	3.14	262.19		0	N	3038.51
3259	38242		MARROW/BLD-DRV PRPH STEM CELL TRNSPLJ ALGC DON	2.38	198.73		0	N	1089.03
3260	38300		DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	6.42	536.07		10	N	1150.97
3261	38305		DRG LYMPH NODE ABSC/LYMPHADENITIS X10SV	10.95	914.33		90	N	1769.66
3262	38308		LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	10.59	884.27		90	Y	2244.61
3263	38380		SUTR&/LIG THRC DUX CRV APPR	13.68	1142.28		90	Y	2097.37
3264	38381		SUTR&/LIG THRC DUX THRC APPR	20.51	1712.59		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
3265	38382		SUTR&/LIG THRC DUX ABDL APPR	16.5	1377.75		90	Y	2097.37
3266	38500		BX/EXC LYMPH NODE OPN SUPFC	7.57	632.10		10	N	2244.61
3267	38505		BX/EXC LYMPH NODE NDL SUPFC	3.16	263.86		0	N	712.60
3268	38510		BX/EXC LYMPH NODE OPN DP CRV NODE	12.2	1018.70		10	N	2244.61
3269	38520		BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	11.05	922.68		90	N	2244.61
3270	38525		BX/EXC LYMPH NODE OPN DP AX NODE	9.84	821.64		90	N	2244.61
3271	38530		BX/EXC LYMPH NODE OPN INT MAM NODE	12.87	1074.65		90	Y	2244.61
3272	38542		DSJ DP JUG NODE	10.37	865.90		90	Y	4446.07
3273	38550		EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	11.16	931.86		90	Y	2244.61
3274	38555		EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	23.85	1991.48		90	Y	2244.61
3275	38562		LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	16.79	1401.97		90	Y	2097.37
3276	38564		LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	16.71	1395.29		90	Y	2097.37
3277	38570		LAPS SURG RPR LYMPH NODE BX 1/MLT	13.46	1123.91		10	Y	4271.34
3278	38571		LAPS SURG BI TOT PEL LMPHADEC	20.34	1698.39		10	Y	6653.06
3279	38572		LAPS BI TOT PEL LMPHADEC&PRI-AORTIC LYMPH BX 1/	23.93	1998.16		10	Y	4271.34
3280	38589		UNLIS LAPS PX LYMPHATIC SYS	BR	BR		0	N	3470.14
3281	38700		SUPRAHYOID LMPHADEC	18.3	1528.05		90	Y	2244.61
3282	38720		CRV LMPHADEC COMPL	30.09	2512.52		90	Y	2244.61
3283	38724		CRV LMPHADEC MODF RAD NCK DSJ	32.48	2712.08		90	Y	2097.37
3284	38740		AX LMPHADEC SUPFC	15.79	1318.47		90	Y	4446.07
3285	38745		AX LMPHADEC COMPL	20.14	1681.69		90	Y	4446.07
3286	38746		THRC LMPHADEC REGIONAL W/MEDSTNL&PRITRACHEAL NOD	6.68	557.78		0	Y	2097.37
3287	38747		ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	6.6	551.10		0	Y	2097.37
3288	38760		INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	19.94	1664.99		90	Y	2244.61
3289	38765		INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	30.84	2575.14		90	Y	2097.37
3290	38770		PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	20.02	1671.67		90	Y	2097.37
3291	38780		RPR TABDL LMPHADEC X10SV W/PEL AORTIC&RNL	25.84	2157.64		90	Y	2097.37
3292	38790		NJX PX LYMPHANGRPH	2.04	170.34		0	N	
3293	38792		NJX ID SENTINEL NODE	0.98	81.83		0	N	244.54
3294	38794		CANNULATION THRC DUX	7.68	641.28		90	Y	
3295	38999		UNLIS PX HEMIC/LYMPHATIC SYS	BR	BR		0	N	308.30
3296	39000		MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	12.2	1018.70		90	Y	2097.37
3297	39010		MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	20.74	1731.79		90	Y	2097.37
3298	39200		EXC MEDSTNL CST	22.77	1901.30		90	Y	2097.37
3299	39220		EXC MEDSTNL TUM	29.01	2422.34		90	Y	2097.37
3300	39400		MEDIASTINOSCOPY +BX	12.7	1060.45		10	N	3101.23
3301	39499		UNLIS PX MED	BR	BR		0	N	2097.37
3302	39501		RPR LAC DPHRM ANY APPR	20.59	1719.27		90	Y	2097.37
3303	39502		RPR PARAESOPHGL HIATUS HRNA TABDL	24.55	2049.93		90	Y	2097.37
3304	39503		RPR NEONATAL DIPHRG HRNA +CH TUBE INSJ	141.45	11811.08		90	Y	2097.37
3305	39520		RPR DIPHRG HRNA ESOPHGL HIATAL TTHRC	24.96	2084.16		90	Y	2097.37
3306	39530		RPR DIPHRG HRNA CMBN THORACOABDL	23.65	1974.78		90	Y	2097.37
3307	39531		RPR DIPHRG HRNA CMBN THORACOABDL W/DILAT STRIX	24.9	2079.15		90	Y	2097.37
3308	39540		RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	20.92	1746.82		90	Y	2097.37
3309	39541		RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	22.5	1878.75		90	Y	2097.37
3310	39545		IMBRCJ OF DIAPHRAGM	22.41	1871.24		90	Y	2097.37
3311	39560		RESCJ DPHRM SMPL RPR	19.36	1616.56		90	Y	2097.37
3312	39561		RESCJ DPHRM CPLX RPR	29.55	2467.43		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
3313	39599		UNLIS PX DPHRM	BR	BR		0	N	2097.37
3314	40490		BX LIP	2.9	242.15		0	N	312.33
3315	40500		VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	11.41	952.74		90	N	1567.36
3316	40510		EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	11.35	947.73		90	N	2276.44
3317	40520		EXC LIP V-EXC W/PRIM DIR LINR CLSR	12.14	1013.69		90	N	1567.36
3318	40525		EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	13.75	1148.13		90	N	2276.44
3319	40527		EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	16.25	1356.88		90	N	2276.44
3320	40530		RESCJ LIP > ONE-4TH W/O RCNSTJ	13.15	1098.03		90	N	2276.44
3321	40650		RPR LIP FULL THKNS VERMILION ONLY	10.28	858.38		90	N	694.83
3322	40652		RPR LIP FULL THKNS UP HALF VER H8	11.98	1000.33		90	N	694.83
3323	40654		RPR LIP FULL THKNS > ONE-HALF VER H8/CPLX	13.91	1161.49		90	N	694.83
3324	40700		PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	22.64	1890.44		90	N	3919.59
3325	40701		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	28.33	2365.56		90	Y	3919.59
3326	40702		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	21.92	1830.32		90	Y	3919.59
3327	40720		PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT&RECLSR	24.6	2054.10		90	Y	3919.59
3328	40761		PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	26.02	2172.67		90	N	3919.59
3329	40799		UNLIS PX LIPS	BR	BR		0	N	105.07
3330	40800		DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	4.38	365.73		10	N	132.75
3331	40801		DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	6.85	571.98		10	N	694.83
3332	40804		RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	4.69	391.62		10	N	61.03
3333	40805		RMVL EMBEDDED FB VESTIBULE MOUTH COMP	7.41	618.74		10	Y	694.83
3334	40806		INC LABIAL FRENUM FREXOMY	2.29	191.22		0	Y	312.33
3335	40808		BX VESTIBULE MOUTH	3.85	321.48		10	N	312.33
3336	40810		EXC LES MUCOSA&SBMCSL VESTIBULE MOUTH W/O RPR	4.38	365.73		10	N	1567.36
3337	40812		EXC LES MUCOSA&SBMCSL VESTIBULE SMPL RPR	6.3	526.05		10	N	1567.36
3338	40814		EXC LES MUCOSA&SBMCSL VESTIBULE CPLX RPR	8.62	719.77		90	N	1567.36
3339	40816		EXC LES MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	9.06	756.51		90	N	2276.44
3340	40818		EXC MUCOSA VESTIBULE MOUTH AS DON GRF	7.98	666.33		90	N	312.33
3341	40819		EXC FRENUM LABIAL/BUCCAL	6.77	565.30		90	N	694.83
3342	40820		DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	5.51	460.09		10	N	1567.36
3343	40830		CLSR LAC VESTIBULE MOUTH 2.5 CM/<	5.6	467.60		10	N	312.33
3344	40831		CLSR LAC VESTIBULE MOUTH >2.5 CM/CPLX	7.38	616.23		10	Y	694.83
3345	40840		VESTIBULOPLASTY ANT	19.05	1590.68		90	Y	2276.44
3346	40842		VESTIBULOPLASTY PST UNI	19.19	1602.37		90	Y	2276.44
3347	40843		VESTIBULOPLASTY PST BI	24.66	2059.11		90	Y	2276.44
3348	40844		VESTIBULOPLASTY ENTIRE ARCH	32.44	2708.74		90	Y	3919.59
3349	40845		VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	35.86	2994.31		90	Y	3919.59
3350	40899		UNLIS PX VESTIBULE MOUTH	BR	BR		0	N	105.07
3351	41000		INTRAORAL I&D TONGUE/FLOOR LNGL	3.67	306.45		10	N	1567.36
3352	41005		INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	4.82	402.47		10	Y	312.33
3353	41006		INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	8.22	686.37		90	Y	2276.44
3354	41007		INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	8.32	694.72		90	Y	1567.36
3355	41008		INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	8.35	697.23		90	Y	1567.36
3356	41009		INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	8.91	743.99		90	Y	312.33
3357	41010		INC LNGL FRENUM FREXOMY	4.45	371.58		10	N	694.83
3358	41015		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	9.67	807.45		90	Y	312.33
3359	41016		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENTAL	9.98	833.33		90	Y	694.83
3360	41017		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDBLR	10.04	838.34		90	Y	694.83

	A	B	C	D	E	F	G	H	I
3361	41018		XTRORAL I&D FLOOR MASTICATOR SPACE	11.54	963.59		90	Y	694.83
3362	41019		PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	11.65	978.60		0	N	2276.44
3363	41100		BX TONGUE ANT 2-3RD	3.86	322.31		10	N	694.83
3364	41105		BX TONGUE PST ONE-3RD	3.8	317.30		10	N	1567.36
3365	41108		BX FLOOR MOUTH	3.21	268.04		10	N	397.82
3366	41110		EXC LES TONGUE W/O CLSR	4.61	384.94		10	N	1567.36
3367	41112		EXC LES TONGUE W/CLSR ANT 2-3RD	7.4	617.90		90	N	1567.36
3368	41113		EXC LES TONGUE W/CLSR PST ONE-3RD	8.16	681.36		90	N	1567.36
3369	41114		EXC LES TONGUE W/CLSR W/LOCAL TONGUE FLAP	15.56	1299.26		90	Y	2276.44
3370	41115		EXC LNGL FRENUM FRENECTOMY	5.29	441.72		10	N	694.83
3371	41116		EXC LES FLOOR MOUTH	7.04	587.84		90	N	1567.36
3372	41120		GLSSC < ONE-HALF TONGUE	25.41	2121.74		90	Y	2276.44
3373	41130		GLSSC HEMIGLSSC	30.69	2562.62		90	Y	2097.37
3374	41135		GLSSC PRTL W/UNI RAD NCK DSJ	51.17	4272.70		90	Y	2097.37
3375	41140		GLSSC COMPL/TOT +TRACHS W/O RAD NCK DSJ	53.57	4473.10		90	Y	2097.37
3376	41145		GLSSC COMPL/TOT +TRACHS W/UNI RAD NCK DSJ	65.92	5504.32		90	Y	2097.37
3377	41150		GLSSC COMPOSIT W/RESCJ FLOOR&MNDBLR RESCJ	52.37	4372.90		90	Y	2097.37
3378	41153		GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	56.24	4696.04		90	Y	2097.37
3379	41155		GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ&RAD NCK	68.36	5708.06		90	Y	2097.37
3380	41250		RPR LAC 2.5 CM/< FLOOR MOUTH&/ANT 2-3RD TONGUE	4.92	410.82		10	N	105.07
3381	41251		RPR LAC 2.5 CM/< PST ONE-3RD TONGUE	5.52	460.92		10	Y	312.33
3382	41252		RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	6.99	583.67		10	Y	694.83
3383	41500		FIXJ TONGUE MCHNL OTH/THN SUTR	10.88	908.48		90	N	2276.44
3384	41510		SUTR TONGUE LIP MICROGNATHIA	11.01	919.34		90	Y	1567.36
3385	41512		TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	16.15	1348.53	0.00	90	Y	694.83
3386	41520		FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	7.66	639.61		90	Y	694.83
3387	41530		SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	79.51	6639.09	0.00	10	Y	2276.44
3388	41599		UNLIS PX TONGUE FLOOR MOUTH	BR	BR		0	N	105.07
3389	41800		DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	4.34	362.39		10	N	132.75
3390	41805		RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	4.46	372.41		10	Y	2276.44
3391	41806		RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS B1	6.99	583.67		10	Y	1567.36
3392	41820		GINGIVECTOMY EXC GINGIVA EA QUADRANT	5.61	468.27		0	N	694.83
3393	41821		OPRCULECTOMY EXC PRICORONAL TISS	1.26	105.38		0	N	694.83
3394	41822		EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	6.5	542.75		10	N	1567.36
3395	41823		EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	9.53	795.76		90	N	2276.44
3396	41825		EXC LES/TUM XCP LISTED ABOVE DENTALVLR	4.56	380.76		10	N	1567.36
3397	41826		EXC LES/TUM XCP LISTED ABOVE DENTALVLR SMPL RPR	5.51	460.09		10	N	2276.44
3398	41827		EXC LES/TUM XCP LISTED ABOVE DENTALVLR CPLX RPR	9.49	792.42		90	N	2276.44
3399	41828		EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	7.12	594.52		10	Y	1567.36
3400	41830		ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	8.71	727.29		10	Y	1567.36
3401	41850		DSTRJ LES XCP EXC DENTOALVEOLAR STRUXS	2.8	234.13		0	Y	1567.36
3402	41870		PDONTAL MUCOSAL GRFG	7.01	585.34		0	Y	2276.44
3403	41872		GINGIVOPLASTY EA QUADRANT SPEC	8.15	680.53		90	Y	1567.36
3404	41874		ALVEOLOPLASTY EA QUADRANT SPEC	8.34	696.39		90	N	2276.44
3405	41899		UNLIS PX DENTOALVEOLAR STRUXS	BR	BR		0	N	105.07
3406	42000		DRG ABSC PALATE UVULA	3.75	313.13		10	N	312.33
3407	42100		BX PALATE UVULA	3.44	287.24		10	N	694.83
3408	42104		EXC LES PALATE UVULA W/O CLSR	4.41	368.24		10	N	1567.36

	A	B	C	D	E	F	G	H	I
3409	42106		EXC LES PALATE UVULA W/SMPL PRIM CLSR	5.68	474.28		10	N	1567.36
3410	42107		EXC LES PALATE UVULA W/LOCAL FLAP CLSR	10.34	863.39		90	N	2276.44
3411	42120		RESCJ PALATE/X10SV RESCJ LES	22.75	1899.63		90	Y	3919.59
3412	42140		UVULECTOMY EXC UVULA	5.46	455.91		90	N	694.83
3413	42145		PALATOPHARYNGOPLASTY	16.64	1389.44		90	N	2276.44
3414	42160		DSTRJ LES PALATE/UVULA THERMAL CRYO/CHEM	5.91	493.49		10	N	1567.36
3415	42180		RPR LAC PALATE UP 2 CM	5.59	466.77		10	Y	312.33
3416	42182		RPR LAC PALATE >2 CM/CPLX	7.77	648.80		10	Y	3919.59
3417	42200		PALATOP CL PALATE SOFT&/HARD PALATE ONLY	22.15	1849.53		90	Y	3919.59
3418	42205		PALATOP W/CLSR ALVEOLAR RIDGE SOFT TISS	23.23	1939.71		90	Y	3919.59
3419	42210		PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	26.64	2224.44		90	Y	3919.59
3420	42215		PALATOP CL PALATE MAJOR REVJ	17.94	1497.99		90	Y	3919.59
3421	42220		PALATOP CL PALATE SEC LNGTH PX	13.88	1158.98		90	Y	3919.59
3422	42225		PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	25.38	2119.23		90	Y	3919.59
3423	42226		LNGTH PALATE&PHARYNGEAL FLAP	24.11	2013.19		90	Y	3919.59
3424	42227		LNGTH PALATE W/ISLAND FLAP	23.9	1995.65		90	Y	3919.59
3425	42235		RPR ANT PALATE W/VOMER FLAP	19.32	1613.22		90	Y	1567.36
3426	42260		RPR NASOLABIAL FSTL	20.4	1703.40		90	Y	2276.44
3427	42280		MAX IMPRESJ PALATAL PROSTH	3.62	302.27		10	Y	312.33
3428	42281		INSJ PIN-RETAINED PALATAL PROSTH	4.6	384.10		10	N	1567.36
3429	42299		UNLIS PX PALATE UVULA	BR	BR		0	N	105.07
3430	42300		DRG ABSC PRTD SMPL	4.76	397.46		10	N	1567.36
3431	42305		DRG ABSC PRTD COMP	10.58	883.43		90	Y	1567.36
3432	42310		DRG ABSC SUBMAX/SUBLNGL INTRAORAL	3.79	316.47		10	Y	312.33
3433	42320		DRG ABSC SUBMAX XTRNL	5.68	474.28		10	Y	312.33
3434	42330		SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	5.36	447.56		10	N	1567.36
3435	42335		SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	8.34	696.39		90	N	1567.36
3436	42340		SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	10.7	893.45		90	Y	1567.36
3437	42400		BX SALIVARY GLND NDL	2.47	206.25		0	N	712.60
3438	42405		BX SALIVARY GLND INCAL	7.2	601.20		10	N	2276.44
3439	42408		EXC SUBLNGL SALIVARY CST RANULA	10.53	879.26		90	Y	1567.36
3440	42409		MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	7.49	625.42		90	Y	1567.36
3441	42410		EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	15.33	1280.06		90	Y	3919.59
3442	42415		EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NRV	27.72	2314.62		90	Y	3919.59
3443	42420		EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NRV	31.88	2661.98		90	Y	3919.59
3444	42425		EXC PRTD TUM/PRTD GLND TOT EN BLOC RMVL	21.02	1755.17		90	Y	3919.59
3445	42426		EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	34.08	2845.68		90	Y	2097.37
3446	42440		EXC SUBMNDBLR SUBMAX GLND	11.41	952.74		90	Y	3919.59
3447	42450		EXC SUBLNGL GLND	10.51	877.59		90	Y	2276.44
3448	42500		PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	10.03	837.51		90	N	2276.44
3449	42505		PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	13.19	1101.37		90	N	3919.59
3450	42507		PRTD DUX DVRJ BI	12.42	1037.07		90	Y	3919.59
3451	42508		PRTD DUX DVRJ BI W/EXC 1 SUBMNDBLR GLND	17.48	1459.58		90	Y	3919.59
3452	42509		PRTD DUX DVRJ BI W/EXC BTH SUBMNDBLR GLNDS	21.24	1773.54		90	Y	3919.59
3453	42510		PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	15.54	1297.59		90	Y	3919.59
3454	42550		NJX SIALOGRAPY	4.12	344.02		0	N	
3455	42600		CLSR SALIVARY FSTL	11.36	948.56		90	Y	1567.36
3456	42650		DILAT SALIVARY DUX	1.89	157.82		0	N	694.83

	A	B	C	D	E	F	G	H	I
3457	42660		DILAT&CATHJ SALIVARY DUX +NJX	2.48	207.08		0	N	312.33
3458	42665		LIG SALIVARY DUX INTRAORAL	6.85	571.98		90	Y	2276.44
3459	42699		UNLIS PX SALIVARY GLNDS/DUXS	BR	BR		0	N	105.07
3460	42700		I&D ABSC PRITONSILLAR	4.29	358.22		10	N	312.33
3461	42720		I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	10.83	904.31		10	N	1567.36
3462	42725		I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	19.79	1652.47		90	Y	3919.59
3463	42800		BX OROPHARYNX	3.59	299.77		10	N	1567.36
3464	42802		BX HYPOPHARYNX	6.05	505.18		10	N	1567.36
3465	42804		BX NASOPHARYNX VISIBLE LES SMPL	4.87	406.65		10	N	1567.36
3466	42806		BX NASOPHARYNX SURV UNKNOWN PRIM LES	5.51	460.09		10	N	2276.44
3467	42808		EXC/DSTRJ LES PHARYNX ANY METH	5.35	446.73		10	N	2276.44
3468	42809		RMVL FB FROM PHARYNX	4.09	341.52		10	N	61.03
3469	42810		EXC BRANCHIAL CL CST CONFINED SKN&SUBQ TISS	8.98	749.83		90	Y	2276.44
3470	42815		EXC BRANCHIAL CL CST EXTG BELW SUBQ TISS&/PHRNX	13.36	1115.56		90	Y	3919.59
3471	42820		TONSILLECTOMY&ADENOIDECTOMY UNDER AGE 12	7.17	598.70		90	Y	2276.44
3472	42821		TONSILLECTOMY&ADENOIDECTOMY AGE 12/>	7.54	629.59		90	N	2276.44
3473	42825		TONSILLECTOMY 1/2 UNDER AGE 12	6.34	529.39		90	Y	2276.44
3474	42826		TONSILLECTOMY 1/2 AGE 12/>	6.22	519.37		90	N	2276.44
3475	42830		ADENOIDECTOMY PRIM UNDER AGE 12	5.02	419.17		90	Y	2276.44
3476	42831		ADENOIDECTOMY PRIM AGE 12/>	5.43	453.41		90	Y	2276.44
3477	42835		ADENOIDECTOMY SEC UNDER AGE 12	4.6	384.10		90	Y	2276.44
3478	42836		ADENOIDECTOMY SEC AGE 12/>	5.98	499.33		90	Y	2276.44
3479	42842		RAD RESCJ TONSIL W/O CLSR	22.53	1881.26		90	Y	2276.44
3480	42844		RAD RESCJ TONSIL CLSR W/LOCAL FLAP	32.68	2728.78		90	Y	3919.59
3481	42845		RAD RESCJ TONSIL CLSR W/OTH FLAP	53.3	4450.55		90	Y	2097.37
3482	42860		EXC TONSIL TAGS	4.53	378.26		90	N	2276.44
3483	42870		EXC/DSTRJ LNGL TONSIL ANY METH SPX	13.76	1148.96		90	N	2276.44
3484	42890		LMTD PHARYNGECTOMY	32.18	2687.03		90	Y	3919.59
3485	42892		RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	41.74	3485.29		90	Y	3919.59
3486	42894		RESCJ PHARYNGEAL WALL REQ CLSR W/MYOQ FLAP	53.96	4505.66		90	Y	2097.37
3487	42900		SUTR PHARYNX WND/INJ	8.66	723.11		10	Y	694.83
3488	42950		PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	19.54	1631.59		90	Y	2276.44
3489	42953		PHARYNGOESOPHGL RPR	25.51	2130.09		90	Y	2097.37
3490	42955		PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	18.26	1524.71		90	Y	2276.44
3491	42960		CTRL OROPHARYNGEAL HEMRRG 1/2 SMPL	4.17	348.20		10	Y	105.07
3492	42961		CTRL OROPHARYNGEAL HEMRRG 1/2 COMP REQ HOSPITJ	10.33	862.56		90	Y	2097.37
3493	42962		CTRL OROPHARYNGEAL HEMRRG 1/2 W/SEC SURG IVNTJ	12.78	1067.13		90	Y	3919.59
3494	42970		CTRL NASPHRYNGL HEMRRG 1/2 SMPL W/PST NSL PACKS	9.59	800.77		90	N	105.07
3495	42971		CTRL NASPHRYNGL HEMRRG 1/2 COMP REQ HOSPIZATION	11.27	941.05		90	Y	2097.37
3496	42972		CTRL NASPHRYNGL HEMRRG 1/2 W/SEC SURG IVNTJ	12.79	1067.97		90	Y	1567.36
3497	42999		UNLIS PX PHARYNX ADENOIDS/TONSILS	BR	BR		0	N	105.07
3498	43020		ESOPHAGOTOMY CRV APPR W/RMVL FB	13.34	1113.89		90	Y	694.83
3499	43030		CRICOPHARYNGEAL MYOTOMY	12.98	1083.83		90	Y	1567.36
3500	43045		ESOPHAGOTOMY THRC APPR W/RMVL FB	32.65	2726.28		90	Y	2097.37
3501	43100		EXC LES ESOPH W/PRIM RPR CRV APPR	15.46	1290.91		90	Y	2097.37
3502	43101		EXC LES ESOPH W/PRIM RPR THRC/ABDL APPR	25.32	2114.22		90	Y	2097.37
3503	43107		TOT ESPHG W/O THORCOM PHRNGSTRSTY/EGST	62.63	5229.61		90	Y	2097.37
3504	43108		TOT ESPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	95.51	7975.09		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
3505	43112		TOT ESPHG W/THORCOM W/PHRNGSTRSTY/EGST	67.11	5603.69		90	Y	2097.37
3506	43113		TOT ESPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	94.54	7894.09		90	Y	2097.37
3507	43116		PRTL ESPHG CRV W/FR INTSTINAL GRF	106.26	8872.71		90	Y	2097.37
3508	43117		PRTL ESPHG DSTL THORCOM ABDL INC EGST	61.11	5102.69		90	Y	2097.37
3509	43118		PRTL ESPHG DSTL THORCOM ABDL INC NTRPSTJ/RCNSTJ	79.92	6673.32		90	Y	2097.37
3510	43121		PRTL ESPHG DSTL THORCOM ONLY THRC EGST	64.8	5410.80		90	Y	2097.37
3511	43122		PRTL ESPHG THORACOABDL/ABDL APPR EGST	61.95	5172.83		90	Y	2097.37
3512	43123		PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	95.78	7997.63		90	Y	2097.37
3513	43124		TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	81.45	6801.08		90	Y	2097.37
3514	43130		DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	19.49	1627.42		90	Y	3919.59
3515	43135		DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	34.38	2870.73		90	Y	2097.37
3516	43200		ESPHGSC RGD/FLX DX +COLLJ SPEC BR/WA SPX	5.54	462.59		0	N	797.57
3517	43201		ESPHGSC RGD/FLX DIRED SBMCSL NJX ANY SBST	6.89	575.32		0	N	797.57
3518	43202		ESPHGSC RGD/FLX W/BX 1/MLT	7.29	608.72		0	N	797.57
3519	43204		ESPHGSC RGD/FLX W/NJX SCLEROSIS ESOPHGL VARC	5.31	443.39		0	N	797.57
3520	43205		ESPHGSC RGD/FLX W/BAND LIG ESOPHGL VARC	5.34	445.89		0	N	797.57
3521	43215		ESPHGSC RGD/FLX W/RMVL FB	3.78	315.63		0	N	797.57
3522	43216		ESPHGSC RGD/FLX RMVL TUM HOT BX FORCEPS/CAUT	3.91	326.49		0	N	797.57
3523	43217		ESPHGSC RGD/FLX W/RMVL TUM SNARE TQ	9.72	811.62		0	N	797.57
3524	43219		ESPHGSC RGD/FLX W/INSJ PLSTC TUBE/STENT	4.16	347.36		0	N	2415.74
3525	43220		ESPHGSC RGD/FLX W/BALO DILAT < 30 MM DIAM	3.07	256.35		0	N	797.57
3526	43226		ESPHGSC RGD/FLX W/INSJ GD WIRE DILAT	3.39	283.07		0	N	797.57
3527	43227		ESPHGSC RGD/FLX W/CTRL BLD	5.06	422.51		0	N	797.57
3528	43228		ESPHGSC RGD/FLX ABLTJ TUM XCP HOT BX/CAUT/SNARE	5.35	446.73		0	N	2213.21
3529	43231		ESPHGSC RGD/FLX W/NDSC US XM	4.52	377.42		0	N	797.57
3530	43232		ESPHGSC RGD/FLX W/TNDSC US-GID FINE NDL ASPIR/BX	6.32	527.72		0	N	797.57
3531	43234		UPPER STOMACH-INTESTINE SCOPE, SIMPLE	7.21	602.04		0	N	797.57
3532	43235		UPPER STOMACH-INTESTINE SCOPE FOR DIAGNOSIS	7.53	628.76		0	N	797.57
3533	43236		STOMACH-INTESTINE SCOPE, INJECT INTESTINE WALL	9.31	777.39		0	N	797.57
3534	43237		UPR GI NDSC NDSC US XM LMTD ESOPH	5.75	480.13		0	N	797.57
3535	43238		UPR GI NDSC TNDSC US FINE NDL ASPIR/BX ESOPH	7.05	588.68		0	N	797.57
3536	43239		UPPER STOMACH-INTESTINE SCOPE FOR BIOPSY	8.59	717.27		0	N	797.57
3537	43240		UPR GI NDSC TRANSMURAL DRG PSEUDOCST	9.54	796.59		0	N	797.57
3538	43241		UPR GI NDSC TNDSC INTRAL TUBE/CATH PLMT	3.72	310.62		0	N	797.57
3539	43242		STOMACH-INTESTINE SCOPE ULTRASOUND GUIDED BIOPSY	10.08	841.68		0	N	797.57
3540	43243		UPR GI NDSC NJX SCLEROSIS ESOPHGL&/GSTR VARC	6.37	531.90		0	N	797.57
3541	43244		UPR GI NDSC BAND LIG ESOPHGL&/GSTR VARC	7.04	587.84		0	N	797.57
3542	43245		UPR GI NDSC DILAT GSTR OUTLET FOR OBSTRCJ	4.51	376.59		0	N	797.57
3543	43246		UPR GI NDSC DIRED PLMT PRQ GASTROSTOMY TUBE	6.03	503.51		0	Y	797.57
3544	43247		STOMACH-INTESTINE SCOPE FOR FOREIGN BODY REMOVAL	4.79	399.97		0	N	797.57
3545	43248		UPR GI NDSC INSJ GD WIRE DILAT ESOPH > GD WIRE	4.49	374.92		0	N	797.57
3546	43249		UPR GI NDSC BALO DILAT ESOPH < 30 MM DIAM	4.15	346.53		0	N	797.57
3547	43250		UPR GI NDSC RMVL LES HOT BX/BIPOLAR CAUT	4.54	379.09		0	N	797.57
3548	43251		UPR GI NDSC RMVL TUM POLYP/OTH LES SNARE TQ	5.21	435.04		0	N	797.57
3549	43255		UPR GI NDSC CTRL BLD ANY METH	6.73	561.96		0	N	797.57
3550	43256		UPR GI NDSC TNDSC STENT PLMT W/PREDILAT	6.07	506.85		0	N	2415.74
3551	43257		UPR GI NDSC DLVR THERMAL NRG SPHNCTR/CARDIA	7.47	623.75		0	N	2213.21
3552	43258		UPR GI NDSC ABLTJ LES X RMVL FORCEPS/CAUT/SNARE	6.35	530.23		0	N	797.57

	A	B	C	D	E	F	G	H	I
3553	43259		STOMACH-INTESTINE SCOPE WITH ULTRASOUND EXAM	7.19	600.37		0	N	797.57
3554	43260		ERCP DX COLLJ SPEC BR/WA SPX	8.27	690.55		0	N	2061.91
3555	43261		ERCP W/BX 1/MLT	8.7	726.45		0	N	2061.91
3556	43262		ERCP W/SPHNCTROTOMY/PAPILLOTOMY	10.21	852.54		0	N	2061.91
3557	43263		ERCP W/PRESS MEAS SPHNCTR ODDI	10.11	844.19		0	N	2061.91
3558	43264		ERCP W/RMVL ST1/CALCULI BILIARY&/PNCRTC DUXS	12.26	1023.71		0	N	2061.91
3559	43265		ERCP W/DSTRJ LITHOTRP ST1/CALCULI ANY METH	13.75	1148.13		0	N	2061.91
3560	43267		ERCP W/INSJ NASOBILIARY/NASOPNCRTC DRG TUBE	10.19	850.87		0	N	2061.91
3561	43268		ERCP W/INSJ TUBE/STENT BILE/PNCRTC DUX	10.33	862.56		0	N	2415.74
3562	43269		ERCP W/RTRGR RMVL FB&/CHNG TUBE/STENT	11.33	946.06		0	N	2415.74
3563	43271		ERCP W/BALO DILAT AMPULLA BILIARY&/PNCRTC DUX	10.21	852.54		0	N	2061.91
3564	43272		ERCP W/ABLTJ LES X RMVL FORCEPS/CAUT/SNARE	10.23	854.21		0	Y	2061.91
3565	43273		NDSC CANNULATION PAPILLA VIS BILE &/ PNCRTC DUX	3.42	285.57	0.00	0	N	2061.91
3566	43279		LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	32	2672.00	0.00	90	Y	2097.37
3567	43280		LAPS SURG ESOPG/GSTR FUNDOPLASTY	25.6	2137.60		90	Y	6653.06
3568	43281		LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	42.67	3562.95	0.00	90	Y	2097.37
3569	43282		LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	47.99	4007.17	0.00	90	Y	2097.37
3570	43289		UNLIS LAPS PX ESOPH	BR	BR		0	N	3470.14
3571	43300		ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	15.48	1292.58		90	Y	2097.37
3572	43305		ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	27.64	2307.94		90	Y	2097.37
3573	43310		ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	37.98	3171.33		90	Y	2097.37
3574	43312		ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	41.71	3482.79		90	Y	2097.37
3575	43313		ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	67.22	5612.87		90	Y	2097.37
3576	43314		ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	73.43	6131.41		90	Y	2097.37
3577	43320		EGST+VAGOTOMY&PYLOROPLASTY TABDL/TTHRC APPR	32.7	2730.45		90	Y	2097.37
3578	43324		ESOPG/GSTR FUNDOPLASTY	31.99	2671.17		90	Y	2097.37
3579	43325		ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	31.49	2629.42		90	Y	2097.37
3580	43326		ESOPG/GSTR FUNDOPLASTY W/GASTROPLASTY	32.07	2677.85		90	Y	2097.37
3581	43330		ESOPHAGOMYOTOMY HELLER TYP ABDL APPR	30.93	2582.66		90	Y	2097.37
3582	43331		ESOPHAGOMYOTOMY HELLER TYP THRC APPR	33.28	2778.88		90	Y	2097.37
3583	43340		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	32.01	2672.84		90	Y	2097.37
3584	43341		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	34.63	2891.61		90	Y	2097.37
3585	43350		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL ABDL APPR	27.13	2265.36		90	Y	2097.37
3586	43351		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	31.88	2661.98		90	Y	2097.37
3587	43352		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	26.29	2195.22		90	Y	2097.37
3588	43360		GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	56.12	4686.02		90	Y	2097.37
3589	43361		GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	62.3	5202.05		90	Y	2097.37
3590	43400		LIG DIR ESOPHGL VARC	35.38	2954.23		90	Y	2097.37
3591	43401		TRNSXJ ESOPH W/RPR ESOPHGL VARC	36.23	3025.21		90	Y	2097.37
3592	43405		LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	34.7	2897.45		90	Y	2097.37
3593	43410		SUTR ESOPHGL WND/INJ CRV APPR	23.97	2001.50		90	Y	2097.37
3594	43415		SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	41.13	3434.36		90	Y	2097.37
3595	43420		CLSR ESOPHAGOSTOMY/FSTL CRV APPR	23.7	1978.95		90	Y	2276.44
3596	43425		CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	35.5	2964.25		90	Y	2097.37
3597	43450		OPENING OF ESOPHAGUS	3.99	333.17		0	N	543.69
3598	43453		DILAT ESOPH > GD WIRE	7.59	633.77		0	N	543.69
3599	43456		DILAT ESOPH BALO/DILATOR RTRGR	16.06	1341.01		0	N	543.69
3600	43458		DILAT ESOPH BALO 30 MM DIAM/LGR ACHALASIA	9.71	810.79		0	N	797.57

	A	B	C	D	E	F	G	H	I
3601	43460		ESOPG/GSTR TAMPONADE W/BALO SENGSTAAKEN TYP	5.27	440.05		0	N	2097.37
3602	43496		FR JEJUNUM TR W/MVASC ANAST	BR	BR		90	Y	2097.37
3603	43499		UNLIS PX ESOPH	BR	BR		0	N	797.57
3604	43500		GSTRT W/EXPL/FB RMVL	17.92	1496.32		90	Y	2097.37
3605	43501		GSTRT W/SUTR RPR BLD ULCER	31.12	2598.52		90	Y	2097.37
3606	43502		GSTRT W/SUTR RPR PRE-ESOPG/GSTR LAC	35.43	2958.41		90	Y	2097.37
3607	43510		GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	21.63	1806.11		90	Y	797.57
3608	43520		PYLOROMYOTOMY CUTTING PYLORIC MUSC	16.59	1385.27		90	Y	2097.37
3609	43600		BX STOMACH CAPSL TUBE PRORAL 1 SPECS	2.56	213.76		0	Y	797.57
3610	43605		BX STOMACH LAPT	19.17	1600.70		90	Y	2097.37
3611	43610		EXC LOCAL ULCER/B9 TUM STOMACH	22.69	1894.62		90	Y	2097.37
3612	43611		EXC LOCAL MAL TUM STOMACH	28.13	2348.86		90	Y	2097.37
3613	43620		GSTRCT TOT W/ESOPHAGONTRSTM	46.08	3847.68		90	Y	2097.37
3614	43621		GSTRCT TOT W/ROUX-EN-Y RCNSTJ	51.58	4306.93		90	Y	2097.37
3615	43622		GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYP	52.78	4407.13		90	Y	2097.37
3616	43631		GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	33.94	2833.99		90	Y	2097.37
3617	43632		GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	44.18	3689.03		90	Y	2097.37
3618	43633		GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	42.46	3545.41		90	Y	2097.37
3619	43634		GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	46.7	3899.45		90	Y	2097.37
3620	43635		VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	2.78	232.13		0	Y	2097.37
3621	43640		VGTMY W/PYPS +GASTROSTOMY TRUNCAL/SLCTV	27.02	2256.17		90	Y	2097.37
3622	43641		VGTMY W/PYPS +GASTROSTOMY PARIETAL CELL	27.4	2287.90		90	Y	2097.37
3623	43644		LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y <150 CM	40.43	3375.91		90	Y	2097.37
3624	43645		LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	43.54	3635.59		90	Y	2097.37
3625	43647		LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	BR	BR		0	Y	7889.49
3626	43648		LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	BR	BR		0	Y	3470.14
3627	43651		LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	15.17	1266.70		90	Y	6653.06
3628	43652		LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	18.07	1508.85		90	Y	6653.06
3629	43653		LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	12.78	1067.13		90	Y	4271.34
3630	43659		UNLIS LAPS PX STOMACH	BR	BR		0	N	3470.14
3631	43752		NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDN	1	83.50		0	N	115.75
3632	43760		SURGICAL CHANGE OF STOMACH TUBE	5.85	488.48		0	N	218.44
3633	43761		RPSG GSTR FEEDING TUBE ANY METH THRU DUO	3.05	254.68		0	N	797.57
3634	43770		LAPS GSTR RSTCV PX PLMT BAND	25.89	2161.82		90	Y	2097.37
3635	43771		LAPS GSTR RSTCV PX REVJ BAND	29.59	2470.77		90	Y	2097.37
3636	43772		LAPS GSTR RSTCV PX RMVL BAND	22.29	1861.22		90	Y	2097.37
3637	43773		LAPS GSTR RSTCV PX RMVL&RPLCMT BAND	29.6	2471.60		90	Y	2097.37
3638	43774		LAPS GSTR RSTCV PX RMVL BAND&PORT	22.39	1869.57		90	Y	2097.37
3639	43775		LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	35.82	2990.97	0.00	90	Y	2097.37
3640	43800		PYLOROPLASTY	21.52	1796.92		90	Y	2097.37
3641	43810		GASTRODUODENOSTOMY	23.25	1941.38		90	Y	2097.37
3642	43820		GASTROJEJUNOSTOMY W/O VAGOTOMY	29.03	2424.01		90	Y	2097.37
3643	43825		GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYP	29.98	2503.33		90	Y	2097.37
3644	43830		GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	15.85	1323.48		90	Y	2213.21
3645	43831		GASTROSTOMY OPN NEONATAL FEEDING	13.24	1105.54		90	Y	797.57
3646	43832		GASTROSTOMY OPN W/CONSTJ GSTR TUBE	24.42	2039.07		90	Y	2097.37
3647	43840		GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	29.61	2472.44		90	Y	2097.37
3648	43842		GSTR RSTCV W/O BYP VER-BANDED GSTP	28.78	2403.13		90	N	2097.37

	A	B	C	D	E	F	G	H	I
3649	43843		GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	29.19	2437.37		90	Y	2097.37
3650	43845		GSTR RSTCV W/PRTL GSTRCT 50-100 CM	45.04	3760.84		90	Y	2097.37
3651	43846		GSTR RSTCV W/BYP W/SHORT LIMB 150 CM/<	37.71	3148.79		90	Y	2097.37
3652	43847		GSTR RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	41.47	3462.75		90	Y	2097.37
3653	43848		REVJ OPN GSTR RSTCV OTH/THN BAND SPX	44.87	3746.65		90	Y	2097.37
3654	43850		REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY	37.69	3147.12		90	Y	2097.37
3655	43855		REVJ GASTRODUOL ANAST W/RCNSTJ W/VGTMY	39.35	3285.73		90	Y	2097.37
3656	43860		REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	38.13	3183.86		90	Y	2097.37
3657	43865		REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	39.93	3334.16		90	Y	2097.37
3658	43870		CLSR GASTROSTOMY SURG	16.13	1346.86		90	Y	797.57
3659	43880		CLSR GASTROCOLIC FSTL	37.36	3119.56		90	Y	2097.37
3660	43881		IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM OPEN	BR	BR		0	Y	2097.37
3661	43882		REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM OPEN	BR	BR		0	Y	2097.37
3662	43886		GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	7.52	627.92		90	Y	2182.33
3663	43887		GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	7.13	595.36		90	Y	404.76
3664	43888		GSTR RSTCV OPN RMVL&RPLCMT SUBQ PORT	10.19	850.87		90	Y	2182.33
3665	43999		UNLIS PX STOMACH	BR	BR		0	N	797.57
3666	44005		ENTEROLSS FRING INTSTINAL ADHESION SPX	25.37	2118.40		90	Y	2097.37
3667	44010		DUODEXOMY EXPL BX/FB RMVL	19.86	1658.31		90	Y	2097.37
3668	44015		TUBE/NDL CATH JEJUNOSTOMY ANY METH	3.54	295.59		0	Y	2097.37
3669	44020		ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	22.34	1865.39		90	Y	2097.37
3670	44021		ENTEROTOMY SM INT OTH/THN DUO DCMPRN	22.52	1880.42		90	Y	2097.37
3671	44025		COLOTOMY EXPL BX/FB RMVL	22.74	1898.79		90	Y	2097.37
3672	44050		RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	21.68	1810.28		90	Y	2097.37
3673	44055		CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	34.55	2884.93		90	Y	2097.37
3674	44100		BX INT CAPSL TUBE PRORAL 1 SPECS	2.74	228.79		0	N	797.57
3675	44110		EXC 1 < SM/LG INT 1 ENTEROTOMY	19.42	1621.57		90	Y	2097.37
3676	44111		EXC 1 < SM/LG INT MLT ENTEROTOMIES	22.78	1902.13		90	Y	2097.37
3677	44120		ENTRC RESCJ SM INT 1 RESCJ&ANAST	28.01	2338.84		90	Y	2097.37
3678	44121		ENTRC RESCJ SM INT EA RESCJ&ANAST	6	501.00		0	Y	2097.37
3679	44125		ENTRC RESCJ SM INT W/NTRSTM	27.41	2288.74		90	Y	2097.37
3680	44126		ENTRC RESCJ ATRESIA RESCJ&ANAST W/O TAPRING	56.54	4721.09		90	Y	2097.37
3681	44127		ENTRC RESCJ ATRESIA RESCJ&ANAST SGM W/TAPRING	65.4	5460.90		90	Y	2097.37
3682	44128		ENTRC RESCJ ATRESIA EA RESCJ&ANAST	6.01	501.84		0	Y	2097.37
3683	44130		ENTERONTRSTM ANAST INT +CUTAN NTRSTM SPX	28.31	2363.89		90	Y	2097.37
3684	44132		DON ENTRC OPN FROM CDVR DON	BR	BR		0	Y	2097.37
3685	44133		DON ENTRC OPN PRTL FROM LIV DON	BR	BR		0	Y	2097.37
3686	44135		INTSTINAL ALTRNSPLJ FROM CDVR DON	BR	BR		0	Y	2097.37
3687	44136		INTSTINAL ALTRNSPLJ FROM LIV DON	BR	BR		0	Y	2097.37
3688	44137		RMVL TRNSPLED INTSTINAL ALGRFT COMPL	BR	BR		0	Y	2097.37
3689	44139		MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	3	250.50		0	Y	2097.37
3690	44140		COLCT PRTL W/ANAST	31.43	2624.41		90	Y	2097.37
3691	44141		COLCT PRTL W/SKN LVL CECOSTOMY/CLST	39.8	3323.30		90	Y	2097.37
3692	44143		COLCT PRTL W/END CLST&CLSR DSTL SGM	38.5	3214.75		90	Y	2097.37
3693	44144		COLCT PRTL W/RESCJ W/CLST/ILEOST&MUCOFSTL	39.5	3298.25		90	Y	2097.37
3694	44145		COLCT PRTL W/COLOPXTSTMY LW PEL ANAST	39.38	3288.23		90	Y	2097.37
3695	44146		COLCT PRTL W/COLOPXTSTMY LW PEL ANAST W/CLST	48	4008.00		90	Y	2097.37
3696	44147		COLCT PRTL ABDL&TRANSANAL APPR	42.01	3507.84		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
3697	44150		COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	42.2	3523.70		90	Y	2097.37
3698	44151		COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	48.3	4033.05		90	Y	2097.37
3699	44155		COLCT TOT ABDL W/PRCTECT W/ILEOST	47.44	3961.24		90	Y	2097.37
3700	44156		COLCT TOT ABDL W/PRCTECT W/CONTINENT ILEOST	52.4	4375.40		90	Y	2097.37
3701	44157		COLCT TTL ABD W/PRCTECT ILEOANAL ANAST	51.52	4301.92		90	Y	2097.37
3702	44158		COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	52.85	4412.98		90	Y	2097.37
3703	44160		COLCT PRTL W/RMVL TERMINAL ILE W/ILEOCLST	28.76	2401.46		90	Y	2097.37
3704	44180		LAPS ENTEROLSS FRING INTSTINAL ADHESION SPX	7.76	647.96		90	Y	4271.34
3705	44186		LAPS JEJUNOSTOMY	5.88	490.98		90	Y	4271.34
3706	44187		LAPS ILEOST/JEJUNOSTOMY NON-TUBE	25.74	2149.29		90	Y	2097.37
3707	44188		LAPS CLST/SKN LVL CECOSTOMY	28.33	2365.56		90	Y	2097.37
3708	44202		LAPS ENTRC RESCJ SM INT 1 RESCJ&ANAST	32.55	2717.93		90	Y	2097.37
3709	44203		LAPS EA SM INT RESCJ&ANAST	5.97	498.50		0	Y	2097.37
3710	44204		LAPS COLCT PRTL W/ANAST	36.47	3045.25		90	Y	2097.37
3711	44205		LAPS COLCT PRTL W/RMVL TERMINAL ILE	31.91	2664.49		90	Y	2097.37
3712	44206		LAPS COLCT PRTL W/END CLST&CLSR DSTL SGM	41.19	3439.37		90	Y	6653.06
3713	44207		LAPS COLCT PRTL W/COLOPXTSTMY LW ANAST	43.43	3626.41		90	Y	6653.06
3714	44208		LAPS COLCT PRTL W/COLOPXTSTMY LW ANAST W/CLST	47.22	3942.87		90	Y	6653.06
3715	44210		LAPS COLCT TOT W/O PRCTECT W/ILEOST/ILEOPXTS	42.01	3507.84		90	Y	2097.37
3716	44211		LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANAST&RSVR	51.8	4325.30		90	Y	2097.37
3717	44212		LAPS COLCT ABDL W/PRCTECT W/ILEOST	48.27	4030.55		90	Y	2097.37
3718	44213		LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLCT	4.73	394.96		0	Y	3470.14
3719	44227		LAPS CLSR NTRSTM LG/SM INT W/RESCJ&ANAST	39.36	3286.56		90	Y	2097.37
3720	44238		UNLIS LAPS PX INT XCP RECTUM	BR	BR		0	N	3470.14
3721	44300		NTRSTM/CECOSTOMY TUBE SPX	19.39	1619.07		90	Y	2097.37
3722	44310		ILEOST/JEJUNOSTOMY NON-TUBE	24.35	2033.23		90	Y	2097.37
3723	44312		REVJ ILEOST SMPL RLS SUPFC SCAR SPX	13.47	1124.75		90	N	2182.33
3724	44314		REVJ ILEOST COMP RCNSTJ IN-DEPTH SPX	23.32	1947.22		90	Y	2097.37
3725	44316		CONTINENT ILEOST KOCK PX SPX	32.22	2690.37		90	Y	2097.37
3726	44320		CLST/SKN LVL CECOSTOMY	27.67	2310.45		90	Y	2097.37
3727	44322		CLST/SKN LVL CECOSTOMY W/MLT BXS SPX	22.15	1849.53		90	Y	2097.37
3728	44340		REVJ CLST SMPL RLS SUPFC SCAR SPX	13.63	1138.11		90	N	2182.33
3729	44345		REVJ CLST COMP RCNSTJ IN-DEPTH SPX	24.21	2021.54		90	Y	2097.37
3730	44346		REVJ CLST W/RPR PARACLST HRNA SPX	27.07	2260.35		90	Y	2097.37
3731	44360		SCOPE OF UPPER SMALL INTESTINE	3.73	311.46		0	N	898.25
3732	44361		SCOPE OF UPPER SMALL INTESTINE WITH BIOPSY	4.11	343.19		0	N	898.25
3733	44363		ENTEROSCOPY > 2ND PRTN X ILE RMVL FB	4.94	412.49		0	N	898.25
3734	44364		ENTEROSCOPY > 2ND PRTN X ILE RMVL LES SNARE	5.25	438.38		0	N	898.25
3735	44365		ENTEROSCOPY > 2ND PRTN X ILE RMVL LES CAUT	4.69	391.62		0	N	898.25
3736	44366		ENTEROSCOPY > 2ND PRTN X ILE CTRL BLD	6.18	516.03		0	N	898.25
3737	44369		ENTEROSCOPY > 2ND PRTN X ILE ABLTJ LES	6.3	526.05		0	N	898.25
3738	44370		ENTEROSCOPY > 2ND PRTN X ILE TNDSC STENT PLMT	6.8	567.80		0	N	2415.74
3739	44372		ENTEROSCOPY > 2ND PRTN X ILE W/PLMT PRQ TUBE	6.15	513.53		0	N	898.25
3740	44373		ENTEROSCOPY > 2ND PRTN X ILE CONV GSTRST TUBE	4.91	409.99		0	N	898.25
3741	44376		ENTEROSCOPY > 2ND PRTN W/ILE +COLLJ SPEC SPX	7.28	607.88		0	N	898.25
3742	44377		ENTEROSCOPY > 2ND PRTN W/ILE W/BX 1/MLT	7.67	640.45		0	N	898.25
3743	44378		ENTEROSCOPY > 2ND PRTN ILE CTRL BLD	9.84	821.64		0	N	898.25
3744	44379		ENTEROSCOPY > 2ND PRTN W/ILE W/STENT PLMT	10.35	864.23		0	N	2415.74

	A	B	C	D	E	F	G	H	I
3745	44380		ILESC THRU STOMA DX +COLLJ SPEC BR/WA SPX	1.62	135.27		0	N	898.25
3746	44382		ILESC THRU STOMA W/BX 1/MLT	1.93	161.16		0	N	898.25
3747	44383		ILESC THRU STOMA W/TNDSC STENT PLMT	4.21	351.54		0	N	2415.74
3748	44385		NDSC EVAL INTSTINAL POUCH DX +COLLJ SPEC SPX	5.52	460.92		0	N	830.29
3749	44386		NDSC EVAL INTSTINAL POUCH W/BX 1/MLT	8.77	732.30		0	N	830.29
3750	44388		SCOPE OF COLON THRU OSTOMY FOR DIAGNOSIS	8.14	679.69		0	N	830.29
3751	44389		SCOPE OF COLON WITH BIOPSY THRU OSTOMY	9.82	819.97		0	N	830.29
3752	44390		COLSC THRU STOMA W/RMVL FB	11.08	925.18		0	N	830.29
3753	44391		COLSC THRU STOMA CTRL BLD	13	1085.50		0	N	830.29
3754	44392		COLSC THRU STOMA RMVL LES CAUT	10.55	880.93		0	N	830.29
3755	44393		COLSC THRU STOMA ABLTJ LES	11.9	993.65		0	N	830.29
3756	44394		COLSC THRU STOMA W/RMVL TUM POLYP/OTH LES SNARE	12.33	1029.56		0	N	830.29
3757	44397		COLSC THRU STOMA W/TNDSC STENT PLMT	6.55	546.93		0	N	2415.74
3758	44500		INTRO LONG GI TUBE SPX	0.63	52.61		0	Y	581.26
3759	44602		ENTERORRHAPHY 1 PRF8J	31	2588.50		90	Y	2097.37
3760	44603		ENTERORRHAPHY MLT PRF8J	35.35	2951.73		90	Y	2097.37
3761	44604		SUTR LG INT 1/MLT PRF8J W/O CLST	24.73	2064.96		90	Y	2097.37
3762	44605		SUTR LG INT 1/MLT PRF8J W/CLST	30.59	2554.27		90	Y	2097.37
3763	44615		INTSTINAL STRICTUROPLASTY+DILAT OBSTRCJ	24.99	2086.67		90	Y	2097.37
3764	44620		CLSR NTRSTM LG/SM INT	19.8	1653.30		90	Y	2097.37
3765	44625		CLSR NTRSTM LG/SM RESCJ&ANAST OTH/THN CLRCT	23.61	1971.44		90	Y	2097.37
3766	44626		CLSR NTRSTM LG/SM RESCJ&CLRCT ANAST	37.9	3164.65		90	Y	2097.37
3767	44640		CLSR INTSTINAL CUTAN FSTL	32.93	2749.66		90	Y	2097.37
3768	44650		CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	34.21	2856.54		90	Y	2097.37
3769	44660		CLSR ENTEROVES FSTL W/O INTSTINAL/BLDR RESCJ	32.27	2694.55		90	Y	2097.37
3770	44661		CLSR ENTEROVES FSTL W/INT&/BLDR RESCJ	36.87	3078.65		90	Y	2097.37
3771	44680		INTSTINAL PLCTJ SPX	24.56	2050.76		90	Y	2097.37
3772	44700		EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	24.06	2009.01		90	Y	2097.37
3773	44701		INTRAOP COLONIC LVG	4.15	346.53		0	Y	
3774	44715		BKBENCH ALGRFT INT FASHIONING ART&VEIN	BR	BR		0	Y	2097.37
3775	44720		BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	6.47	540.25		0	Y	2097.37
3776	44721		BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	9.52	794.92		0	Y	2097.37
3777	44799		UNLIS PX INT	BR	BR		0	N	2479.05
3778	44800		EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	17.63	1472.11		90	Y	2097.37
3779	44820		EXC LES MESENTERY SPX	19.37	1617.40		90	Y	2097.37
3780	44850		SUTR MESENTERY SPX	17.22	1437.87		90	Y	2097.37
3781	44899		UNLIS PX MECKEL'S DIVERTICULUM AND THE MESENTERY	BR	BR		0	N	2097.37
3782	44900		I&D APPENDICEAL ABSC OPN	17.3	1444.55		90	Y	2097.37
3783	44901		I&D APPENDICEAL ABSC PRQ	28.86	2409.81		0	Y	1413.47
3784	44950		APPENDEC	15.02	1254.17		90	Y	2479.05
3785	44955		APPENDEC INDICATED PURPOSE OTH MAJOR PX X SPX	2.09	174.52		0	Y	2479.05
3786	44960		APPENDEC RPTD APPENDIX ABSC/PRITONITIS	19.93	1664.16		90	Y	2097.37
3787	44970		LAPS SURG APPENDEC	13.66	1140.61		90	Y	4271.34
3788	44979		UNLIS LAPS PX APPENDIX	BR	BR		0	N	3470.14
3789	45000		TRANSRCT DRG PEL ABSC	9.2	768.20		90	N	1287.06
3790	45005		I&D SBMCSL ABSC RECTUM	6.07	506.85		10	N	1287.06
3791	45020		I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	11.71	977.79		90	N	1287.06
3792	45100		BX ANRCT WALL ANAL APPR	6.48	541.08		90	N	2185.85

	A	B	C	D	E	F	G	H	I
3793	45108		ANRCT MYOMECTOMY	7.96	664.66		90	N	2185.85
3794	45110		PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	43.14	3602.19		90	Y	2097.37
3795	45111		PRCTECT PRTL RESCJ RECTUM TABDL APPR	25.29	2111.72		90	Y	2097.37
3796	45112		PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	44.59	3723.27		90	Y	2097.37
3797	45113		PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	45.61	3808.44		90	Y	2097.37
3798	45114		PRCTECT PRTL W/ANAST ABDL&TRANSSAC APPR	41.67	3479.45		90	Y	2097.37
3799	45116		PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	37.55	3135.43		90	Y	2097.37
3800	45119		PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	45.64	3810.94		90	Y	2097.37
3801	45120		PRCTECT COMPL W/PULL-THRU PX&ANAST	36.47	3045.25		90	Y	2097.37
3802	45121		PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	40.18	3355.03		90	Y	2097.37
3803	45123		PRCTECT PRTL W/O ANAST PRNL APPR	25.6	2137.60		90	Y	2097.37
3804	45126		PEL EXNTJ CLRCT MAL	67.05	5598.68		90	Y	2097.37
3805	45130		EXC RCT PROCIDENTIA W/ANAST PRNL APPR	25.09	2095.02		90	Y	2097.37
3806	45135		EXC RCT PROCIDENTIA W/ANAST ABDL&PRNL APPR	30.93	2582.66		90	Y	2097.37
3807	45136		EXC ILEOANAL RSVR W/ILEOST	42.74	3568.79		90	Y	2097.37
3808	45150		DIV STRIX RECTUM	8.88	741.48		90	Y	2185.85
3809	45160		EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	22.85	1907.98		90	Y	2185.85
3810	45171		EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	16.09	1343.52	0.00	90	Y	1287.06
3811	45172		EXC RCT TUM INCL MUSCULARIS PROPRIA	22.09	1844.52	0.00	90	Y	2185.85
3812	45190		DSTRJ RCT TUM TRANSANAL APPR	15.25	1273.38		90	Y	2185.85
3813	45300		PROCTOSGMDSC RGD DX +COLLJ SPEC BR/WA SPX	2.01	167.84		0	N	526.59
3814	45303		PROCTOSGMDSC RGD W/DILAT	19.31	1612.39		0	N	843.05
3815	45305		PROCTOSGMDSC RGD W/BX 1/MLT	3.8	317.30		0	N	843.05
3816	45307		PROCTOSGMDSC RGD W/RMVL FB	4.06	339.01		0	N	2081.03
3817	45308		PROCTOSGMDSC RGD RMVL 1 LES CAUT	3.15	263.03		0	N	843.05
3818	45309		PROCTOSGMDSC RGD RMVL 1 LES SNARE TQ	5.08	424.18		0	N	843.05
3819	45315		PROCTOSGMDSC RGD RMVL MLT TUM < CAUT/SNARE	4.45	371.58		0	N	843.05
3820	45317		PROCTOSGMDSC RGD CTRL BLD	4.19	349.87		0	N	843.05
3821	45320		PROCTOSGMDSC RGD ABLTJ LES	4.75	396.63		0	N	2081.03
3822	45321		PROCTOSGMDSC RGD DCMPRN VOLVULUS	1.76	146.96		0	N	2081.03
3823	45327		PROCTOSGMDSC RGD TNDSC STENT PLMT	2.36	197.06		0	N	2415.74
3824	45330		SCOPE OF SIGMOID COLON ONLY FOR DIAGNOSIS	3.27	273.05		0	N	526.59
3825	45331		SCOPE OF SIGMOID COLON ONLY WITH BIOPSY	4.23	353.21		0	N	526.59
3826	45332		SGMDSC FLX RMVL FB	6.92	577.82		0	N	526.59
3827	45333		SGMDSC FLX RMVL LES CAUT	6.82	569.47		0	N	843.05
3828	45334		SGMDSC FLX CTRL BLD	3.9	325.65		0	N	843.05
3829	45335		SGMDSC FLX DIRED SBMCSL NJX ANY SBST	5.16	430.86		0	N	526.59
3830	45337		SGMDSC FLX DCMPRN VOLVULUS ANY METH	3.39	283.07		0	N	526.59
3831	45338		SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	7.66	639.61		0	N	843.05
3832	45339		SGMDSC FLX ABLTJ LES	7.11	593.69		0	N	843.05
3833	45340		SGMDSC FLX DILAT BALO 1/MORE STRIXS	9.03	754.01		0	N	843.05
3834	45341		SGMDSC FLX NDSC US XM	3.7	308.95		0	N	843.05
3835	45342		SGMDSC FLX TNDSC US GID NDL ASPIR/BX	5.65	471.78		0	N	843.05
3836	45345		SGMDSC FLX TNDSC STENT PLMT	4.12	344.02		0	N	2415.74
3837	45355		COLSC RGD/FLX TABDL VIA COLOTOMY 1/MLT	4.95	413.33		0	N	830.29
3838	45378		SCOPE OF COLON FOR DIAGNOSIS	9.82	819.97		0	N	830.29
3839	45379		COLSC FLX PROX SPLENIC FLXR RMVL FB	12.38	1033.73		0	N	830.29
3840	45380		SCOPE OF COLON WITH BIOPSY	11.66	973.61		0	N	830.29

	A	B	C	D	E	F	G	H	I
3841	45381		COLSC FLX PROX SPLENIC FLXR SBMCSL NJX	11.33	946.06		0	N	830.29
3842	45382		COLSC FLX PROX SPLENIC FLXR CTRL BLD	15.56	1299.26		0	N	830.29
3843	45383		COLSC FLX PROX SPLENIC FLXR ABLTJ LES	13.83	1154.81		0	N	830.29
3844	45384		COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	11.5	960.25		0	N	830.29
3845	45385		COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	13.13	1096.36		0	N	830.29
3846	45386		COLSC FLX PROX SPLENIC FLXR DILAT BALO 1 STRIXS	16.87	1408.65		0	N	830.29
3847	45387		COLSC FLX PROX SPLENIC FLXR TNDSC STENT PLMT	8.28	691.38		0	N	2415.74
3848	45391		COLSC FLX PROX SPLENIC FLXR NDSC US XM	7.13	595.36		0	N	830.29
3849	45392		COLSC FLX PROX SPLENIC FLXR US GID NDL ASPIR/BX	8.95	747.33		0	N	830.29
3850	45395		LAPS PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	46.63	3893.61		90	Y	2097.37
3851	45397		LAPS PRCTECT CMBN PULL-THRU CRTJ RSVR	50.42	4210.07		90	Y	2097.37
3852	45400		LAPS PROCTOPEXY FOR PROLAPSE	27.08	2261.18		90	Y	2097.37
3853	45402		LAPS PROCTOPEXY FOR PROLAPSE SIGMOID RESCJ	36.26	3027.71		90	Y	2097.37
3854	45499		UNLIS LAPS PX RECTUM	BR	BR		0	N	3470.14
3855	45500		PROCTOPLASTY STENOSIS	11.37	949.40		90	Y	2185.85
3856	45505		PROCTOPLASTY PROLAPSE MUC MEMB	12.41	1036.24		90	N	2934.60
3857	45520		PRIRCT NJX SCLRSG SLN PROLAPSE	2.53	211.26		0	N	80.15
3858	45540		PROCTOPEXY ABDL APPR	24.61	2054.94		90	Y	2097.37
3859	45541		PROCTOPEXY PRNL APPR	20.9	1745.15		90	Y	2934.60
3860	45550		PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	33.98	2837.33		90	Y	2097.37
3861	45560		RPR RECTOCELE SPX	16.58	1384.43		90	Y	2934.60
3862	45562		EXPL RPR&PRESAC DRG RCT INJ	25.15	2100.03		90	Y	2097.37
3863	45563		EXPL RPR&PRESAC DRG RCT INJ W/CLST	37.31	3115.39		90	Y	2097.37
3864	45800		CLSR RECTOVESICAL FSTL	27.9	2329.65		90	Y	2097.37
3865	45805		CLSR RECTOVESICAL FSTL W/CLST	32.33	2699.56		90	Y	2097.37
3866	45820		CLSR RECTOURTL FSTL	27.84	2324.64		90	Y	2097.37
3867	45825		CLSR RECTOURTL FSTL W/CLST	34.03	2841.51		90	Y	2097.37
3868	45900		RDCTJ PROCIDENTIA SPX UNDER ANES	4.51	376.59		10	N	489.23
3869	45905		DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	3.85	321.48		10	N	2185.85
3870	45910		DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	4.54	379.09		10	N	2185.85
3871	45915		RMVL FECAL IMPACTION/FB SPX UNDER ANES	7.44	621.24		10	N	1287.06
3872	45990		ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	2.58	215.43		0	N	2185.85
3873	45999		UNLIS PX RECTUM	BR	BR		0	N	489.23
3874	46020		PLMT SETON	5.51	460.09		10	N	2185.85
3875	46030		RMVL ANAL SETON OTH MARKER	2.74	228.79		10	N	489.23
3876	46040		I&D ISCHIORCT&/PRIRCT ABSC SPX	11.1	926.85		90	N	2185.85
3877	46045		I&D INTRAMURAL IM/ABSC TRANSANAL ANES	8.9	743.15		90	N	2185.85
3878	46050		I&D PRIANAL ABSC SUPFC	3.93	328.16		10	N	1287.06
3879	46060		I&D ISCHIORCT/INTRAMURAL ABSC +SETON	9.82	819.97		90	N	2185.85
3880	46070		INC ANAL SEPTUM INFT	4.78	399.13		90	Y	1287.06
3881	46080		SPHNCTROTOMY ANAL DIV SPHNCTR SPX	5.08	424.18		10	N	2185.85
3882	46083		INC THROMBOSED HEMORRHOID XTRNL	3.91	326.49		10	N	184.15
3883	46200		FISSURECTOMY +SPHNCTROTOMY	7.98	666.33		90	N	2185.85
3884	46220		PAPILLECTOMY/EXC 1 TAG ANUS SPX	4.05	338.18		10	N	1287.06
3885	46221		HEMORRHOIDECTOMY SMPL LIGATURE	5.22	435.87		10	N	489.23
3886	46230		EXC XTRNL HEMORRHOID TAGS&/MLT PAPILLAE	5.81	485.14		10	N	2185.85
3887	46250		HRHC XTRNL COMPL	9.69	809.12		90	N	2185.85
3888	46255		HRHC SMPL	10.94	913.49		90	N	2185.85

	A	B	C	D	E	F	G	H	I
3889	46257		HRHC SMPL W/FISSURECTOMY	8.86	739.81		90	N	2185.85
3890	46258		HRHC SMPL W/FISTULECTOMY	9.79	817.47		90	Y	2185.85
3891	46260		HRHC CPLX/X10SV	10.14	846.69		90	N	2185.85
3892	46261		HRHC CPLX/X10SV W/FISSURECTOMY	11.44	955.24		90	N	2185.85
3893	46262		HRHC CPLX/X10SV W/FISTULECTOMY +FISSURECTOMY	11.82	986.97		90	N	2185.85
3894	46270		SURG TX ANAL FSTL SUBQ	10.1	843.35		90	N	2185.85
3895	46275		SURG TX ANAL FSTL SUBMUSCULAR	10.42	870.07		90	N	2185.85
3896	46280		SURG TX ANAL FSTL CPLX/MLT +PLMT SETON	9.82	819.97		90	N	2185.85
3897	46285		SURG TX ANAL FSTL 2ND STG	9.67	807.45		90	N	2185.85
3898	46288		CLSR ANAL FSTL W/RCT ADVMNT FLAP	11.63	971.11		90	N	2185.85
3899	46320		ENCL/EXC XTRNL THROMBOTIC HEMORRHOID	3.83	319.81		10	N	2185.85
3900	46500		NJX SCLRSG SLN HEMORRHOIDS	4.12	344.02		10	N	1287.06
3901	46505		CHEMODNRVTJ INT ANAL SPHNCTR	6.06	506.01		10	N	2185.85
3902	46600		ANOSC DX +COLLJ SPEC BR/WA SPX	2.03	169.51		0	N	61.03
3903	46604		ANOSC DILAT	11.27	941.05		0	N	843.05
3904	46606		ANOSC BX 1/MLT	4.63	386.61		0	N	526.59
3905	46608		ANOSC RMVL FB	5.8	484.30		0	N	843.05
3906	46610		ANOSC RMVL 1 LES CAUT	5.39	450.07		0	N	2081.03
3907	46611		ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	5.02	419.17		0	N	843.05
3908	46612		ANOSC RMVL MLT TUMS CAUT/SNARE	7.58	632.93		0	N	2081.03
3909	46614		ANOSC CTRL BLD	4.39	366.57		0	N	526.59
3910	46615		ANOSC ABLTJ LES	5.17	431.70		0	Y	2081.03
3911	46700		ANOPLASTY PLSTC OPRATION STRIX ADLT	14.1	1177.35		90	N	2185.85
3912	46705		ANOPLASTY PLSTC OPRATION STRIX INFT	11.26	940.21		90	Y	2097.37
3913	46706		RPR ANAL FSTL W/FIBRIN GLUE	3.75	313.13		10	N	2934.60
3914	46707		RPR ANORECTAL FISTULA W/ PLUG	12.3	1027.05	0.00	90	N	2934.60
3915	46710		RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	24.45	2041.58		90	Y	2097.37
3916	46712		RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	51.19	4274.37		90	Y	2097.37
3917	46715		RPR LW IMPRF8 ANUS W/ANOPRNL FSTL CUT-BK	11.31	944.39		90	Y	2097.37
3918	46716		RPR LW IMPRF8 ANUS W/TRPOS FSTL	25.38	2119.23		90	Y	2097.37
3919	46730		RPR HI IMPRF8 ANUS W/O FSTL PRNL/SACROPRNL APPR	41.5	3465.25		90	Y	2097.37
3920	46735		RPR HI IMPRF8 ANUS W/O FSTL CMBN APPR	48.84	4078.14		90	Y	2097.37
3921	46740		RPR HI IMPRF8 ANUS W/FSTL PRNL/SACROPRNL APPR	46.04	3844.34		90	Y	2097.37
3922	46742		RPR HI IMPRF8 ANUS W/FSTL TABDL&SACROPRNL	55.93	4670.16		90	Y	2097.37
3923	46744		RPR CLOACAL ANOMAL SACROPRNL	80.16	6693.36		90	Y	2097.37
3924	46746		RPR CLOACAL ANOMAL CMBN ABDL&SACROPRNL	89.88	7504.98		90	Y	2097.37
3925	46748		RPR CLOACAL ANOMAL CMBN ABDL&SACROPRNL W/GRF	90.14	7526.69		90	Y	2097.37
3926	46750		SPHNCTROP ANAL INCONT/PROLAPSE ADLT	17.16	1432.86		90	Y	2934.60
3927	46751		SPHNCTROP ANAL INCONT/PROLAPSE CHLD	14.37	1199.90		90	Y	2097.37
3928	46753		GRF THIERSCH RCT INCONT&/PROLAPSE	12.9	1077.15		90	N	2185.85
3929	46754		RMVL THIERSCH WIRE/SUTR ANAL CANAL	6.4	534.40		10	N	2185.85
3930	46760		SPHNCTROP ANAL MUSC TRNSPL	24.44	2040.74		90	Y	2934.60
3931	46761		SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	21.19	1769.37		90	Y	2934.60
3932	46762		SPHNCTROP ANAL IMPLTJ ARTIF SPHNCTR	20.28	1693.38		90	Y	2934.60
3933	46900		DSTRJ LES ANUS SMPL CHEM	4.73	394.96		10	N	255.17
3934	46910		DSTRJ LES ANUS SMPL ELTRDSICCATION	5.03	420.01		10	N	1939.18
3935	46916		DSTRJ LES ANUS SMPL CRYOSURG	5.11	426.69		10	N	140.54
3936	46917		DSTRJ LES ANUS SMPL LASER SURG	10.9	910.15		10	N	1939.18

	A	B	C	D	E	F	G	H	I
3937	46922		DSTRJ LES ANUS SMPL SURG EXC	5.39	450.07		10	N	1939.18
3938	46924		DSTRJ LES ANUS X10SV	11.67	974.45		10	N	1939.18
3939	46930		DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	5.23	436.71	0.00	90	N	489.23
3940	46940		CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	4.53	378.26		10	N	2185.85
3941	46942		CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	4.1	342.35		10	N	489.23
3942	46945		LIG INT HEMORRHOIDS 1 PX	5.76	480.96		90	N	1287.06
3943	46946		LIG INT HEMORRHOIDS MLT PX	6.56	547.76		90	N	1287.06
3944	46947		HEMORRHOIDOPEXY STAPLING	8.5	709.75		90	N	2934.60
3945	46999		UNLIS PX ANUS	BR	BR		0	N	489.23
3946	47000		BX LVR NDL PRQ	5.95	496.83		0	N	881.50
3947	47001		BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	2.57	214.60		0	N	
3948	47010		HEPATOTOMY OPN DRG ABSC/CST 1/2 STGS	27.47	2293.75		90	Y	2097.37
3949	47011		HEPATOTOMY PRQ DRG ABSC/CST 1/2 STGS	4.71	393.29		0	Y	1413.47
3950	47015		LAPT W/ASPIR&/NJX HEPATC PARASITIC CST/ABSCES	25.92	2164.32		90	Y	2097.37
3951	47100		BX LVR WEDGE	19.13	1597.36		90	Y	2097.37
3952	47120		HPTC RESCJ LVR PRTL LOBEC	54.45	4546.58		90	Y	2097.37
3953	47122		HPTC RESCJ LVR TRISGMECTOMY	81.38	6795.23		90	Y	2097.37
3954	47125		HPTC RESCJ LVR TOT L LOBEC	72.96	6092.16		90	Y	2097.37
3955	47130		HPTC RESCJ LVR TOT R LOBEC	78.52	6556.42		90	Y	2097.37
3956	47133		DON HPTC FROM CDVR DON	BR	BR		0	Y	2097.37
3957	47135		LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	115.46	9640.91		90	Y	2097.37
3958	47136		LVR ALTRNSPLJ HTRTPC PRTL/WHL DON ANY AGE	97.95	8178.83		90	Y	2097.37
3959	47140		DON HPTC LIV DON L LAT SGM ONLY II&III	80.59	6729.27		90	Y	2097.37
3960	47141		DON HPTC LIV DON TOT L LOBEC II III&IV	95.84	8002.64		90	Y	2097.37
3961	47142		DON HPTC LIV DON TOT R LOBEC V VI VII&VIII	105.41	8801.74		90	Y	2097.37
3962	47143		BKBENCH PREPJ CDVR WHL LVR GRF W/O TRISGM/LOBE	BR	BR		0	Y	2097.37
3963	47144		BKBENCH PREPJ CDVR WHL LVR GRF I&IV VIII	BR	BR		90	Y	2097.37
3964	47145		BKBENCH PREPJ CDVR DON WHL LVR GRF I&V VIII	BR	BR		0	Y	2097.37
3965	47146		BKBENCH RCNSTJ LVR GRF VEN ANAST EA	8.15	680.53		0	Y	2097.37
3966	47147		BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	9.51	794.09		0	Y	2097.37
3967	47300		MARSUPIALIZATION CST/ABSC LVR	25.52	2130.92		90	Y	2097.37
3968	47350		MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	31.57	2636.10		90	Y	2097.37
3969	47360		MGMT LVR HEMRRG CPLX SUTR WND/INJ	42.94	3585.49		90	Y	2097.37
3970	47361		MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	71.15	5941.03		90	Y	2097.37
3971	47362		MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	32.42	2707.07		90	Y	2097.37
3972	47370		LAPS SURG ABLTJ 1 LVR TUM RF	29.17	2435.70		90	Y	10023.94
3973	47371		LAPS SURG ABLTJ 1 LVR TUM CRYOSURG	29.34	2449.89		90	Y	10023.94
3974	47379		UNLIS LAPAROSCOPIC PX LVR	BR	BR		0	N	3470.14
3975	47380		ABLTJ OPN 1 LVR TUM RF	33.98	2837.33		90	Y	2097.37
3976	47381		ABLTJ OPN 1 LVR TUM CRYOSURG	34.52	2882.42		90	Y	2097.37
3977	47382		ABLTJ 1 LVR TUM PRQ RF	20.45	1707.58		10	Y	4683.68
3978	47399		UNLIS PX LVR	BR	BR		0	N	419.39
3979	47400		HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	49.02	4093.17		90	Y	2097.37
3980	47420		CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	31.06	2593.51		90	Y	2097.37
3981	47425		CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	31.34	2616.89		90	Y	2097.37
3982	47460		TRANSDUOL SPHNCTROTOMY/SPHNCTROP +XTRJ ST1 SPX	29.09	2429.02		90	Y	2097.37
3983	47480		CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	19.31	1612.39		90	Y	2097.37
3984	47490		PRQ CHOLECSTOST	12.99	1084.67		90	N	2803.45

	A	B	C	D	E	F	G	H	I
3985	47500		NJX PRQ TRANSHEPATC CHOLANGRPH	2.5	208.75		0	N	
3986	47505		NJX CHOLANGRPH THRU AN CATH	0.96	80.16		0	N	
3987	47510		INTRO PRQ TRANSHEPATC CATH BILIARY DRG	12.36	1032.06		90	N	2803.45
3988	47511		INTRO PRQ TRANSHEPATC STENT BILIARY DRG	15.15	1265.03		90	N	2803.45
3989	47525		CHNG PRQ BILIARY DRG CATH	20.12	1680.02		10	N	1396.15
3990	47530		REVJ&/RINSJ TRANSHEPATC TUBE	38.29	3197.22		90	N	1396.15
3991	47550		BILIARY NDSC INTRAOP	4.08	340.68		0	Y	2097.37
3992	47552		BILIARY NDSC PRQ T-TUBE DX +COLLJ SPEC SPX	8.14	679.69		0	N	2803.45
3993	47553		BILIARY NDSC PRQ T-TUBE W/BX 1/MLT	8.08	674.68		0	N	2803.45
3994	47554		BILIARY NDSC PRQ T-TUBE RMVL ST1	12.34	1030.39		0	N	2803.45
3995	47555		BILIARY NDSC PRQ T-TUBE DILAT STRIX W/O STENT	9.64	804.94		0	N	2803.45
3996	47556		BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	10.89	909.32		0	N	2803.45
3997	47560		LAPS SURG W/GID TRANSHEPATC CHOLANGRPH W/O BX	6.61	551.94		0	Y	3470.14
3998	47561		LAPS SURG W/GID TRANSHEPATC CHOLANGRPH W/BX	7.13	595.36		0	Y	3470.14
3999	47562		LAPS SURG CHOLECSTC	16.98	1417.83		90	Y	4271.34
4000	47563		LAPS SURG CHOLECSTC W/CHOLANGRPH	17.64	1472.94		90	Y	4271.34
4001	47564		LAPS SURG CHOLECSTC W/EXPL COMMON DUX	20.49	1710.92		90	Y	4271.34
4002	47570		LAPS SURG CHOLECSTONTRSTM	18.23	1522.21		90	Y	2097.37
4003	47579		UNLIS LAPS PX BILIARY TRC	BR	BR		0	N	3470.14
4004	47600		CHOLECSTC	23.8	1987.30		90	Y	2097.37
4005	47605		CHOLECSTC CHOLANGRPH	22.72	1897.12		90	Y	2097.37
4006	47610		CHOLECSTC EXPL DUX	29.1	2429.85		90	Y	2097.37
4007	47612		CHOLECSTC EXPL DUX CHOLEDOCHONTRSTM	29.32	2448.22		90	Y	2097.37
4008	47620		CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	31.86	2660.31		90	Y	2097.37
4009	47630		BILIARY DUX STONE XTRJ PRQ VIA BASKET/SNARE	13.97	1166.50		90	N	2803.45
4010	47700		EXPL CGEN ATRESIA BILE DUXS	24.18	2019.03		90	Y	2097.37
4011	47701		PORTONTRSTM	40.55	3385.93		90	Y	2097.37
4012	47711		EXC BILE DUX TUM +PRIM RPR XTRHEPATC	36.06	3011.01		90	Y	2097.37
4013	47712		EXC BILE DUX TUM +PRIM RPR INTRAHEPATC	46.34	3869.39		90	Y	2097.37
4014	47715		EXC CHOLEDOCHAL CST	30.22	2523.37		90	Y	2097.37
4015	47720		CHOLECSTONTRSTM DIR	26.02	2172.67		90	Y	2097.37
4016	47721		CHOLECSTONTRSTM W/GASTRONTRSTM	30.76	2568.46		90	Y	2097.37
4017	47740		CHOLECSTONTRSTM ROUX-EN-Y	29.8	2488.30		90	Y	2097.37
4018	47741		CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	33.76	2818.96		90	Y	2097.37
4019	47760		ANAST XTRHEPATC BILIARY DUXS&GI	49.13	4102.36		90	Y	2097.37
4020	47765		ANAST INTRAHEPATC DUXS&GI	62.41	5211.24		90	Y	2097.37
4021	47780		ANAST ROUX-EN-Y XTRHEPATC BILIARY DUXS&GI	53.33	4453.06		90	Y	2097.37
4022	47785		ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUXS&GI	68.64	5731.44		90	Y	2097.37
4023	47800		RCNSTJ PLSTC BILIARY DUXS W/END-TO-END ANAST	36.48	3046.08		90	Y	2097.37
4024	47801		PLMT CHOLEDOCHAL STENT	24.88	2077.48		90	Y	2097.37
4025	47802		U-TUBE HEPATCONTRSTM	34.79	2904.97		90	Y	2097.37
4026	47900		SUTR XTRHEPATC BILIARY DUX F/PRE-INJ SPX	31.55	2634.43		90	Y	2097.37
4027	47999		UNLIS PX BILIARY TRC	BR	BR		0	N	2803.45
4028	48000		PLMT DRAINS PRIPNCRTC F/AQT PNCRTS	43.44	3627.24		90	Y	2097.37
4029	48001		PLMT DRAINS PRIPNCRTC F/AQT PNCRTS W/CHOLECSTOST	53.85	4496.48		90	Y	2097.37
4030	48020		RMVL PNCRTC ST1	26.56	2217.76		90	Y	2097.37
4031	48100		BX PNCRS OPN	20.21	1687.54		90	Y	2097.37
4032	48102		BX PNCRS PRQ NDL	12.7	1060.45		10	N	881.50

	A	B	C	D	E	F	G	H	I
4033	48105		RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	66.09	5518.52		90	Y	2097.37
4034	48120		EXC LES PNCRS	25.45	2125.08		90	Y	2097.37
4035	48140		PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	36.08	3012.68		90	Y	2097.37
4036	48145		PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	37.5	3131.25		90	Y	2097.37
4037	48146		PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	42.81	3574.64		90	Y	2097.37
4038	48148		EXC AMPULLA VATER	28.24	2358.04		90	Y	2097.37
4039	48150		PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	72.8	6078.80		90	Y	2097.37
4040	48152		PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	67.19	5610.37		90	Y	2097.37
4041	48153		PNCRTECT W/PANCREATOJEJUNOSTOMY	72.77	6076.30		90	Y	2097.37
4042	48154		PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	67.55	5640.43		90	Y	2097.37
4043	48155		PNCRTECT TOT	41.33	3451.06		90	Y	2097.37
4044	48160		PNCRTECT TOT/STOT W/TRNSPLJ PNCRS/ISLET	56.08	4682.68		0	Y	2097.37
4045	48400		NJX PX F/INTRAOP PANCREATOGRAPY	2.59	216.27		0	Y	2097.37
4046	48500		MARSUPIALIZATION PNCRTC CST	25.75	2150.13		90	Y	2097.37
4047	48510		XTRNL DRG PSEUDOCST PNCRS OPN	24.63	2056.61		90	Y	2097.37
4048	48511		XTRNL DRG PSEUDOCST PNCRS PRQ	24.26	2025.71		0	Y	1413.47
4049	48520		INT ANAST PNCRTC CST GI TRC DIR	25.03	2090.01		90	Y	2097.37
4050	48540		INT ANAST PNCRTC CST GI TRC ROUX-EN-Y	30.29	2529.22		90	Y	2097.37
4051	48545		PANCREATORRHAPHY INJ	30.27	2527.55		90	Y	2097.37
4052	48547		DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	41.06	3428.51		90	Y	2097.37
4053	48548		PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	38.52	3216.42		90	Y	2097.37
4054	48550		DON PNCRTECT +DUOL SGM F/TRNSPLJ	BR	BR		0	Y	2097.37
4055	48551		BKBENCH PREPJ CDVR PNCRS ALGRFT	BR	BR		0	Y	2097.37
4056	48552		BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	5.56	464.26		0	Y	2097.37
4057	48554		TRNSPLJ PNCRTC ALGRFT	56.31	4701.89		90	Y	2097.37
4058	48556		RMVL TRNSPLED PNCRTC ALGRFT	27.78	2319.63		90	Y	2097.37
4059	48999		UNLIS PX PNCRS	BR	BR		0	N	419.39
4060	49000		EXPL LAPT EXPL CELIOTOMY +BX SPX	18.04	1506.34		90	Y	2097.37
4061	49002		REOPNG RECENT LAPT	22.52	1880.42		90	Y	2097.37
4062	49010		EXPL RPR AREA +BX SPX	21.88	1826.98		90	Y	2097.37
4063	49020		DRG PRTL ABSC/LOCLZD PRITONITIS OPN	36.75	3068.63		90	Y	2097.37
4064	49021		DRG PRTL ABSC/LOCLZD PRITONITIS PRQ	23.66	1975.61		0	N	1413.47
4065	49040		DRG SUBDIPHRG/SUBPHRENIC ABSC OPN	22.9	1912.15		90	Y	2097.37
4066	49041		DRG SUBDIPHRG/SUBPHRENIC ABSC PRQ	23.16	1933.86		0	Y	1413.47
4067	49060		DRG RPR ABSC OPN	25.68	2144.28		90	Y	2097.37
4068	49061		DRG RPR ABSC PRQ	22.92	1913.82		0	Y	1413.47
4069	49062		DRG XTRPRTL LYMPHOCELE PRTL CAVITY OPN	17.66	1474.61		90	Y	2097.37
4070	49080		PRITONEOCNTS ABDL PCNTS/PRTL LVG 1ST	4.92	410.82		0	N	506.30
4071	49081		PRITONEOCNTS ABDL PCNTS/PRTL LVG SBSQ	3.87	323.15		0	N	506.30
4072	49180		BX ABDL/RPR MASS PRQ NDL	4.55	379.93		0	N	881.50
4073	49203		EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS 5 CM	27.54	2313.36		90	Y	2097.37
4074	49204		EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	35.11	2949.24		90	Y	2097.37
4075	49205		EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	40.17	3374.28		90	Y	2097.37
4076	49215		EXC PRESAC/SACROCOCCYGEAL TUM	51.97	4339.50		90	Y	2097.37
4077	49220		STAGING LAPT F/HODGKINS DISEASE/LYMPHOMA	22.54	1882.09		90	Y	2097.37
4078	49250		UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	13.38	1117.23		90	N	2479.05
4079	49255		OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	18.2	1519.70		90	Y	2097.37
4080	49320		LAPS ABD PRTM&OMENTUM DX +SPEC BR/WA SPX	7.82	652.97		10	Y	3470.14

	A	B	C	D	E	F	G	H	I
4081	49321		LAPS SURG W/BX 1/MLT	8.17	682.20		10	Y	3470.14
4082	49322		LAPS SURG W/ASPIR CAVITY/CST 1/MLT	8.97	749.00		10	Y	3470.14
4083	49323		LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	14.85	1239.98		90	Y	3470.14
4084	49324		LAPS W/INSERTION PERM INTRAPERITONEAL CATHETER	9.17	765.70		10	Y	3470.14
4085	49325		LAPS W/REVISION INTRAPERITONEAL CATHETER	9.88	824.98		10	Y	3470.14
4086	49326		LAPS W/OMENTOPEXY	4.51	376.59		0	Y	3470.14
4087	49329		UNLIS LAPS PX ABD PRTM&OMENTUM	BR	BR		0	N	3470.14
4088	49400		NJX AIR/CNTRST IN PRTL CAVITY SPX	4.72	394.12		0	N	
4089	49402		REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	19.73	1647.46		90	Y	2479.05
4090	49411		PLMT NTRSTL DEV PRQ IABDL IPELVC &/ RPER 1/MLT	13.98	1167.33	0.00	0	N	1254.56
4091	49419		INSJ IPR CANNULA/CATH W/SUBQ RSVR PRM	10.65	889.28		90	N	2824.92
4092	49420		INSJ IPR CANNULA/CATH F/DRG/DIAL TEMP	3.32	277.22		0	N	2777.67
4093	49421		INSJ IPR CANNULA/CATH F/DRG/DIAL PRM	9.17	765.70		90	N	2777.67
4094	49422		RMVL PRM IPR CANNULA/CATH	9.28	774.88		10	N	2092.01
4095	49423		EXCHNG ABSC/CST DRG CATH RAD GID SPX	15.07	1258.35		0	N	1396.15
4096	49424		CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	4.23	353.21		0	N	
4097	49425		INSJ PRTL-VEN SHUNT	17.96	1499.66		90	Y	2097.37
4098	49426		REVJ PRTL-VEN SHUNT	15.27	1275.05		90	N	2479.05
4099	49427		NJX PX F/EVAL PREVIOUSLY PLACED PRTL-VEN SHUNT	1.16	96.86		0	N	
4100	49428		LIG PRTL-VEN SHUNT	10.62	886.77		10	N	2097.37
4101	49429		RMVL PRTL-VEN SHUNT	10.99	917.67		10	N	2092.01
4102	49435		INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	2.9	242.15		0	Y	1396.15
4103	49436		DELAYED CREATION EXIT SITE EMBEDDED CATHETER	4.33	361.56		10	Y	1396.15
4104	49440		INSERT GASTROSTOMY TUBE PERCUTANEOUS	29.23	2455.32		10	N	797.57
4105	49441		INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	34.62	2908.08		10	N	797.57
4106	49442		INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	28.22	2370.48		10	N	1287.06
4107	49446		CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	28.87	2425.08		0	N	797.57
4108	49450		REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	20.25	1701.00		0	N	581.26
4109	49451		REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	21.44	1800.96		0	N	581.26
4110	49452		REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	26.21	2201.64		0	N	581.26
4111	49460		OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	21.49	1805.16		0	N	581.26
4112	49465		CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	4.47	375.48		0	N	118.41
4113	49491		RPR 1ST INGUN HRNA PRETERM INFT RDC	17.72	1479.62		90	Y	2915.18
4114	49492		RPR 1ST INGUN HRNA PRETERM INFT NCRC8	21.63	1806.11		90	Y	2915.18
4115	49495		RPR 1ST INGUN HRNA FULL TERM INFT<6 MO RDC	9.23	770.71		90	Y	2915.18
4116	49496		RPR 1ST INGUN HRNA FULL TERM INFT<6 MO NCRC8	13.74	1147.29		90	Y	2915.18
4117	49500		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS RDC	9.13	762.36		90	Y	2915.18
4118	49501		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS NCRC8	13.68	1142.28		90	Y	2915.18
4119	49505		RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	11.9	993.65		90	Y	2915.18
4120	49507		RPR 1ST INGUN HRNA AGE 5 YRS/> NCRC8	14.7	1227.45		90	Y	2915.18
4121	49520		RPR RECRT INGUN HRNA ANY AGE RDC	14.61	1219.94		90	Y	2915.18
4122	49521		RPR RECRT INGUN HRNA ANY AGE NCRC8	17.89	1493.82		90	Y	2915.18
4123	49525		RPR INGUN HRNA SLIDING ANY AGE	13.18	1100.53		90	Y	2915.18
4124	49540		RPR LMBR HRNA	15.68	1309.28		90	Y	2915.18
4125	49550		RPR 1ST FEM HRNA ANY AGE RDC	13.27	1108.05		90	Y	2915.18
4126	49553		RPR 1ST FEM HRNA ANY AGE NCRC8	14.5	1210.75		90	Y	2915.18
4127	49555		RPR RECRT FEM HRNA RDC	13.82	1153.97		90	Y	2915.18
4128	49557		RPR RECRT FEM HRNA NCRC8	16.8	1402.80		90	Y	2915.18

	A	B	C	D	E	F	G	H	I
4129	49560		REPAIR FIRST ABDOMINAL WALL HERNIA	17.25	1440.38		90	Y	2915.18
4130	49561		RPR 1ST INCAL/VNT HRNA NCRC8	21.65	1807.78		90	Y	2915.18
4131	49565		RPR RECRT INCAL/VNT HRNA RDC	17.76	1482.96		90	Y	2915.18
4132	49566		RPR RECRT INCAL/VNT HRNA NCRC8	21.87	1826.15		90	Y	2915.18
4133	49568		IMPLTJ MESH/OTH PROSTH F/INCAL/VNT HRNA RPR	6.6	551.10		0	Y	2915.18
4134	49570		RPR EPIGSTR HRNA RDC SPX	9.33	779.06		90	Y	2915.18
4135	49572		RPR EPIGSTR HRNA NCRC8	11.45	956.08		90	Y	2915.18
4136	49580		RPR UMBILICAL HRNA < 5 YRS RDC	7.18	599.53		90	Y	2915.18
4137	49582		RPR UMBILICAL HRNA <5 YRS NCRC8	10.72	895.12		90	Y	2915.18
4138	49585		RPR UMBILICAL HRNA 5 YRS/> RDC	10.03	837.51		90	Y	2915.18
4139	49587		RPR UMBILICAL HRNA AGE 5 YRS/> NCRC8	11.92	995.32		90	Y	2915.18
4140	49590		RPR SPIGELIAN HRNA	13.15	1098.03		90	Y	2915.18
4141	49600		RPR SM OMPHALOCELE W/PRIM CLSR	16.93	1413.66		90	Y	2915.18
4142	49605		RPR LG OMPHALOCELE/GASTROSCHISIS +PROSTH	115.49	9643.42		90	Y	2097.37
4143	49606		RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	26.9	2246.15		90	Y	2097.37
4144	49610		RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	15.88	1325.98		90	Y	2097.37
4145	49611		RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	15.25	1273.38		90	Y	2097.37
4146	49650		LAPS SURG RPR 1ST INGUN HRNA	9.83	820.81		90	Y	4271.34
4147	49651		LAPS SURG RPR RECRT INGUN HRNA	12.69	1059.62		90	Y	4271.34
4148	49652		LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	19.44	1623.24	0.00	90	Y	6653.06
4149	49653		LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	24.33	2031.56	0.00	90	Y	6653.06
4150	49654		LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	22.34	1865.39	0.00	90	Y	6653.06
4151	49655		LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	26.9	2246.15	0.00	90	Y	6653.06
4152	49656		LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	22.4	1870.40	0.00	90	Y	6653.06
4153	49657		LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED	32.31	2697.89	0.00	90	Y	6653.06
4154	49659		UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	BR	BR		0	N	3470.14
4155	49900		SUTR SEC ABDL WALL F/EVSC/DEHSN	18.89	1577.32		90	Y	2097.37
4156	49904		OMENTAL FLAP XTR-ABDL	37.12	3099.52		90	N	2097.37
4157	49905		OMENTAL FLAP INTRA-ABDL	8.79	733.97		0	Y	2097.37
4158	49906		FR OMENTAL FLAP W/MVASC ANAST	BR	BR		90	Y	2097.37
4159	49999		UNLIS PX ABD PRTM&OMENTUM	BR	BR		0	N	2479.05
4160	50010		RNL EXPL X NECESSITATING OTH SPEC PX	17.48	1459.58		90	Y	2097.37
4161	50020		DRG PRIRNL/RNL ABSC OPN	25.35	2116.73		90	Y	2327.38
4162	50021		DRG PRIRNL/RNL ABSC PRQ	24.46	2042.41		0	Y	1413.47
4163	50040		NFROS NFROT W/DRG	23.18	1935.53		90	Y	2097.37
4164	50045		NFROT W/EXPL	23.31	1946.39		90	Y	2097.37
4165	50060		NEPHROLITHOTOMY RMVL ST1	28.75	2400.63		90	Y	2097.37
4166	50065		NEPHROLITHOTOMY SEC SURG OPRATION F/ST1	29.04	2424.84		90	Y	2097.37
4167	50070		NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	30.03	2507.51		90	Y	2097.37
4168	50075		NEPHROLITHOTOMY RMVL LG STAGHORN ST1	36.92	3082.82		90	Y	2097.37
4169	50080		PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY UP 2 CM	21.96	1833.66		90	N	4256.75
4170	50081		PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY > 2 CM	32.19	2687.87		90	Y	4256.75
4171	50100		TRNSXJ/RPSG ABERRANT RNL VSL SPX	25.27	2110.05		90	Y	2097.37
4172	50120		PLOT W/EXPL	23.85	1991.48		90	Y	2097.37
4173	50125		PLOT W/DRG PYELOSTOMY	25.03	2090.01		90	Y	2097.37
4174	50130		PLOT W/RMVL ST1	25.94	2165.99		90	Y	2097.37
4175	50135		PLOT COMP	28.28	2361.38		90	Y	2097.37
4176	50200		RNL BX PRQ TROCAR/NDL	3.77	314.80		0	N	881.50

	A	B	C	D	E	F	G	H	I
4177	50205		RNL BX SURG EXPOS KDN	17.42	1454.57		90	Y	2097.37
4178	50220		NFRCT W/PRTL URTREC ANY OPN RIB RESCJ	25.88	2160.98		90	Y	2097.37
4179	50225		NFRCT W/PRTL URTREC ANY OPN RIB RESCJ COMP	29.96	2501.66		90	Y	2097.37
4180	50230		NFRCT W/PRTL URTREC ANY OPN RIB RESCJ RAD	32.27	2694.55		90	Y	2097.37
4181	50234		NFRCT W/TOT URTREC&BLDR CUFF THRU SM INC	32.8	2738.80		90	Y	2097.37
4182	50236		NFRCT TOT URTREC&BLDR CUFF THRU SEP INC	37.07	3095.35		90	Y	2097.37
4183	50240		NFRCT PRTL	33.12	2765.52		90	Y	2097.37
4184	50250		ABLTJ OPN 1 RNL LES CRYOSURG W/INTRAOP US	30.79	2570.97		90	Y	2097.37
4185	50280		EXC/UNROOFING CST KDN	23.8	1987.30		90	Y	2097.37
4186	50290		EXC PRINEPHRIC CST	22.71	1896.29		90	Y	2097.37
4187	50300		DON NFRCT FROM CDVR DON UNI/BI	BR	BR		0	Y	2097.37
4188	50320		DON NFRCT OPN FROM LIV DON	33.5	2797.25		90	Y	2097.37
4189	50323		BKBENCH PREPJ CDVR RNL ALGRFT	BR	BR		0	Y	2097.37
4190	50325		BKBENCH PREPJ LIV RNL ALGRFT OPN/LAPS	BR	BR		0	Y	2097.37
4191	50327		BKBENCH RCNSTJ RNL ALGRFT VEN ANAST EA	5.18	432.53		0	Y	2097.37
4192	50328		BKBENCH RCNSTJ RNL ALGRFT ARTL ANAST EA	4.54	379.09		0	Y	2097.37
4193	50329		BKBENCH RCNSTJ ALGRFT URTRL ANAST EA	4.34	362.39		0	Y	2097.37
4194	50340		RCP NFRCT SPX	20.9	1745.15		90	Y	2097.37
4195	50360		RNL ALTRNSPLJ IMPLTJ GRF W/O RCP NFRCT	56.52	4719.42		90	Y	2097.37
4196	50365		RNL ALTRNSPLJ IMPLTJ GRF W/RCP NFRCT	64.04	5347.34		90	Y	2097.37
4197	50370		RMVL TRNSPLED RNL ALGRFT	26.16	2184.36		90	Y	2097.37
4198	50380		RNL AUTOTRNSPLJ RIMPLTJ KDN	42.31	3532.89		90	Y	2097.37
4199	50382		RMVL&RPLCMT INTLY DWELLING URTRL STENT	38.59	3222.27		0	N	2327.38
4200	50384		RMVL INTLY DWELLING URTRL STENT	36.11	3015.19		0	N	1553.37
4201	50385		REMOVE & REPLACE INT DWELL URETERAL STENT TRURL	34.82	2924.88		0	N	2327.38
4202	50386		REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	22.49	1889.16		0	N	650.57
4203	50387		RMVL&RPLCMT XTRNLLY ACCESSIBLE URTRL STENT	18.58	1551.43		0	N	1396.15
4204	50389		RMVL NFROS TUBE REQ FLUOR GID	12.21	1019.54		0	N	650.57
4205	50390		ASPIR&/NJX RNL CST/PELVIS NDL PRQ	2.5	208.75		0	N	881.50
4206	50391		INSTLJ AGT RNL PELVIS&/URTR THRU TUBE	3.46	288.91		0	N	99.93
4207	50392		INTRO INTRACATH/CATH IN RNL PELVIS DRG&/NJX PRQ	4.69	391.62		0	N	1553.37
4208	50393		INTRO URTRL CATH/STENT THRU PELVIS DRG&/NJX PRQ	5.69	475.12		0	N	2327.38
4209	50394		NJX PX PLOG THRU TUBE/CATH	3.18	265.53		0	N	
4210	50395		INTRO GD PELVIS&/URTR W/DILAT NFROS TRC	4.71	393.29		0	N	2327.38
4211	50396		MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	3.05	254.68		0	N	184.15
4212	50398		CHNG NFROS/PYELOSTOMY TUBE	16.46	1374.41		0	N	1396.15
4213	50400		PLOP RNL PELVIS SMPL	29.1	2429.85		90	Y	2097.37
4214	50405		PLOP RNL PELVIS COMP	34.99	2921.67		90	Y	2097.37
4215	50500		NEPHRORRHAPHY SUTR KDN WND/INJ	29.59	2470.77		90	Y	2097.37
4216	50520		CLSR NEPHROCUTAN/PYELOCUTAN FSTL	26.29	2195.22		90	Y	2097.37
4217	50525		CLSR NEPHROVISC FSTL W/VISC RPR ABDL APPR	33.12	2765.52		90	Y	2097.37
4218	50526		CLSR NEPHROVISC FSTL W/VISC RPR THRC APPR	34.9	2914.15		90	Y	2097.37
4219	50540		SYMPHYSIOTOMY HORSESHOE KDN +PLOP UNI/BI	29.17	2435.70		90	Y	2097.37
4220	50541		LAPS ABLTJ RNL CSTS	23.28	1943.88		90	Y	3470.14
4221	50542		LAPS ABLTJ RNL MASS LES	29.37	2452.40		90	Y	10023.94
4222	50543		LAPS PRTL NFRCT	37.5	3131.25		90	Y	4271.34
4223	50544		LAPS PLOP	31.82	2656.97		90	Y	3470.14
4224	50545		LAPS RADICAL NFRCT	34.14	2850.69		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
4225	50546		LAPS NFRCT W/PRTL URTREC	30.23	2524.21		90	Y	2097.37
4226	50547		LAPS DON NFRCT FROM LIV DON	37.87	3162.15		90	Y	2097.37
4227	50548		LAPS NFRCT W/TOT URTREC	34.44	2875.74		90	Y	2097.37
4228	50549		UNLIS LAPS PX RNL	BR	BR		0	N	3470.14
4229	50551		RNL NDSC NFROS/PYELOSTOMY	9.69	809.12		0	N	650.57
4230	50553		RNL NDSC NFROS/PYELOSTOMY URTRL CATHJ	10.12	845.02		0	N	2327.38
4231	50555		RNL NDSC NFROS/PYELOSTOMY BX	11.2	935.20		0	N	650.57
4232	50557		RNL NDSC NFROS/PYELOSTOMY FULG&/INC +BX	11.18	933.53		0	N	2327.38
4233	50561		RNL NDSC NFROS/PYELOSTOMY RMVL FB/ST1	12.61	1052.94		0	N	2327.38
4234	50562		RNL NDSC NFROS/PYELOSTOMY RESCJ TUM	15.13	1263.36		90	Y	650.57
4235	50570		RNL NDSC NFROT/PLOT	12.74	1063.79		0	N	650.57
4236	50572		RNL NDSC NFROT/PLOT W/URTRL CATHJ +DILAT URTR	13.93	1163.16		0	Y	650.57
4237	50574		RNL NDSC NFROT/PLOT BX	14.67	1224.95		0	Y	650.57
4238	50575		RNL NDSC NFROT/PLOT W/ENDOPLOT	18.56	1549.76		0	N	3301.16
4239	50576		RNL NDSC NFROT FULGURATION&/INC +BX	14.63	1221.61		0	Y	1553.37
4240	50580		RNL NDSC NFROT/PLOT W/RMVL FB/ST1	15.76	1315.96		0	Y	1553.37
4241	50590		LITHOTRP XTRCORP SHOCK WAVE	22.92	1913.82		90	N	3771.86
4242	50592		ABLTJ 1 RNL TUM PRQ UNI RF	136.68	11412.78		10	Y	4683.68
4243	50593		ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	123.2	10348.80		10	Y	4683.68
4244	50600		URTROTOMY W/EXPL/DRG SPX	23.63	1973.11		90	Y	2097.37
4245	50605		URTROTOMY F/INSJ NDWELLG STENT ALL TYPS	23.49	1961.42		90	Y	2097.37
4246	50610		URTROLITHOTOMY UPR ONE-3RD URTR	24.36	2034.06		90	Y	2097.37
4247	50620		URTROLITHOTOMY MIDDLE ONE-3RD URTR	22.75	1899.63		90	Y	2097.37
4248	50630		URTROLITHOTOMY LWR ONE-3RD URTR	22.35	1866.23		90	Y	2097.37
4249	50650		URTREC W/BLDR CUFF SPX	26	2171.00		90	Y	2097.37
4250	50660		URTREC TOT ECTOPIC URTR CMBN APPR	28.86	2409.81		90	Y	2097.37
4251	50684		NJX URTRG/URTROPLOG THRU URTROST/URTRL CATH	5.46	455.91		0	N	
4252	50686		MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	4.56	380.76		0	N	99.93
4253	50688		CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	2.14	178.69		10	N	1396.15
4254	50690		NJX VISUALIZATION ILEAL CONDUIT&/URTROPLOG	2.82	235.47		0	N	
4255	50700		URTROPLASTY PLSTC OPRATION URTR	23.59	1969.77		90	Y	2097.37
4256	50715		URTROLSS +RPSG URTR F/RPR FIBROSIS	29.3	2446.55		90	Y	2097.37
4257	50722		URTROLSS F/OVARIAN VEIN SYND	25.78	2152.63		90	Y	2097.37
4258	50725		URTROLSS RETROCAVAL URTR W/REANAST	28.02	2339.67		90	Y	2097.37
4259	50727		REVJ UR-CUTAN ANAST	12.61	1052.94		90	Y	1826.02
4260	50728		REVJ UR-CUTAN ANAST RPR FSCAL DFCT&HRNA	17.77	1483.80		90	Y	2097.37
4261	50740		URTROPYELOSTOMY ANAST URTR&RNL PELVIS	27.96	2334.66		90	Y	2097.37
4262	50750		URTROCALYCOSTOMY ANAST URTR RNL CALYX	28.79	2403.97		90	Y	2097.37
4263	50760		URTROURTROST	27.7	2312.95		90	Y	2097.37
4264	50770		TRANSURTROURTROST ANAST URTR CLAT URTR	29.09	2429.02		90	Y	2097.37
4265	50780		URTRONEOCSTOST ANAST 1 URTR BLDR	27.57	2302.10		90	Y	2097.37
4266	50782		URTRONEOCSTOST ANAST DUPLICATED URTR BLDR	27.87	2327.15		90	Y	2097.37
4267	50783		URTRONEOCSTOST W/X10SV URTRL TAILORING	29.14	2433.19		90	Y	2097.37
4268	50785		URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	30.36	2535.06		90	Y	2097.37
4269	50800		URTRONTRSTM DIR ANAST URTR INT	22.99	1919.67		90	Y	2097.37
4270	50810		URTROSIGMOIDOSTOMY CRTJ CLST INT ANAST	31.67	2644.45		90	Y	2097.37
4271	50815		URTROCOLON CONDUIT INT ANAST	30.65	2559.28		90	Y	2097.37
4272	50820		URTROILEAL CONDUIT W/INT ANAST	32.9	2747.15		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
4273	50825		CONTINENT DVRJ W/INT ANAST W/ANY SGM SM&/LG INT	41.65	3477.78		90	Y	2097.37
4274	50830		UR UNDVRJ	45.72	3817.62		90	Y	2097.37
4275	50840		RPLCMT ALL/PART URTR INT SGM W/INT ANAST	30.77	2569.30		90	Y	2097.37
4276	50845		CUTAN APPENDICO-VESICOSTOMY	31.36	2618.56		90	Y	2097.37
4277	50860		URTROST TRNSPLJ URTR SKN	23.77	1984.80		90	Y	2097.37
4278	50900		URTRORRHAPHY SUTR URTR SPX	21.17	1767.70		90	Y	2097.37
4279	50920		CLSR URTROCUTAN FSTL	22.14	1848.69		90	Y	2097.37
4280	50930		CLSR URTROVISC FSTL W/VISC RPR	27.87	2327.15		90	Y	2097.37
4281	50940		DELIG URTR	22.32	1863.72		90	Y	2097.37
4282	50945		LAPS URTROLITHOTOMY	24.93	2081.66		90	Y	4271.34
4283	50947		LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	35.64	2975.94		90	Y	4271.34
4284	50948		LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	32.58	2720.43		90	Y	4271.34
4285	50949		UNLIS LAPS PX URTR	BR	BR		0	N	3470.14
4286	50951		NDSC THRU URTROST	10.09	842.52		0	N	650.57
4287	50953		NDSC URTROST W/URTRL CATHJ	10.59	884.27		0	N	650.57
4288	50955		NDSC THRU URTROST BX	12.66	1057.11		0	N	2327.38
4289	50957		NDSC THRU URTROST FULG&/INC +BX	11.34	946.89		0	N	2327.38
4290	50961		NDSC THRU URTROST RMVL FB/ST1	10.31	860.89		0	N	2327.38
4291	50970		NDSC THRU URTROTOMY	9.61	802.44		0	N	650.57
4292	50972		NDSC THRU URTROTOMY URTRL CATHJ +DILAT	9.29	775.72		0	N	650.57
4293	50974		NDSC THRU URTROTOMY BX	12.2	1018.70		0	N	1553.37
4294	50976		NDSC THRU URTROTOMY FULG&/INC +BX	12	1002.00		0	N	1553.37
4295	50980		NDSC THRU URTROTOMY RMVL FB/ST1	9.19	767.37		0	N	2327.38
4296	51020		CSTOTOMY/CSTOST FULG&/INSJ RADACT MATRL	11.5	960.25		90	Y	2327.38
4297	51030		CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	11.68	975.28		90	Y	2327.38
4298	51040		CSTOST CSTOTOMY W/DRG	7.3	609.55		90	Y	2327.38
4299	51045		CSTOTOMY W/INSJ URTRL CATH/STENT SPX	11.69	976.12		90	Y	650.57
4300	51050		CSTOLITHOTOMY CSTOTOMY W/RMVL ST1	11.66	973.61		90	Y	2327.38
4301	51060		TRANSVESICAL URTROLITHOTOMY	14.45	1206.58		90	Y	3301.16
4302	51065		CSTOTOMY W/ST1 BASKET XTRJ&/FRAGMENTATION	14.33	1196.56		90	Y	2327.38
4303	51080		DRG PRIVESICAL/PREVESICAL SPACE ABSC	10.11	844.19		90	Y	1769.66
4304	51100		ASPIRATION BLADDER NEEDLE	1.66	139.44		0	N	184.15
4305	51101		ASPIRATION BLADDER TROCAR/INTRACATHETER	3.41	286.44		0	N	99.93
4306	51102		ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	8.79	738.36		10	N	1826.02
4307	51500		EXC URACHAL CST/SINUS +UMBILICAL HRNA RPR	16.07	1341.85		90	Y	2915.18
4308	51520		CSTOTOMY F/SMPL EXC VESICAL NCK SPX	14.91	1244.99		90	Y	2327.38
4309	51525		CSTOTOMY F/EXC BLDR DIVERTICULUM 1/MLT SPX	21.52	1796.92		90	Y	2097.37
4310	51530		CSTOTOMY F/EXC BLDR TUM	19.41	1620.74		90	Y	2097.37
4311	51535		CSTOTOMY F/EXC INC/RPR URTROCELE	20.09	1677.52		90	Y	2327.38
4312	51550		CSTC PRTL SMPL	23.98	2002.33		90	Y	2097.37
4313	51555		CSTC PRTL COMP	31.81	2656.14		90	Y	2097.37
4314	51565		CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	32.54	2717.09		90	Y	2097.37
4315	51570		CSTC COMPL SPX	36.97	3087.00		90	Y	2097.37
4316	51575		CSTC COMPL W/BI PEL LMPHADEC	46.02	3842.67		90	Y	2097.37
4317	51580		CSTC COMPL W/TRNSPLJS	47.68	3981.28		90	Y	2097.37
4318	51585		CSTC COMPL W/TRNSPLJS W/LMPHADEC	53.19	4441.37		90	Y	2097.37
4319	51590		CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	48.67	4063.95		90	Y	2097.37
4320	51595		CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	55.19	4608.37		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
4321	51596		CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	59.19	4942.37		90	Y	2097.37
4322	51597		PEL EXNTJ COMPL MAL	57.35	4788.73		90	Y	2097.37
4323	51600		NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	5.66	472.61		0	N	
4324	51605		NJX&PLMT CHAIN C&/URETHROCSTOGRAPY	0.99	82.67		0	N	
4325	51610		NJX RTRGR URETHROCSTOGRAPY	3.19	266.37		0	N	
4326	51700		BLDR IRRIGATION SMPL LVG&/INSTLJ	2.43	202.91		0	N	184.15
4327	51701		INSJ NON-NDWELLG BLDR CATH	1.94	161.99		0	N	61.03
4328	51702		INSJ TEMP NDWELLG BLDR CATH SMPL	2.43	202.91		0	N	61.03
4329	51703		INSJ TEMP NDWELLG BLDR CATH COMP	4.04	337.34		0	N	99.93
4330	51705		CHNG CSTOST TUBE SMPL	3.21	268.04		10	N	184.15
4331	51710		CHNG CSTOST TUBE COMP	4.64	387.44		10	N	581.26
4332	51715		NDSC NJX IMPLT MATRL URT&/BLDR NCK	7.68	641.28		0	N	2861.27
4333	51720		BLDR INSTLJ ANTICARCINOGENIC AGT	3.21	268.04		0	N	275.52
4334	51725		SMPL CSTOMETROGRAM	6.78	566.13	164.18	0	N	275.52
4335	51726		BLADDER PRESSURE MEASUREMENT DURING FILLING	9.13	762.36	198.21	0	N	275.52
4336	51727		COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	8.08	674.68	251.34	0	N	275.52
4337	51728		COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	8.07	673.85	248.00	0	N	275.52
4338	51729		COMPLX CYSTOMETRO W/VOID PRESS&URETHRAL PROFILE	8.68	724.78	293.92	0	N	275.52
4339	51736		SMPL UROFLOMETRY	1.28	106.88	73.75	0	N	99.93
4340	51741		CPLX UROFLOMETRY	2.05	171.18	133.52	0	N	99.93
4341	51784		EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	5.49	458.42	174.20	0	N	99.93
4342	51785		NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	5.99	500.17	175.06	0	N	184.15
4343	51792		STIMULUS EVOKED RSPSE	6.93	578.66	127.31	0	N	99.93
4344	51797		VOIDING PRESS STDS INTRA-ABDL VOIDING PRESS	7.16	597.86	179.36	0	N	184.15
4345	51798		MEAS POST-VOIDING RESIDUAL URINE&/BLDR CAP	0.48	40.08	0.00	0	N	61.03
4346	51800		CSTOPLASTY/CSTOURTP PLSTC ANY	26.39	2203.57		90	Y	2097.37
4347	51820		CSTOURTP W/UNI/BI URTRONEOCSTOST	28.08	2344.68		90	Y	2097.37
4348	51840		ANT VESICOURETHROPEXY/URETHROPEXY SMPL	16.83	1405.31		90	Y	2097.37
4349	51841		ANT VESICOURETHROPEXY/URETHROPEXY COMP	19.97	1667.50		90	Y	2097.37
4350	51845		ABDOMINO-VAG VESICAL NCK SSP +NDSC CTRL	14.89	1243.32		90	Y	4102.58
4351	51860		CSTORR SUTR BLDR WND INJ/RPT SMPL	18.42	1538.07		90	Y	2327.38
4352	51865		CSTORR SUTR BLDR WND INJ/RPT COMP	22.48	1877.08		90	Y	2097.37
4353	51880		CLSR CSTOST SPX	11.89	992.82		90	Y	2327.38
4354	51900		CLSR VESICOVAG FSTL ABDL APPR	20.8	1736.80		90	Y	2097.37
4355	51920		CLSR VESICOUTERINE FSTL	19.3	1611.55		90	Y	2097.37
4356	51925		CLSR VESICOUTERINE FSTL W/HYST	26.69	2228.62		90	Y	2097.37
4357	51940		CLSR EXSTROPHY BLDR	41.49	3464.42		90	Y	2097.37
4358	51960		ENTEROCSTOPLASTY W/INTSTINAL ANAST	34.84	2909.14		90	Y	2097.37
4359	51980		CUTAN VESICOSTOMY	17.92	1496.32		90	Y	2097.37
4360	51990		LAPS SURG URTL SSP F/STRS INCONT	19.42	1621.57		90	Y	4271.34
4361	51992		LAPS SURG SLING OPRATION F/STRS INCONT	21.01	1754.34		90	Y	4271.34
4362	51999		UNLIS LAPS PX BLDR	BR	BR		0	N	3470.14
4363	52000		SCOPE OF BLADDER AND URETHRA, FOR DIAGNOSIS	5.55	463.43		0	N	650.57
4364	52001		CSTO W/IRRG&EVAC MLT OBSTRUCTING CLOTS	10.37	865.90		0	N	1553.37
4365	52005		SCOPE BLADDER, INSERT TUBE FOR INJECTION	7.91	660.49		0	N	2327.38
4366	52007		CSTO W/URTRL CATHJ BRUSH BX URTR&/RNL PELVIS	17.95	1498.83		0	N	2327.38
4367	52010		CSTO W/EJACULATORY DUX CATHJ	13.03	1088.01		0	N	650.57
4368	52204		SCOPE BLADDER AND URETHRA, WITH BIOPSY	15.47	1291.75		0	N	2327.38

	A	B	C	D	E	F	G	H	I
4369	52214		SCOPE BLADDER, DESTRUCTION OF LESIONS	37.14	3101.19		0	N	2327.38
4370	52224		SCOPE BLADDER, REMOVAL OF LESIONS, SMALL	35.15	2935.03		0	N	2327.38
4371	52234		SCOPE BLADDER, REMOVAL OF TUMORS,SMALL	6.32	527.72		0	N	2327.38
4372	52235		SCOPE BLADDER, REMOVAL OF TUMORS, MEDIUM	7.41	618.74		0	N	2327.38
4373	52240		SCOPE BLADDER, REMOVAL OF TUMORS, LARGE	13.02	1087.17		0	N	2327.38
4374	52250		CSTO INSJ RADACT SBST +BX/FULG	6.19	516.87		0	N	2327.38
4375	52260		SCOPE BLADDER, OPENING OF BLADDER	5.37	448.40		0	N	1553.37
4376	52265		CSTO DILAT BLDR F/NTRSTL CSTITIS LOCAL ANES	14.79	1234.97		0	N	650.57
4377	52270		CSTO INT URETHROTOMY FEMALE	13.3	1110.55		0	N	1553.37
4378	52275		CSTO INT URETHROTOMY MALE	18.55	1548.93		0	N	2327.38
4379	52276		CSTO DIR VIS INT URETHROTOMY	6.8	567.80		0	N	2327.38
4380	52277		CSTO RESCJ XTRNL SPHNCTR	8.38	699.73		0	N	2327.38
4381	52281		CSTO CALIBRATION DILAT URTL STRIX/STENOSIS	9.37	782.40		0	N	1553.37
4382	52282		CSTO INSJ URTL STENT	8.64	721.44		0	N	3301.16
4383	52283		CSTO STRD NJX IN STRIX	7.6	634.60		0	N	2327.38
4384	52285		SCOPE BLADDER, OPEN NARROWED FEMALE URETHRA	7.61	635.44		0	N	1553.37
4385	52290		CSTO URTRL MEATOTOMY UNI/BI	6.26	522.71		0	N	2327.38
4386	52300		CSTO ORTHOTOPIC URTROCELE UNI/BI	7.25	605.38		0	N	2327.38
4387	52301		CSTO ECTOPIC URTROCELE UNI/BI	7.44	621.24		0	N	2327.38
4388	52305		CSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	7.18	599.53		0	N	2327.38
4389	52310		SCOPE BLADDER, SIMPLE REMOVAL STONE, STENT	7.26	606.21		0	N	1553.37
4390	52315		SCOPE BLADDER, COMPLEX REMOVAL STONE, STENT	13.22	1103.87		0	N	2327.38
4391	52317		LITHOLAPAXY SMPL/SM < 2.5 CM	32.5	2713.75		0	N	2327.38
4392	52318		LITHOLAPAXY COMP/LG > 2.5 CM	12.27	1024.55		0	N	2327.38
4393	52320		CSTO RMVL URTRL ST1	6.34	529.39		0	N	2327.38
4394	52325		CSTO FRAGMENTATION URTRL ST1	8.28	691.38		0	N	2327.38
4395	52327		CSTO W/SUBURTRIC NJX IMPLT MATRL	33.35	2784.73		0	N	3301.16
4396	52330		CSTO MNPJ W/O RMVL URTRL ST1	39.11	3265.69		0	N	2327.38
4397	52332		SCOPE BLADDER & URETER, INSERT STENT INTO URETER	10.18	850.03		0	N	2327.38
4398	52334		CSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	6.58	549.43		0	N	2327.38
4399	52341		CSTO W/TX URTRL STRIX	8.37	698.90		0	N	2327.38
4400	52342		CSTO W/TX URTROPEL JUNCT STRIX	9	751.50		0	N	2327.38
4401	52343		CSTO W/TX INTRA-RNL STRIX	9.92	828.32		0	N	2327.38
4402	52344		CSTO W/URTROSCOPY W/TX URTRL STRIX	10.66	890.11		0	N	2327.38
4403	52345		CSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	11.32	945.22		0	N	2327.38
4404	52346		CSTO W/URTROSCOPY W/TX INTRA-RNL STRIX	12.67	1057.95		0	N	2327.38
4405	52351		CSTO W/URTROSCOPY&/PYELOSCOPY DX	8.03	670.51		0	N	2327.38
4406	52352		SCOPE BLADDER & URETER, REMOVE OR MOVE STONES	9.44	788.24		0	N	2327.38
4407	52353		SCOPE BLADDER & URETER, BREAK UP KIDNEY STONE	10.87	907.65		0	N	3301.16
4408	52354		CSTO/PYELOSCOPY BX&/FULG PEL LES	10.05	839.18		0	N	2327.38
4409	52355		CSTO/PYELOSCOPY RESCJ PEL TUM	11.99	1001.17		0	N	2327.38
4410	52400		CSTO INC FULG/RESCJ URTL VALVES/FOLDS	13.91	1161.49		90	N	2327.38
4411	52402		CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	6.98	582.83		0	N	2327.38
4412	52450		TRURL INC PRST8	11.55	964.43		90	N	2327.38
4413	52500		SURGERY ON BLADDER NECK THROUGH URETHRA	13.57	1133.10		90	N	2327.38
4414	52601		TRURL ELECTROSURG RESCJ PRST8 CTRL BLD COMPL	20.47	1709.25		90	N	3301.16
4415	52630		TRURL RESCJ REGROWTH OBSTR 1 YR PO	11.01	919.34		90	N	3301.16
4416	52640		OPENING OF POSTOPERATIVE BLADDER NECK NARROWING	10.02	836.67		90	N	2327.38

	A	B	C	D	E	F	G	H	I
4417	52647		LASER COAGULATION OF PROSTATE FOR URINE FLOW	76.73	6406.96		90	N	4256.75
4418	52648		LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	77.68	6486.28		90	N	4256.75
4419	52649		LASER ENUCLEATION PROSTATE W MORCELLATION	25.54	2145.36		90	N	4256.75
4420	52700		TRURL DRG PROSTATIC ABSC	10.78	900.13		90	N	2327.38
4421	53000		URTT/URTS XTRNL SPX PENDULOUS URT	3.84	320.64		10	N	1854.57
4422	53010		URTT/URTS XTRNL SPX PRNL URT XTRNL	7.29	608.72		90	N	1854.57
4423	53020		MEATOTOMY CUTTING MEATUS SPX XCP INFT	2.47	206.25		0	N	1854.57
4424	53025		MEATOTOMY CUTTING MEATUS SPX INFT	1.69	141.12		0	N	1854.57
4425	53040		DRG DP PRIURTL ABSC	9.98	833.33		90	N	1854.57
4426	53060		DRG OF SKENE'S GLAND ABSC OR CYST	4.72	394.12		10	N	1854.57
4427	53080		DRG PRNL UR XTRVASATION UNCOMP SPX	12.36	1032.06		90	N	1854.57
4428	53085		DRG PRNL UR XTRVASATION COMP	17.56	1466.26		90	Y	1854.57
4429	53200		BX URT	3.95	329.83		0	N	1854.57
4430	53210		URETHRECTOMY TOT W/CSTOST FEMALE	19.45	1624.08		90	Y	2861.27
4431	53215		URETHRECTOMY TOT W/CSTOST MALE	23.44	1957.24		90	Y	1854.57
4432	53220		EXC/FULGURATION CARC URT	11.31	944.39		90	N	2861.27
4433	53230		EXC URTL DIVERTICULUM SPX FEMALE	15.17	1266.70		90	Y	2861.27
4434	53235		EXC URTL DIVERTICULUM SPX MALE	15.93	1330.16		90	Y	1854.57
4435	53240		MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	10.65	889.28		90	N	2861.27
4436	53250		EXC OF BULBOURTL GLAND	9.92	828.32		90	N	1854.57
4437	53260		EXC/FULGURATION URTL POLYP DSTL URT	5.25	438.38		10	N	1854.57
4438	53265		EXC/FULGURATION URTL CARUNCLE	5.84	487.64		10	N	1854.57
4439	53270		EXC OR FULGURATION SKENE'S GLANDS	5.33	445.06		10	N	1854.57
4440	53275		EXC/FULGURATION URTL PROLAPSE	6.79	566.97		10	N	1854.57
4441	53400		URTP 1ST STG F/FSTL DIVERTICULUM/STRIX	20.14	1681.69		90	Y	2861.27
4442	53405		URTP 2ND STG W/UR DVRJ	22.05	1841.18		90	Y	2861.27
4443	53410		URTP ONE-STG RCNSTJ MALE ANT URT	24.71	2063.29		90	Y	2861.27
4444	53415		URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	28.13	2348.86		90	Y	2097.37
4445	53420		URTP 2-STG RCNSTJ/RPR URT 1ST STG	20.85	1740.98		90	Y	2861.27
4446	53425		URTP 2-STG RCNSTJ/RPR URT 2ND STG	23.89	1994.82		90	Y	2861.27
4447	53430		URTP RCNSTJ FEMALE URT	24.16	2017.36		90	Y	2861.27
4448	53431		URTP W/TUBULARIZATION POST URT&/LWR BLDR	29.16	2434.86		90	Y	2861.27
4449	53440		SLING OPRATION CORRJ MALE UR INCONT	21.59	1802.77		90	Y	8944.53
4450	53442		RMVL/REVJ SLING MALE UR INCONT	18.98	1584.83		90	Y	2861.27
4451	53444		INSJ TANDEM CUFF	20.04	1673.34		90	Y	8944.53
4452	53445		INSJ NFLTBL URTL/BLDR NCK SPHNCTR	22.22	1855.37		90	Y	14984.34
4453	53446		RMVL NFLTBL URTL/BLDR NCK SPHNCTR	16.21	1353.54		90	Y	2861.27
4454	53447		RMVL&RPLCMT NFLTBL NCK SPHNCTR SM SESS	20.64	1723.44		90	Y	14984.34
4455	53448		RMVL&RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	32.37	2702.90		90	Y	2097.37
4456	53449		RPR NFLTBL URTL/BLDR NCK SPHNCTR	15.29	1276.72		90	Y	2861.27
4457	53450		URETHROMEATOPLASTY W/MUCOSAL ADVMNT	10.11	844.19		90	N	2861.27
4458	53460		URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	11.45	956.08		90	N	1854.57
4459	53500		URETHROLSS TRVG SEC OPN W/CSTO	19.01	1587.34		90	Y	2861.27
4460	53502		URTORR SUTR URTL WND/INJ FEMALE	12.22	1020.37		90	N	1854.57
4461	53505		URTORR SUTR URTL WND/INJ PEN	12.15	1014.53		90	Y	2861.27
4462	53510		URTORR SUTR URTL WND/INJ PRNL	16.06	1341.01		90	Y	1854.57
4463	53515		URTORR SUTR URTL WND/INJ PROSTATOMEMBRANOUS	20.15	1682.53		90	Y	2861.27
4464	53520		CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	13.93	1163.16		90	N	2861.27

	A	B	C	D	E	F	G	H	I
4465	53600		DILAT URTL STRIX DILATOR MALE 1ST	2.33	194.56		0	N	275.52
4466	53601		DILAT URTL STRIX DILATOR MALE SBSQ	2.25	187.88		0	N	99.93
4467	53605		DILAT URTL STRIX/VESICAL NCK DILATOR MALE ANES	1.68	140.28		0	N	1553.37
4468	53620		DILAT URTL STRIX FILIFORM&FOLLWR MALE 1ST	3.49	291.42		0	N	1826.02
4469	53621		DILAT URTL STRIX FILIFORM&FOLLWR MALE SBSQ	3.32	277.22		0	N	184.15
4470	53660		DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ 1ST	2	167.00		0	N	99.93
4471	53661		DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	2	167.00		0	N	99.93
4472	53665		DILAT FEMALE URT GENERAL/CNDJ SPI ANES	1	83.50		0	N	1854.57
4473	53850		TRURL DSTRJ PRST8 TISS MICROWAVE THERMOTH	92.52	7725.42		90	N	4256.75
4474	53852		TRURL DSTRJ PRST8 TISS RF THERMOTH	88.51	7390.59		90	N	4256.75
4475	53855		INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	18.06	1508.01	0.00	0	N	184.15
4476	53899		UNLIS PX UR SYS	BR	BR		0	N	99.93
4477	54000		SLITTING PREPUCE DORSAL/LAT SPX NB	4.37	364.90		10	N	1854.57
4478	54001		SLITTING PREPUCE DORSAL/LAT SPX XCP NB	5.29	441.72		10	N	1854.57
4479	54015		I&D PNS DP	7.89	658.82		10	N	1769.66
4480	54050		DSTRJ LES PNS SMPL CHEM	2.98	248.83		10	N	80.15
4481	54055		DSTRJ LES PNS SMPL ELTRDSICCATION	2.87	239.65		10	N	1939.18
4482	54056		DSTRJ LES PNS SMPL CRYOSURG	3.05	254.68		10	N	80.15
4483	54057		DSTRJ LES PNS SMPL LASER SURG	3.53	294.76		10	N	1939.18
4484	54060		DSTRJ LES PNS SMPL SURG EXC	4.98	415.83		10	N	1939.18
4485	54065		DSTRJ LES PNS X10SV	5.12	427.52		10	N	1939.18
4486	54100		BX PNS SPX	4.75	396.63		0	N	1595.60
4487	54105		BX PNS DP STRUXS	7.63	637.11		10	N	2132.75
4488	54110		EXC PEN PLAQUE	15.65	1306.78		90	Y	3181.04
4489	54111		EXC PEN PLAQUE GRF 5 CM LENGTH	20.19	1685.87		90	Y	3181.04
4490	54112		EXC PEN PLAQUE GRF > 5 CM LENGTH	23.73	1981.46		90	Y	3181.04
4491	54115		RMVL FB FROM DP PEN TISS	11.31	944.39		90	Y	1769.66
4492	54120		AMP PNS PRTL	15.7	1310.95		90	Y	3181.04
4493	54125		AMP PNS COMPL	20.38	1701.73		90	Y	2097.37
4494	54130		AMP PNS RAD W/BI INGUINOFEM LMPHADEC	30.02	2506.67		90	Y	2097.37
4495	54135		AMP PNS RAD BI PEL LMPHADEC	38.3	3198.05		90	Y	2097.37
4496	54150		CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	3.37	281.40		0	N	2123.25
4497	54160		CIRCUMCISION NEONATE	6.47	540.25		10	N	2123.25
4498	54161		CIRCUMCISION >28 DAYS	4.92	410.82		10	N	2123.25
4499	54162		LSS/EXC PEN POST-CIRCUMCISION ADS	7.64	637.94		10	N	2123.25
4500	54163		RPR INCOMPL CIRCUMCISION	5.38	449.23		10	N	2123.25
4501	54164		FRENULOTOMY PNS	4.71	393.29		10	N	2123.25
4502	54200		NJX PEYRONIE	2.9	242.15		10	N	184.15
4503	54205		NJX PEYRONIE EXPOS PLAQUE	13.57	1133.10		90	Y	3181.04
4504	54220		IRRG C/P/A CAVERNOSA F/PRIAPISM	6.07	506.85		0	N	184.15
4505	54230		NJX F/C/P/A CAVERNOSOGRAPY	2.46	205.41		0	N	
4506	54231		DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	3.49	291.42		0	N	1826.02
4507	54235		NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	2.22	185.37		0	N	184.15
4508	54240		PEN PLETHYSMOGRAPY	2.51	209.59	155.10	0	N	99.93
4509	54250		NOCTURNAL PEN TUMESCENCE&/RGDITY TST	3.18	265.53	246.94	0	N	184.15
4510	54300		PNS STRAIGHTENING CHORDEE	16.61	1386.94		90	Y	3181.04
4511	54304		PNS CORRJ CHORDEE 1ST STG HYPSPAD RPR	19.45	1624.08		90	Y	3181.04
4512	54308		URTP 2ND STG HYPSPAD RPR < 3 CM	18.45	1540.58		90	Y	3181.04

	A	B	C	D	E	F	G	H	I
4513	54312		URTP 2ND STG HYPSPAD RPR > 3 CM	21.57	1801.10		90	Y	3181.04
4514	54316		URTP 2ND STG HYPSPAD RPR SKN GRF	25.82	2155.97		90	Y	3181.04
4515	54318		URTP 3RD STG HYPSPAD RPR RLS PNS	18.33	1530.56		90	Y	3181.04
4516	54322		1 STG DSTL HYPSPAD RPR W/SMPL MEATAL ADVMNT	20.22	1688.37		90	Y	3181.04
4517	54324		1 STG DSTL HYPSPAD RPR W/URTP SKN FLAPS	25.24	2107.54		90	Y	3181.04
4518	54326		1 STG DSTL HYPSPAD RPR URTP SKN FLAPS&MOBLJ	24.55	2049.93		90	Y	3181.04
4519	54328		1 STG DSTL HYPSPAD RPR W/X10SV DSJ	23.94	1998.99		90	Y	3181.04
4520	54332		1 STG PROX PEN/PENOSCROTAL HYPSPAD RPR	25.97	2168.50		90	Y	3181.04
4521	54336		1 STG PRNL HYPSPAD RPR REQ X10SV DSJ SKN GRF	32.21	2689.54		90	Y	3181.04
4522	54340		RPR HYPSPAD COMPLCTJS CLSR INC/EXC SMPL	14.65	1223.28		90	Y	3181.04
4523	54344		RPR HYPSPAD COMPLCTJS MOBLJ FLAPS&URTP	25.04	2090.84		90	Y	3181.04
4524	54348		RPR HYPSPAD COMPLCTJS X10SV DSJ&URTP FLAP/GRF	25.41	2121.74		90	Y	3181.04
4525	54352		RPR HYPSPAD CRIPPLE REQ X10SV DSJ&EXC	37.44	3126.24		90	Y	3181.04
4526	54360		PLSTC PNS CORRECT ANGULATION	18.64	1556.44		90	Y	3181.04
4527	54380		PLSTC PNS EPSPAD DSTL SPHNCTR	19.92	1663.32		90	Y	3181.04
4528	54385		PLSTC PNS EPSPAD DSTL SPHNCTR W/INCONT	23.88	1993.98		90	Y	3181.04
4529	54390		PLSTC PNS EPSPAD DSTL SPHNCTR W/EXSTROPHY BLDR	30.76	2568.46		90	Y	2097.37
4530	54400		INSJ PEN PROSTH NON-NFLTBL SEMI-RGD	13.54	1130.59		90	N	8944.53
4531	54401		INSJ PEN PROSTH NFLTBL SELF-CONTAINED	16.32	1362.72		90	N	14984.34
4532	54405		INSJ MULTI-COMPONENT NFLTBL PEN PROSTH	20.4	1703.40		90	Y	14984.34
4533	54406		RMVL NFLTBL PEN PROSTH W/O RPLCMT PROSTH	18.35	1532.23		90	Y	3181.04
4534	54408		RPR COMPONENT MULTI-COMPONENT NFLTBL PEN PROSTH	19.64	1639.94		90	Y	3181.04
4535	54410		RMVL&RPLCMT NFLTBL PEN PROSTH SM SESS	23.27	1943.05		90	Y	14984.34
4536	54411		RMVL&RPLCMT NFLTBL PEN PROSTH THRU INFCT FLD	25.38	2119.23		90	Y	2097.37
4537	54415		RMVL NON-NFLTBL/NFLTBL PEN PROSTH W/O RPLCMT	13.12	1095.52		90	Y	3181.04
4538	54416		RMVL&RPLCMT NON-NFLTBL/NFLTBL PROSTH SM SESS	17.48	1459.58		90	Y	14984.34
4539	54417		RMVL&RPLCMT NON-NFLTBL/NFLTBL PEN INFCT SM SESS	22.29	1861.22		90	Y	2097.37
4540	54420		C/P/A CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	17.93	1497.16		90	Y	3181.04
4541	54430		C/P/A CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	16.14	1347.69		90	Y	2097.37
4542	54435		C/P/A CAVERNOSA-GLANS PNS FSTLJ F/PRIAPISM	10.42	870.07		90	N	3181.04
4543	54440		PLSTC OPRATION PNS F/INJ	14.02	1170.67		90	Y	3181.04
4544	54450		FORESKN MNPJ W/LSS PREPUTIAL ADS&STRETCHING	2.02	168.67		0	N	275.52
4545	54500		BX TSTIS NDL SPX	1.9	158.65		0	N	1413.47
4546	54505		BX TSTIS INCAL SPX	5.43	453.41		10	N	2123.25
4547	54512		EXC XTRPARENCHYMAL LES TSTIS	13.5	1127.25		90	Y	2123.25
4548	54520		ORCHIECTOMY SMPL SCROTAL/INGUN APPR	8.25	688.88		90	N	2123.25
4549	54522		ORCHIECTOMY PRTL	15.12	1262.52		90	Y	2123.25
4550	54530		ORCHIECTOMY RAD TUM INGUN APPR	13.75	1148.13		90	Y	2915.18
4551	54535		ORCHIECTOMY RAD TUM W/ABDL EXPL	18.77	1567.30		90	Y	3181.04
4552	54550		EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	12.27	1024.55		90	Y	2915.18
4553	54560		EXPL UNDESCENDED TSTIS W/ABDL EXPL	17.12	1429.52		90	Y	2123.25
4554	54600		RDCTJ TORSION TSTIS +FIXJ CLAT TSTIS	11.25	939.38		90	N	2123.25
4555	54620		FIXJ CLAT TSTIS SPX	7.66	639.61		10	N	2123.25
4556	54640		ORCHIOPEXY INGUN APPR +HRNA RPR	11.61	969.44		90	N	2915.18
4557	54650		ORCHIOPEXY ABDL APPR INTRA-ABDL TSTIS	18.17	1517.20		90	Y	2097.37
4558	54660		INSJ TSTICULAR PROSTH SPX	8.87	740.65		90	N	2123.25
4559	54670		SUTR/RPR TSTICULAR INJ	10.25	855.88		90	N	2123.25
4560	54680		TRNSPLJ TSTIS THI	20.24	1690.04		90	Y	2123.25

	A	B	C	D	E	F	G	H	I
4561	54690		LAPS ORCHIECTOMY	16.71	1395.29		90	Y	4271.34
4562	54692		LAPS ORCHIOPEXY F/INTRA-ABDL TSTIS	19.57	1634.10		90	N	6653.06
4563	54699		UNLIS LAPS PX TSTIS	BR	BR		0	N	3470.14
4564	54700		I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	5.42	452.57		10	N	2123.25
4565	54800		BX EPIDIDYMIS NDL	3.26	272.21		0	N	419.39
4566	54830		EXC LOCAL LES EPIDIDYMIS	9.12	761.52		90	N	2123.25
4567	54840		EXC SPRMATOCELE +EPIDIDYMECTOMY	8.11	677.19		90	N	2123.25
4568	54860		EPIDIDYMECTOMY UNI	10.33	862.56		90	N	2123.25
4569	54861		EPIDIDYMECTOMY BI	14.06	1174.01		90	N	2123.25
4570	54865		EXPLORATION EPIDIDYMIS W/WO BIOPSY	8.79	733.97		90	N	2123.25
4571	54900		EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	19.21	1604.04		90	Y	2123.25
4572	54901		EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	26.13	2181.86		90	Y	2123.25
4573	55000		PNXR ASPIR HYDROCELE TUNICA VAGIS +NJX MED	3.41	284.74		0	N	419.39
4574	55040		EXC HYDROCELE UNI	8.45	705.58		90	N	2915.18
4575	55041		EXC HYDROCELE BI	12.58	1050.43		90	N	2915.18
4576	55060		RPR TUNICA VAGIS HYDROCELE BOTTLE TYP	9.33	779.06		90	N	2123.25
4577	55100		DRG SCROTAL WALL ABSC	5.96	497.66		10	N	1150.97
4578	55110		SCROTAL EXPL	9.51	794.09		90	N	2123.25
4579	55120		RMVL FB SCROTUM	8.73	728.96		90	Y	2123.25
4580	55150		RESCJ SCROTUM	12.02	1003.67		90	Y	2123.25
4581	55175		SCROTOPLASTY SMPL	8.91	743.99		90	Y	2123.25
4582	55180		SCROTOPLASTY COMP	17.23	1438.71		90	N	2123.25
4583	55200		VASOTOMY CANNULIZATION +INC VAS UNI/BI SPX	15.67	1308.45		90	N	2123.25
4584	55250		VASECT UNI/BI SPX W/PO SEMEN XM	13.77	1149.80		90	N	2123.25
4585	55300		VASOTOMY VASOGRAMS UNI/BI	4.79	399.97		0	N	
4586	55400		VASOVASOSTOMY VASOVASORRHAPHY	12.74	1063.79		90	Y	2123.25
4587	55450		LIG PRQ VAS DEFERENS UNI/BI SPX	10.97	916.00		10	N	2123.25
4588	55500		EXC HYDROCELE SPRMATIC CORD UNI SPX	9.43	787.41		90	N	2123.25
4589	55520		EXC LES SPRMATIC CORD SPX	10.04	838.34		90	Y	2123.25
4590	55530		EXC VARICOCELE/LIG SPRMATIC VEINS SPX	8.87	740.65		90	N	2123.25
4591	55535		EXC VARICOCELE/LIG SPRMATIC VEINS ABDL	10.62	886.77		90	Y	2915.18
4592	55540		EXC VARICOCELE/LIG VEINS W/HRNA RPR	12.24	1022.04		90	Y	2915.18
4593	55550		LAPS LIG SPRMATIC VEINS VARICOCELE	10.58	883.43		90	Y	4271.34
4594	55559		UNLIS LAPS SPRMATIC CORD	BR	BR		0	N	3470.14
4595	55600		VESICULOTOMY	10.57	882.60		90	Y	2123.25
4596	55605		VESICULOTOMY COMP	12.85	1072.98		90	Y	2097.37
4597	55650		VESICULECTOMY ANY APPR	17.97	1500.50		90	Y	2097.37
4598	55680		EXC MULLERIAN DUX CST	8.7	726.45		90	Y	2123.25
4599	55700		PROSTATE NEEDLE BIOPSY, ANY APPROACH	6.51	543.59		0	N	1133.61
4600	55705		BX PRST8 INCAL ANY APPR	6.89	575.32		10	Y	1133.61
4601	55706		BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	10.81	902.64	0.00	10	Y	1133.61
4602	55720		PROSTATOTOMY XTRNL DRG ABSC SMPL	11.93	996.16		90	Y	2327.38
4603	55725		PROSTATOTOMY XTRNL DRG ABSC COMP	14.55	1214.93		90	Y	2327.38
4604	55801		PRST8ECT PRNL STOT	27.39	2287.07		90	Y	2097.37
4605	55810		PRST8ECT PRNL RAD	33.17	2769.70		90	Y	2097.37
4606	55812		PRST8ECT PRNL RAD LYMPH NODE BX	40.79	3405.97		90	Y	2097.37
4607	55815		PRST8ECT PRNL RAD BI PEL LMPHADEC	44.72	3734.12		90	Y	2097.37
4608	55821		PRST8ECT SUPRAPUBIC STOT 1/2 STGS	21.94	1831.99		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
4609	55831		PRST8ECT RETROPUBIC STOT	23.79	1986.47		90	Y	2097.37
4610	55840		PRST8ECT RETROPUBIC RAD +NRV SPARING	33.79	2821.47		90	Y	2097.37
4611	55842		PRST8ECT RETROPUBIC RAD LYMPH NODE BX	36.22	3024.37		90	Y	2097.37
4612	55845		PRST8ECT RETROPUBIC RAD W/BI PEL LMPHADEC	41.49	3464.42		90	Y	2097.37
4613	55860		EXPOS PRST8 ANY APPR INSJ RADACT SBST	22.15	1849.53		90	Y	1826.02
4614	55862		EXPOS PRST8 INSJ RADACT NODE BX	28	2338.00		90	Y	2097.37
4615	55865		EXPOS PRST8 INSJ RADACT BI PEL LMPHADEC	33.79	2821.47		90	Y	2097.37
4616	55866		LAPS PRST8ECT RETROPUBIC RAD W/NRV SPARING	44.05	3678.18		90	Y	2097.37
4617	55870		ELECTROEJACULATION	4.25	354.88		0	N	310.82
4618	55873		CRYOSURG ABLTJ PRST8	29.18	2436.53		90	N	10383.13
4619	55875		TPRNL PLMT NDL/CATHS INTO PRST8 RADJ INSJ	19.24	1606.54		90	Y	3301.16
4620	55876		PLACEMENT NTRSTL DEVICE RAD GID PROSTATE 1/>	3.88	323.98		0	Y	1254.56
4621	55899		UNLIS MALE GEN SYS	BR	BR		0	N	99.93
4622	55920		PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	11.04	927.36		0	N	2479.05
4623	55970		INTERSEX SURG MALE FEMALE	BR	BR		0	Y	2097.37
4624	55980		INTERSEX SURG FEMALE MALE	BR	BR		0	Y	2097.37
4625	56405		I&D VULVA/PRNL ABSC	2.77	231.30		10	N	139.31
4626	56420		I&D OF BARTHOLIN'S GLAND ABSC	3.51	293.09		10	N	139.31
4627	56440		MARSUPIALIZATION BARTHOLIN'S GLAND CYST	4.59	383.27		10	N	1827.92
4628	56441		LSS LABIAL ADS	3.78	315.63		10	N	1827.92
4629	56442		HYMENOTOMY SIMPLE INCISION	1.2	100.20		0	N	1827.92
4630	56501		DSTRJ LES VULVA SMPL	3.31	276.39		10	N	1939.18
4631	56515		DSTRJ LES VULVA X10SV	5.56	464.26		10	N	1939.18
4632	56605		BX VULVA/PR SPX 1 LES	2.15	179.53		0	N	310.82
4633	56606		BX VULVA/PR SPX EA SEP ADDL LES	1.02	85.17		0	N	139.31
4634	56620		VULVECTOMY SMPL PRTL	13.19	1101.37		90	Y	1827.92
4635	56625		VULVECTOMY SMPL COMPL	14.79	1234.97		90	Y	1827.92
4636	56630		VULVECTOMY RAD PRTL	21.38	1785.23		90	Y	2097.37
4637	56631		VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADEC	27.42	2289.57		90	Y	2097.37
4638	56632		VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADEC	31.3	2613.55		90	Y	2097.37
4639	56633		VULVECTOMY RAD COMPL	27.89	2328.82		90	Y	2097.37
4640	56634		VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADEC	29.71	2480.79		90	Y	2097.37
4641	56637		VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADEC	35.33	2950.06		90	Y	2097.37
4642	56640		VULVECTOMY RAD COMPL ILIAC&PEL LMPHADEC	35.29	2946.72		90	Y	2097.37
4643	56700		PRTL HYMENECTOMY/REVJ HYMENAL RING	4.62	385.77		10	Y	1827.92
4644	56740		EXC BARTHOLIN'S GLAND OR CYST	7.4	617.90		10	N	1827.92
4645	56800		PLSTC RPR INTROITUS	6.09	508.52		10	Y	1827.92
4646	56805		CLITOROPLASTY F/INTERSEX STATE	29.3	2446.55		90	Y	1827.92
4647	56810		PRINEOPLASTY RPR PR NONOBAL SPX	6.55	546.93		10	Y	1827.92
4648	56820		COLPOSCOPY VULVA	2.81	234.64		0	N	139.31
4649	56821		COLPOSCOPY VULVA W/BX	3.78	315.63		0	N	139.31
4650	57000		COLPOTOMY W/EXPL	4.72	394.12		10	Y	1827.92
4651	57010		COLPOTOMY W/DRG PEL ABSC	10.58	883.43		90	Y	1827.92
4652	57020		COLPOCNTS SPX	2.42	202.07		0	N	619.63
4653	57022		I&D VAG HMTMA OBAL/POSTPARTUM	4.17	348.20		10	Y	1150.97
4654	57023		I&D VAG HMTMA NON-OBAL	7.72	644.62		10	Y	1769.66
4655	57061		DSTRJ VAG LES SMPL	2.9	242.15		10	N	1827.92
4656	57065		DSTRJ VAG LES X10SV	4.9	409.15		10	N	1827.92

	A	B	C	D	E	F	G	H	I
4657	57100		BX VAG MUCOSA SMPL SPX	2.26	188.71		0	N	619.63
4658	57105		BX VAG MUCOSA X10SV REQ SUTR	3.48	290.58		10	N	1827.92
4659	57106		VAGNC PRTL RMVL VAG WALL	11.54	963.59		90	Y	1827.92
4660	57107		VAGNC PRTL RMVL VAG WALL PARAVAG TISS	34.81	2906.64		90	Y	3215.96
4661	57109		VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	39.66	3311.61		90	Y	3215.96
4662	57110		VAGNC COMPL RMVL VAG WALL	22.58	1885.43		90	Y	2097.37
4663	57111		VAGNC COMPL RMVL VAG WALL PARAVAG TISS	40.61	3390.94		90	Y	2097.37
4664	57112		VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX	42.38	3538.73		90	Y	2097.37
4665	57120		COLPOCLEISIS LE FORT TYP	12.74	1063.79		90	Y	3215.96
4666	57130		EXC VAG SEPTUM	4.59	383.27		10	Y	1827.92
4667	57135		EXC VAG CST/TUM	4.92	410.82		10	N	1827.92
4668	57150		IRRG VAG&/APPL MEDICAMENT DISEASE	1.53	127.76		0	N	139.31
4669	57155		INSJ UTERINE TANDEMS&/VAG OVOIDS	10.84	905.14		90	N	619.63
4670	57160		FITG&INSJ PESSARY/OTH INTRAVAG SUPPORT DEV	1.92	160.32		0	N	139.31
4671	57170		DPHRM/CRV CAP FITG W/INSTRUCTIONS	2.18	182.03		0	N	12.04
4672	57180		INTRO ANY HEMOSTATIC AGT/PACK VAG HEMRRG SPX	3.71	309.79		10	N	139.31
4673	57200		COLPORRHAPHY SUTR INJ VAG	7.26	606.21		90	Y	1827.92
4674	57210		COLPOPRINEORRHAPHY SUTR INJ VAG&/PR	9.07	757.35		90	Y	1827.92
4675	57220		PLSTC URTL SPHNCTR VAG APPR	7.88	657.98		90	Y	4102.58
4676	57230		PLSTC RPR URETHROCELE	9.62	803.27		90	Y	3215.96
4677	57240		ANT COLPORRHAPHY RPR CSTOCELE +RPR URETHROCELE	15.11	1261.69		90	Y	3215.96
4678	57250		POST COLPORRHAPHY RPR RECTOCELE +PRINEORRHAPHY	14.85	1239.98		90	Y	3215.96
4679	57260		CMBN ANTEROPOST COLPORRHAPHY	18.97	1584.00		90	Y	3215.96
4680	57265		CMBN ANTEROPOST COLPORRHAPHY W/NTRCL RPR	21.68	1810.28		90	Y	4102.58
4681	57267		INSJ MESH/PROSTH PEL FLOOR DFCT EA SIT	6.89	575.32		0	Y	3215.96
4682	57268		RPR NTRCL VAG APPR SPX	11.72	978.62		90	Y	3215.96
4683	57270		RPR NTRCL ABDL APPR SPX	19.72	1646.62		90	Y	2097.37
4684	57280		COLPOPEXY ABDL APPR	23.9	1995.65		90	Y	2097.37
4685	57282		COLPOPEXY VAG XTR-PRTL APPR	12.55	1047.93		90	Y	4102.58
4686	57283		COLPOPEXY VAG INTRA-PRTL APPR	17.18	1434.53		90	Y	4102.58
4687	57284		PARAVAG DFCT RPR	20.6	1720.10		90	Y	4102.58
4688	57285		PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	15.93	1338.12		90	Y	4102.58
4689	57287		RMVL/REVJ SLING F/STRS INCONT	16.96	1416.16		90	Y	3215.96
4690	57288		SLING OPRATION F/STRS INCONT	19.93	1664.16		90	Y	4102.58
4691	57289		PREYRA PX W/ANT COLPORRHAPHY	18.7	1561.45		90	Y	3215.96
4692	57291		CONSTJ ARTIF VAG W/O GRF	13.39	1118.07		90	Y	3215.96
4693	57292		CONSTJ ARTIF VAG W/GRF	20.8	1736.80		90	Y	3215.96
4694	57295		REVJ RMVL PROSTC VAG GRF VAG APPR	12.2	1018.70		90	Y	1827.92
4695	57296		REVJ W/RMVL PROSTHETIC VAG GRF ABD APPRO	23.23	1939.71		90	Y	2097.37
4696	57300		CLSR RECTOVAG FSTL VAG/TRANSANAL APPR	12.92	1078.82		90	Y	3215.96
4697	57305		CLSR RECTOVAG FSTL ABDL APPR	21.68	1810.28		90	Y	2097.37
4698	57307		CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	24.33	2031.56		90	Y	2097.37
4699	57308		CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	15.61	1303.44		90	Y	2097.37
4700	57310		CLSR URETHROVAG FSTL	11.48	958.58		90	Y	4102.58
4701	57311		CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	12.96	1082.16		90	Y	2097.37
4702	57320		CLSR VESICOVAG FSTL VAG APPR	13.21	1103.04		90	Y	3215.96
4703	57330		CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	18.94	1581.49		90	Y	3215.96
4704	57335		VAGINOPLASTY F/INTERSEX STATE	28.82	2406.47		90	Y	3215.96

	A	B	C	D	E	F	G	H	I
4705	57400		DILAT VAG ANES	3.38	282.23		0	Y	1827.92
4706	57410		PEL XM ANES	2.65	221.28		0	N	1827.92
4707	57415		RMVL IMPACTED VAG FB SPX ANES	3.87	323.15		10	N	1827.92
4708	57420		COLPOSCOPY ENTIRE VAG W/CERVIX IF PRESENT	2.95	246.33		0	N	310.82
4709	57421		COLPOSCOPY ENTIRE VAG W/CERVIX BX	4.03	336.51		0	N	310.82
4710	57423		PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	22.26	1869.84		90	Y	4102.58
4711	57425		LAPS SURG COLPOPEXY SSP VAG APEX	23.7	1978.95		90	Y	3470.14
4712	57426		REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	23.62	1972.27	0.00	90	Y	1827.92
4713	57452		COLPOSCOPY CERVIX UPR/ADJ VAG	2.78	232.13		0	N	139.31
4714	57454		COLPOSCOPY CERVIX BX CERVIX&ENDOCRV CURTG	3.96	330.66		0	N	310.82
4715	57455		COLPOSCOPY CERVIX VAG BX CERVIX	3.69	308.12		0	N	310.82
4716	57456		COLPOSCOPY CERVIX VAG ENDOCRV CURTG	3.48	290.58		0	N	310.82
4717	57460		COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	8.34	696.39		0	N	1827.92
4718	57461		COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	9.2	768.20		0	N	1827.92
4719	57500		BX 1/MLT/LOCAL EXC LES +FULG SPX	3.6	300.60		0	N	619.63
4720	57505		ENDOCRV CURTG X DONE AS PART DILAT&CURTG	2.6	217.10		10	N	619.63
4721	57510		CAUT CERVIX ELECTRO/THERMAL	3.44	287.24		10	N	1827.92
4722	57511		CAUT CERVIX CRYOCAUT 1ST/REPEAT	3.72	310.62		10	N	139.31
4723	57513		CAUT CERVIX LASER ABLTJ	3.64	303.94		10	N	1827.92
4724	57520		CONIZATION CERVIX +D&C RPR KNIFE/LASER	7.93	662.16		90	N	1827.92
4725	57522		CONIZATION CERVIX +D&C RPR ELTRD EXC	6.72	561.12		90	N	1827.92
4726	57530		TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	8.56	714.76		90	Y	3215.96
4727	57531		RAD TRACHELECTOMY W/BI PEL LMPHADEC	42.69	3564.62		90	Y	2097.37
4728	57540		EXC CRV STUMP ABDL APPR	19.43	1622.41		90	Y	2097.37
4729	57545		EXC CRV STUMP ABDL APPR W/PEL FLOOR RPR	20.67	1725.95		90	Y	2097.37
4730	57550		EXC CRV STUMP VAG APPR	10.05	839.18		90	Y	3215.96
4731	57555		EXC CRV STUMP VAG APPR W/ANT&/POST RPR	14.94	1247.49		90	Y	3215.96
4732	57556		EXC CRV STUMP VAG APPR W/RPR NTRCL	14.05	1173.18		90	Y	4102.58
4733	57558		DILATION & CURETTAGE CERVICAL STUMP	3.16	263.86		10	N	1827.92
4734	57700		CERCLAGE UTERINE CERVIX NONOBAL	7.35	613.73		90	Y	1827.92
4735	57720		TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	7.61	635.44		90	Y	1827.92
4736	57800		DILAT CRV CANAL INSTRUMENTAL SPX	1.53	127.76		0	N	1827.92
4737	58100		ENDOMETRIAL BX +ENDOCRV BX W/O DILAT SPX	2.83	236.31		0	N	139.31
4738	58110		ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	1.29	107.72		0	N	
4739	58120		D&C DX&/THER	5.97	498.50		10	N	1827.92
4740	58140		MYOMECTOMY 1-4 250 GM ABDL	22.81	1904.64		90	Y	2097.37
4741	58145		MYOMECTOMY 1-4 250 GM/< VAG	13.54	1130.59		90	Y	3215.96
4742	58146		MYOMECTOMY 5 > 250 GM ABDL	29.11	2430.69		90	Y	2097.37
4743	58150		TAH +RMVL TUBE +RMVL OVARY	24.58	2052.43		90	Y	2097.37
4744	58152		TAH +RMVL TUBE OVARY COLPO-URTCSTOPEXY	31.44	2625.24		90	Y	2097.37
4745	58180		SUPRACRV ABDL HYST +RMVL TUBE OVARY	23.65	1974.78		90	Y	2097.37
4746	58200		TAH W/PRTL VAGNC PEL LYMPH NODE SAMPLING	32.78	2737.13		90	Y	2097.37
4747	58210		RAD ABDL HYST W/BI PEL LMPHADEC	43.64	3643.94		90	Y	2097.37
4748	58240		PEL EXNTJ GYNECOLOGIC MAL	65.97	5508.50		90	Y	2097.37
4749	58260		VAG HYST 250 GM/<	20.64	1723.44		90	Y	3215.96
4750	58262		VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	23.12	1930.52		90	Y	3215.96
4751	58263		VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	24.9	2079.15		90	Y	3215.96
4752	58267		VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	26.5	2212.75		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
4753	58270		VAG HYST 250 GM/< W/RPR NTRCL	22.19	1852.87		90	Y	3215.96
4754	58275		VAG HYST W/TOT/PRTL VAGNC	24.61	2054.94		90	Y	2097.37
4755	58280		VAG HYST W/TOT/PRTL VAGNC W/RPR NTRCL	26.39	2203.57		90	Y	2097.37
4756	58285		VAG HYST RAD SCHAUTA	33.14	2767.19		90	Y	2097.37
4757	58290		VAG HYST F/UTER >250 GM	29.13	2432.36		90	Y	4102.58
4758	58291		VAG HYST >250 GM RMVL TUBE&/OVARY	31.64	2641.94		90	Y	4102.58
4759	58292		VAG HYST >250 GM RMVL TUBE&/OVARY W/RPR NTRCL	33.43	2791.41		90	Y	4102.58
4760	58293		VAG HYST >250 GM COLPO-URTCSTOPEXY +NDSC CTRL	34.69	2896.62		90	Y	2097.37
4761	58294		VAG HYST >250 GM RPR NTRCL	30.66	2560.11		90	Y	4102.58
4762	58300		INSJ INTRAUTERINE DEV	2.25	187.88		0	N	2097.37
4763	58301		RMVL INTRAUTERINE DEV	2.54	212.09		0	N	139.31
4764	58321		ARTIF INSEMINATION INTRA-CRV	2.03	169.51		0	N	310.82
4765	58322		ARTIF INSEMINATION INTRA-UTERINE	2.28	190.38		0	N	310.82
4766	58323		SPRM WASHG ARTIF INSEMINATION	0.68	56.78		0	N	310.82
4767	58340		CATHJ&INTRO SALINE NFS SHG/HSG	3.78	315.63		0	N	
4768	58345		TRANSCRV INTRO FLP TUBE CATH +HSG	6.94	579.49		10	Y	1827.92
4769	58346		INSJ HEYMAN CAPSLS CLINICAL BRACHYTX	11.18	933.53		90	N	1827.92
4770	58350		CHROMOTUBATION OVIDUX MATRLS	2.5	208.75		10	N	3215.96
4771	58353		ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GID	36.05	3010.18		10	Y	3215.96
4772	58356		ENDOMETRIAL CRYOABLTJ US CURTG	63.34	5288.89		10	Y	4102.58
4773	58400		UTERINE SSP SPX	11	918.50		90	Y	2097.37
4774	58410		UTERINE SSP PRESAC SYMPTH	20.06	1675.01		90	Y	2097.37
4775	58520		HYSTERORRHAPHY RPR RPTD	19.39	1619.07		90	Y	2097.37
4776	58540		HYSTEROPLASTY RPR UTERINE ANOMAL	22.59	1886.27		90	Y	2097.37
4777	58541		LAPS SUPRACRV HYST 250 G/<	20.92	1746.82		90	Y	6653.06
4778	58542		LAPS SUPRACRV HYST 250 G/< RMVL TUBE/OVARY	23.13	1931.36		90	Y	6653.06
4779	58543		LAPS SUPRACRV HYST >250 G	23.52	1963.92		90	Y	6653.06
4780	58544		LAPS SUPRACRV HYST >250 G RMVL TUBE/OVARY	25.46	2125.91		90	Y	6653.06
4781	58545		LAPS MYOMECTOMY EXC 1-4 250 GM/<	22.55	1882.93		90	Y	3470.14
4782	58546		LAPS MYOMECTOMY EXC 5 >250 GRAMS	28.61	2388.94		90	Y	4271.34
4783	58548		LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	44.55	3719.93		90	Y	2097.37
4784	58550		LAPS W/VAG HYST 250 GM/<	22.2	1853.70		90	Y	6653.06
4785	58552		LAPS W/VAG HYST 250 GM/< RMVL TUBE&/OVARY	24.48	2044.08		90	Y	4271.34
4786	58553		LAPS W/VAG HYST >250 GRAMS	28.73	2398.96		90	Y	4271.34
4787	58554		LAPS VAG HYST >250 GM RMVL TUBE&/OVARY	32.83	2741.31		90	Y	4271.34
4788	58555		HYSTSC DX SPX	5.72	477.62		0	N	2060.22
4789	58558		HYSTSC BX ENDOMETRIUM&/POLYPC +D&C	7.35	613.73		0	N	2060.22
4790	58559		HYSTSC LSS INTRAUTERINE ADS	8.84	738.14		0	N	2060.22
4791	58560		HYSTSC DIV/RESCJ INTRAUTERINE SEPTUM	10.01	835.84		0	Y	3394.08
4792	58561		HYSTSC RMVL LEIOMYOMATA	14.2	1185.70		0	Y	3394.08
4793	58562		HYSTSC RMVL IMPACTED FB	7.94	662.99		0	N	2060.22
4794	58563		HYSTSC ENDOMETRIAL ABLTJ	57.66	4814.61		0	Y	3394.08
4795	58565		HYSTSC OCCLUSION PLMT PRM	53.22	4443.87		90	N	4102.58
4796	58570		LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 G/<	22.15	1860.60		90	Y	4271.34
4797	58571		LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVARY	24.22	2034.48		90	Y	4271.34
4798	58572		LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS > 250 G	27.49	2309.16		90	Y	4271.34
4799	58573		LAPAROSCOPY TOT HYSTERECTOMY > 250 G W TUBE/OVAR	30.94	2598.96		90	Y	4271.34
4800	58578		UNLIS LAPS UTER	BR	BR		0	N	3470.14

	A	B	C	D	E	F	G	H	I
4801	58579		UNLIS HYSTSC UTER	BR	BR		0	N	2060.22
4802	58600		LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	9.16	764.86		90	Y	3215.96
4803	58605		LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	8.31	693.89		90	Y	2097.37
4804	58611		LIG/TRNSXJ FLP TUBE DONE TM C DLVR/SURG	2.01	167.84		0	Y	2097.37
4805	58615		OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	6.51	543.59		10	Y	1827.92
4806	58660		LAPS LSS ADS SPX	16.85	1406.98		90	Y	4271.34
4807	58661		LAPS RMVL ADNEXAL STRUXS	16.34	1364.39		10	Y	4271.34
4808	58662		LAPS FULG/EXC OVARY VISCERA/PRTL SURF	17.82	1487.97		90	Y	4271.34
4809	58670		LAPS FULG OVIDUXS	9.13	762.36		90	N	4271.34
4810	58671		LAPS OCCLUSION OVIDUXS DEV	9.14	763.19		90	N	4271.34
4811	58672		LAPS FIMBRIOPLASTY	19	1586.50		90	Y	4271.34
4812	58673		LAPS SALPINGOSTOMY	20.51	1712.59		90	Y	4271.34
4813	58679		UNLIS LAPS PX OVIDUX OVARY	BR	BR		0	N	3470.14
4814	58700		SALPINGECTOMY COMPL/PRTL UNI/BI SPX	18.93	1580.66		90	Y	2097.37
4815	58720		SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	17.85	1490.48		90	Y	2097.37
4816	58740		LSS ADS	21.89	1827.82		90	Y	2097.37
4817	58750		TUBOTUBAL ANAST	22.88	1910.48		90	Y	2097.37
4818	58752		TUBOUTERINE IMPLTJ	22.51	1879.59		90	Y	2097.37
4819	58760		FIMBRIOPLASTY	20.7	1728.45		90	Y	2097.37
4820	58770		SALPINGOSTOMY	21.57	1801.10		90	Y	3215.96
4821	58800		DRG OVARIAN CST UNI/BI SPX VAG	8.02	669.67		90	N	1827.92
4822	58805		DRG OVARIAN CST UNI/BI SPX ABDL	9.87	824.15		90	Y	3215.96
4823	58820		DRG OVARIAN ABSC VAG OPN	7.87	657.15		90	Y	3215.96
4824	58822		DRG OVARIAN ABSC ABDL	16.86	1407.81		90	Y	2097.37
4825	58823		DRG PEL ABSC TRVG/TRANSRCT PRQ	24.02	2005.67		0	Y	1827.92
4826	58825		TRPOS OVARY	17.43	1455.41		90	Y	2097.37
4827	58900		BX OVARY UNI/BI SPX	10.08	841.68		90	Y	1827.92
4828	58920		WEDGE RESCJ/BISCTJ OVARY UNI/BI	17.6	1469.60		90	Y	3215.96
4829	58925		OVARIAN CSTC UNI/BI	18.08	1509.68		90	Y	3215.96
4830	58940		OOPHORECTOMY PRTL/TOT UNI/BI	12.3	1027.05		90	Y	2097.37
4831	58943		OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MAL	27.99	2337.17		90	Y	2097.37
4832	58950		RESCJ PRIM PRTL MAL W/BSO&OMNTC	26.59	2220.27		90	Y	2097.37
4833	58951		RESCJ PRIM PRTL MAL W/BSO&OMNTC TAH&LMPHADEC	34.35	2868.23		90	Y	2097.37
4834	58952		RESCJ PRIM PRTL MAL W/BSO&OMNTC RAD DEBULKING	38.73	3233.96		90	Y	2097.37
4835	58953		BSO W/OMNTC TAH&RAD DSJ DEBULKING	48.22	4026.37		90	Y	2097.37
4836	58954		BSO W/OMNTC TAH DEBULKING W/LMPHADEC	52.35	4371.23		90	Y	2097.37
4837	58956		BSO TOT OMNTC TAH MAL	34.27	2861.55		90	Y	2097.37
4838	58957		RESECTION RECRT MAL W/OMENTECTOMY	36.02	3007.67		90	Y	2097.37
4839	58958		RESECTION RECRT MAL W/OMENTECTOMY PEL LMPHADEC	39.87	3329.15		90	Y	2097.37
4840	58960		LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	22.99	1919.67		90	Y	2097.37
4841	58970		FOLLICLE PNXR OOCYTE RETRIEVAL ANY METH	5.79	483.47		0	Y	310.82
4842	58974		EMBRYO TR INTRAUTERINE	4.49	374.58		0	Y	310.82
4843	58976		GAMETE ZYGOTE/EMBRYO INTRAFLP TR ANY METH	6.4	534.40		0	Y	310.82
4844	58999		UNLIS PX FEMALE GEN SYS	BR	BR		0	N	12.04
4845	59000		AMNIOCNTS DX	3.46	288.91		0	N	310.82
4846	59001		AMNIOCNTS THER AMNIOTIC FLU RDCTJ US GID	4.74	395.79		0	N	619.63
4847	59012		CORDOCNTS INTRAUTERINE	5.35	446.73		0	Y	310.82
4848	59015		CHORNC VILLUS SAMPLING	4.02	335.67		0	Y	310.82

	A	B	C	D	E	F	G	H	I
4849	59020		FTL CONTRCJ STRS TST	1.7	141.95	90.85	0	N	139.31
4850	59025		FTL NON-STRS TST	1.12	93.52	72.95	0	N	139.31
4851	59030		FTL SCALP BLD SAMPLING	2.98	248.83		0	N	310.82
4852	59050		FTL MNTR LABOR PHYS WRTTN REPRT S&I	1.34	111.89		0	N	
4853	59051		FTL MNTR LABOR PHYS WRTTN REPRT INTERPJ ONLY	1.11	92.69		0	N	
4854	59070		TABDL AMNIONFS US GID	9.94	829.99		0	Y	139.31
4855	59072		FTL UMBILICAL CORD OCCLUSION W/US GID	11.31	944.39		0	N	310.82
4856	59074		FTL FLU DRG US GID	9.38	783.23		0	Y	310.82
4857	59076		FTL SHUNT PLMT US GID	11.19	934.37		0	Y	310.82
4858	59100		HYSTOT ABDL	21.17	1767.70		90	Y	3215.96
4859	59120		TX ECTOPIC PREGNANCY REQ SO	20.07	1675.85		90	Y	2097.37
4860	59121		TX ECTOPIC PREGNANCY W/O SO	20.24	1690.04		90	Y	2097.37
4861	59130		TX ECTOPIC PREGNANCY ABDL PREGNANCY	21.97	1834.50		90	Y	2097.37
4862	59135		TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST	23.32	1947.22		90	Y	2097.37
4863	59136		TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	22.25	1857.88		90	Y	2097.37
4864	59140		TX ECTOPIC PREGNANCY CRV W/EVAC	8.94	746.49		90	Y	2097.37
4865	59150		LAPS TX ECTOPIC PREGNANCY W/O SO	19.55	1632.43		90	Y	4271.34
4866	59151		LAPS TX ECTOPIC PREGNANCY W/SO	19.3	1611.55		90	Y	4271.34
4867	59160		CURTG POSTPARTUM	6.06	506.01		10	N	1827.92
4868	59200		INSJ CRV DILATOR SPX	2.03	169.51		0	N	139.31
4869	59300		EPISIOTOMY/VAG RPR OTH/THN ATTENDING PHYS	4.92	410.82		0	N	1827.92
4870	59320		CERCLAGE CERVIX PREGNANCY VAG	4	334.00		0	Y	1827.92
4871	59325		CERCLAGE CERVIX PREGNANCY ABDL	6.26	522.71		0	Y	2097.37
4872	59350		HYSTERORRHAPHY RPTD UTER	7.36	614.56		0	Y	2097.37
4873	59400		OB CARE ANTEPARTUM VAG DLVR&POSTPARTUM	44.66	3729.11		49	N	
4874	59409		VAG DLVR ONLY	20.25	1690.88		0	N	1827.92
4875	59410		VAG DLVR ONLY POSTPARTUM CARE	23.23	1939.71		49	N	
4876	59412		XTRNL CEPHALIC VERSION +TOCOLSS	2.71	226.29		0	N	1827.92
4877	59414		DLVR PLACENTA SPX	2.42	202.07		0	N	1827.92
4878	59425		ANTEPARTUM CARE ONLY 4-6 VSTS	10.94	913.49		0	N	
4879	59426		ANTEPARTUM CARE ONLY 7 VSTS	19.51	1629.09		0	N	
4880	59430		POSTPARTUM CARE ONLY SPX	3.61	301.44		0	N	
4881	59510		OB ANTEPARTUM CARE C DLVR&POSTPARTUM	50.46	4213.41		90	N	
4882	59514		C DLVR ONLY	23.93	1998.16		0	Y	2097.37
4883	59515		C DLVR ONLY W/POSTPARTUM CARE	27.98	2336.33		90	N	
4884	59525		STOT/TOT HYST AFTER C DLVR	12.69	1059.62		0	Y	2097.37
4885	59610		OB ANTEPARTUM VAG DLVR&POSTPARTUM AFTER C DLVR	46.76	3904.46		49	N	
4886	59612		VAG DLVR AFTER C DLVR	22.72	1897.12		0	N	1827.92
4887	59614		VAG DLVR AFTER C DLVR POSTPARTUM CARE	25.3	2112.55		49	N	
4888	59618		ANTEPARTUM C DLVR&POSTPARTUM FA V AP C DLVER	52.93	4419.66		90	N	
4889	59620		C DLVR ONLY FA V AP C DLVER	26.18	2186.03		0	Y	2097.37
4890	59622		C DLVR ONLY FA V AP C DLVER W/POSTPARTUM CARE	30.36	2535.06		90	N	
4891	59812		TX INCOMPL AB ANY TRI COMPLD SURGLY	7.58	632.93		90	N	1827.92
4892	59820		TX MISSED AB COMPLD SURGLY 1ST TRI	9.49	792.42		90	N	1827.92
4893	59821		TX MISSED AB COMPLD SURGLY 2ND TRI	9.68	808.28		90	N	1827.92
4894	59830		TX SEPTIC AB COMPLD SURGLY	11.15	931.03		90	N	2097.37
4895	59840		INDUCED AB DILAT&CURTG	5.51	460.09		10	N	1827.92
4896	59841		INDUCED AB DILAT&EVAC	9.66	806.61		10	N	1827.92

	A	B	C	D	E	F	G	H	I
4897	59850		INDUCED AB 1 IAM NJXS DLVR FETUS	9.69	809.12		90	N	2097.37
4898	59851		INDUCED AB 1 IAM NJXS DLVR FETUS D&C&EVAC	10.23	854.21		90	N	2097.37
4899	59852		INDUCED AB 1 IAM NJXS DLVR FETUS HYSTOT	13.94	1163.99		90	N	2097.37
4900	59855		INDUCED AB 1 VAG SUPP DLVR FETUS	10.59	884.27		90	N	2097.37
4901	59856		INDUCED AB 1 VAG SUPP DLVR FETUS D&C&/EVAC	12.76	1065.46		90	N	2097.37
4902	59857		INDUCED AB 1 VAG SUPP DLVR FETUS HYSTOT	14.7	1227.45		90	Y	2097.37
4903	59866		MULTIFTL PREGNANCY RDCTJ	6.19	516.87		0	Y	310.82
4904	59870		UTERINE EVAC&CURTG HYDATIDIFORM MOLE	11.61	969.44		90	Y	1827.92
4905	59871		RMVL CERCLAGE SUTR UNDER ANES	3.5	292.25		0	Y	1827.92
4906	59897		UNLIS FTL INVASIVE W/US GID	BR	BR		0	N	12.04
4907	59898		UNLIS LAPS MATERNITY CARE&DLVR	BR	BR		0	N	3470.14
4908	59899		UNLIS MATERNITY CARE&DLVR	BR	BR		0	N	12.04
4909	60000		I&D THYROGLOSSAL DUX CST INFCT	3.7	308.95		10	Y	694.83
4910	60100		BX THYR PRQ CORE NDL	2.85	237.98		0	N	419.39
4911	60200		EXC CST/ADENOMA THYR/TRNSXJ ISTHMUS	15.72	1312.62		90	Y	4446.07
4912	60210		PRTL THYR LOBEC UNI +ISTHMUSECTOMY	16.75	1398.63		90	Y	4446.07
4913	60212		PRTL THYR LOBEC UNI W/CLAT STOT LOBEC	24.08	2010.68		90	Y	4446.07
4914	60220		TOT THYR LOBEC UNI +ISTHMUSECTOMY	18.33	1530.56		90	Y	4446.07
4915	60225		TOT THYR LOBEC UNI W/CLAT STOT LOBEC	22.05	1841.18		90	Y	4446.07
4916	60240		TRDEC TOT/COMPL	23.64	1973.94		90	Y	4446.07
4917	60252		TRDEC TOT/STOT F/MAL W/LMTD NCK DSJ	31.66	2643.61		90	Y	3919.59
4918	60254		TRDEC TOT/STOT F/MAL W/RAD NCK DSJ	41.27	3446.05		90	Y	2097.37
4919	60260		TRDEC RMVL REMAINING TISS FLWG RMVL PRTN	26.53	2215.26		90	Y	3919.59
4920	60270		TRDEC W/SUBSTERNAL THYR STERNAL SPLT/TTHRC	33.16	2768.86		90	Y	2097.37
4921	60271		TRDEC W/SUBSTERNAL THYR CRV APPR	25.67	2143.45		90	Y	3919.59
4922	60280		EXC THYROGLOSSAL DUX CST/SINUS	10.51	877.59		90	Y	4446.07
4923	60281		EXC THYROGLOSSAL DUX CST/SINUS RECRT	14.1	1177.35		90	Y	4446.07
4924	60300		ASPIRATION AND/OR INJECTION THYROID CYST	2.59	217.56		0	N	419.39
4925	60500		PARATRDEC/EXPL PARATHYR	24.25	2024.88		90	Y	3919.59
4926	60502		PARATRDEC/EXPL PARATHYR RE-EXPL	30.57	2552.60		90	Y	3919.59
4927	60505		PARATRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	33.76	2818.96		90	Y	2097.37
4928	60512		PARATHYR AUTOTRNSPLJ	6.03	503.51		0	Y	2132.75
4929	60520		THYMECTOMY PRTL/TOT TRANSCRV APPR SPX	25.5	2129.25		90	Y	3919.59
4930	60521		THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	29.23	2440.71		90	Y	2097.37
4931	60522		THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	35.18	2937.53		90	Y	2097.37
4932	60540		ADRNLECTOMY EXPL ADRNL TABDL LMBR/DORSAL SPX	25.58	2135.93		90	Y	2097.37
4933	60545		ADRNLECTOMY EXPL ADRNL SPX EXC ADJ TUM	29.43	2457.41		90	Y	2097.37
4934	60600		EXC CRTD BDY TUM W/O EXC CRTD ART	35.09	2930.02		90	Y	2097.37
4935	60605		EXC CRTD BDY TUM W/EXC CRTD ART	43.4	3623.90		90	Y	2097.37
4936	60650		LAPS ADRNLECTOMY PRTL/COMPL TABDL	28.88	2411.48		90	Y	2097.37
4937	60659		UNLIS LAPS ENDOC SYS	BR	BR		0	N	3470.14
4938	60699		UNLIS ENDOC SYS	BR	BR		0	N	4446.07
4939	61000		SDRL TAP THRU FONTANELLE/SUTR INFT UNI/BI 1ST	2.57	214.60		0	N	656.59
4940	61001		SDRL TAP THRU FONTANELLE/SUTR INFT UNI/BI SBSQ	2.6	217.10		0	N	656.59
4941	61020		VENTR PNXR PREVIOUS BURR HOLE W/O NJX	3.1	258.85		0	N	656.59
4942	61026		VENTR PNXR PREVIOUS BURR HOLE W/NJX	3.27	273.05		0	N	656.59
4943	61050		CISTERNAL/LAT CRV C1-C2 PNXR W/O NJX SPX	2.7	225.45		0	N	656.59
4944	61055		CISTERNAL/LAT CRV C1-C2 PNXR W/NJX	3.43	286.41		0	N	656.59

	A	B	C	D	E	F	G	H	I
4945	61070		PNXR SHUNT TUBING/RSVR ASPIR/NJX	2.02	168.67		0	N	581.26
4946	61105		TDH SDRL/VENTR PNXR	10.36	865.06		90	N	2097.37
4947	61107		TDH SDRL/VENTR PNXR IMPLTING VENTR CATH/DEV	8.15	680.53		0	N	2097.37
4948	61108		TDH SDRL/VENTR PNXR EVAC&/DRG SDRL HMTMA	20.48	1710.08		90	N	2097.37
4949	61120		BURR HOLE VENTR PNXR	16.84	1406.14		90	N	2097.37
4950	61140		BURR HOLE/TREPHINE W/BX BRN/ICRA LES	29.54	2466.59		90	Y	2097.37
4951	61150		BURR HOLE/TREPHINE W/DRG BRN ABSC/CST	31.73	2649.46		90	N	2097.37
4952	61151		BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	23.08	1927.18		90	N	2097.37
4953	61154		BURR HOLE W/EVAC&/DRG HMTMA XDRL/SDRL	29.26	2443.21		90	Y	2097.37
4954	61156		BURR HOLE W/ASPIR HMTMA/CST ICERE	29.73	2482.46		90	Y	2097.37
4955	61210		BURR HOLE IMPLTING VENTR CATH RSVR ELTRD/DEV SPX	9.48	791.58		0	N	2097.37
4956	61215		INSJ SUBQ RSVR PMP/NFS SYS VENTR CATH	10.82	903.47		90	N	3741.42
4957	61250		BURR HOLE/TREPHINE STTL EXPL N/FLWD OTH SURG	20.08	1676.68		90	Y	2097.37
4958	61253		BURR HOLE/TREPHINE ITTL UNI/BI	22.44	1873.74		90	Y	2097.37
4959	61304		CRNEC/CRX EXPL STTL	39.42	3291.57		90	Y	2097.37
4960	61305		CRNEC/CRX EXPL ITTL	47.04	3927.84		90	Y	2097.37
4961	61312		CRNEC/CRX F/EVAC HMTMA STTL XDRL/SDRL	48.57	4055.60		90	Y	2097.37
4962	61313		CRNEC/CRX F/EVAC HMTMA STTL ICERE	46.61	3891.94		90	Y	2097.37
4963	61314		CRNEC/CRX F/EVAC HMTMA ITTL XDRL/SDRL	42.84	3577.14		90	Y	2097.37
4964	61315		CRNEC/CRX F/EVAC HMTMA ITTL INTRACEREBELLAR	49.67	4147.45		90	Y	2097.37
4965	61316		INC&SUBQ PLMT CRNL B1 GRF	2.18	182.03		0	N	2097.37
4966	61320		CRNEC/CRX DRG ICRA ABSC STTL	45.88	3830.98		90	Y	2097.37
4967	61321		CRNEC/CRX DRG ICRA ABSC ITTL	50.2	4191.70		90	Y	2097.37
4968	61322		CRNEC/CRX DCMPRIVE W/O LOBEC	54.54	4554.09		90	Y	2097.37
4969	61323		CRNEC/CRX DCMPRIVE W/LOBEC	55.83	4661.81		90	N	2097.37
4970	61330		DCMPRN ORBIT ONLY TRANSCRNL	38.27	3195.55		90	Y	3919.59
4971	61332		EXPL ORBIT TRANSCRNL BX	45.57	3805.10		90	Y	2097.37
4972	61333		EXPL ORBIT TRANSCRNL RMVL LES	45.23	3776.71		90	Y	2097.37
4973	61334		EXPL ORBIT TRANSCRNL W/RMVL FB	29.58	2469.93		90	Y	3919.59
4974	61340		STPL CRNL DCMPRN	34.07	2844.85		90	Y	2097.37
4975	61343		CRNEC SOPL CRV LAM DCMPRN MEDULLA&SPI CORD	52.88	4415.48		90	Y	2097.37
4976	61345		OTH CRNL DCMPRN POST FOSSA	48.62	4059.77		90	Y	2097.37
4977	61440		CRX SCTJ TENTORIUM CEREBELLI SPX	46.78	3906.13		90	Y	2097.37
4978	61450		CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	44.53	3718.26		90	Y	2097.37
4979	61458		CRNEC SOPL EXPL/DCMPRN CRNL NRV	48.29	4032.22		90	Y	2097.37
4980	61460		CRNEC SOPL SCTJ 1 CRNL NRV	49.27	4114.05		90	Y	2097.37
4981	61470		CRNEC SOPL MEDULLARY TRCOTOMY	44.37	3704.90		90	Y	2097.37
4982	61480		CRNEC SOPL MESENCEPHAL TRCOTOMY/PEDUNCULOTOMY	45.36	3787.56		90	Y	2097.37
4983	61490		CRX LOBOTOMY W/CINGULOTOMY	45.69	3815.12		90	Y	2097.37
4984	61500		CRNEC EXC TUM/OTH B1 LES SKL	32.03	2674.51		90	Y	2097.37
4985	61501		CRNEC OSTEOMYELITIS	27.13	2265.36		90	Y	2097.37
4986	61510		CRNEC TREPH B1 FLAP CRX EXC TUM STTL	51.75	4321.13		90	Y	2097.37
4987	61512		CRNEC TREPH B1 FLAP CRX EXC MENINGIOMA STTL	61.82	5161.97		90	Y	2097.37
4988	61514		CRNEC TREPH B1 FLAP CRX EXC BRN ABSC STTL	45.42	3792.57		90	Y	2097.37
4989	61516		CRNEC TREPH B1 FLAP CRX EXC CST STTL	44.46	3712.41		90	Y	2097.37
4990	61517		IMPLTJ BRN INTRCV CHEMOTX AGT	2.2	183.70		0	N	2097.37
4991	61518		CRNEC EXC TUM ITTL/PFOS CRBLOPNT/MIDLINE	66.36	5541.06		90	Y	2097.37
4992	61519		CRNEC EXC TUM ITTL/PFOS MENINGIOMA	71.83	5997.81		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
4993	61520		CRNEC EXC TUM ITTL/PFOS CRBLOPNT ANGL TUM	91.65	7652.78		90	Y	2097.37
4994	61521		CRNEC EXC TUM ITTL/PFOS MIDLINE TUM BASE SKL	77.31	6455.39		90	Y	2097.37
4995	61522		CRNEC ITTL/PFOS EXC ABSC	52.12	4352.02		90	Y	2097.37
4996	61524		CRNEC ITTL/PFOS EXC/FENESTRATION CST	49.68	4148.28		90	Y	2097.37
4997	61526		CRNEC EXC CRBLOPNT ANGL TUM	83.2	6947.20		90	Y	2097.37
4998	61530		CRNEC EXC CRBLOPNT ANGL TUM MIDDLE/PFOS	70.45	5882.58		90	Y	2097.37
4999	61531		SDRL IMPLTJ STRIP ELTRDS SEIZURE MNTR	27.87	2327.15		90	Y	2097.37
5000	61533		CRX B1 FLAP IMPLTJ ELTRD RA SEIZURE MNTR	35.96	3002.66		90	Y	2097.37
5001	61534		CRX B1 FLAP EXC EPILEPTOGENIC FOC W/O ECOG	38.43	3208.91		90	Y	2097.37
5002	61535		CRX B1 FLAP RMVL ELTRD RA W/O EXC CERE TISS SPX	22.58	1885.43		90	Y	2097.37
5003	61536		CRX B1 FLAP EXC CERE FOC W/ECOG	62.55	5222.93		90	Y	2097.37
5004	61537		CRX B1 FLAP TEMPORAL LOBE W/O ECOG	55.14	4604.19		90	Y	2097.37
5005	61538		CRX B1 FLAP LOBEC TEMPORAL LOBE W/ECOG	58.59	4892.27		90	Y	2097.37
5006	61539		CRX B1 FLAP LOBEC OTH/THN TEMPORAL LOBE W/ECOG	56.29	4700.22		90	Y	2097.37
5007	61540		CRX B1 FLAP LOBEC OTH/THN TEMPORAL LOBE W/O ECOG	53.44	4462.24		90	Y	2097.37
5008	61541		CRX B1 FLAP TRNSXJ CORPUS CALLOSUM	50.55	4220.93		90	Y	2097.37
5009	61542		CRX B1 FLAP TOT HEMISPHERCOMY	55.22	4610.87		90	Y	2097.37
5010	61543		CRX B1 FLAP PRTL/STOT HEMISPHERCOMY	52.03	4344.51		90	Y	2097.37
5011	61544		CRX B1 FLAP EXC/COAGJ CHOROID PLEXUS	44.51	3716.59		90	Y	2097.37
5012	61545		CRX B1 FLAP EXC CRANIOPHARYNGIOMA	76.05	6350.18		90	Y	2097.37
5013	61546		CRX HYPPHSEC/EXC PITUITARY TUM ICRA	54.97	4590.00		90	Y	2097.37
5014	61548		HYPPHSEC/EXC PITUITARY TUM TRANSNSL/SEPTAL	36.84	3076.14		90	Y	2097.37
5015	61550		CRNEC CRANIOSYNOSTOSIS 1 CRNL SUTR	21.48	1793.58		90	Y	2097.37
5016	61552		CRNEC CRANIOSYNOSTOSIS MLT CRNL SUTRS	27.78	2319.63		90	Y	2097.37
5017	61556		CRX CRANIOSYNOSTOSIS FRNT/PARIETAL B1 FLAP	38	3173.00		90	Y	2097.37
5018	61557		CRX CRANIOSYNOSTOSIS BIFRNT B1 FLAP	40.32	3366.72		90	Y	2097.37
5019	61558		X10SV CRNEC MLT SUTR CRANIOSYNOSTOSIS X W/B1 GRF	37.74	3151.29		90	Y	2097.37
5020	61559		X10SV CRNEC MLT SUTR CRANIOSYNOSTOSIS B1 AGRFT	58.26	4864.71		90	Y	2097.37
5021	61563		EXC B9 TUM CRNL B1 W/O OPTIC NRV DCMPRN	45.74	3819.29		90	Y	2097.37
5022	61564		EXC B9 TUM CRNL B1 W/OPTIC NRV DCMPRN	57.73	4820.46		90	Y	2097.37
5023	61566		CRX B1 FLAP SLCTV AMYGDALOHIPPOCAMPECTOMY	53.57	4473.10		90	Y	2097.37
5024	61567		CRX B1 FLAP MLT SUBPIAL TRNSXJS W/ECOG	59.45	4964.08		90	Y	2097.37
5025	61570		CRNEC/CRX EXC FB FROM BRN	43.64	3643.94		90	Y	2097.37
5026	61571		CRNEC/CRX TX PENTRG WND BRN	47.44	3961.24		90	Y	2097.37
5027	61575		TRANSORAL SB BX DCMPRN/EXC LES	56.81	4743.64		90	Y	2097.37
5028	61576		TRANSORAL SB BX DCMPRN/EXC LES SPLTTING TONGUE	87.76	7327.96		90	Y	2097.37
5029	61580		CRANFCL ACF XDRL W/O ORB EXNTJ	58.7	4901.45		90	Y	2097.37
5030	61581		CRANFCL ACF XDRL ORB EXNTJ	62.78	5242.13		90	Y	2097.37
5031	61582		CRANFCL ACF XDRL ELVTN LOBE	66.77	5575.30		90	Y	2097.37
5032	61583		CRANFCL ACF IDRL ELVTN/RESCJ LOBE	69.12	5771.52		90	Y	2097.37
5033	61584		OC ACF XDRL W/O ORB EXNTJ	66.85	5581.98		90	Y	2097.37
5034	61585		OC ACF XDRL W/ORB EXNTJ	71.38	5960.23		90	Y	2097.37
5035	61586		BICORONAL TRANSZYGMTC&/LEFT W/O B1 GRF	51.89	4332.82		90	Y	2097.37
5036	61590		ITPRL PRE-AUR MCF&MSB	74.82	6247.47		90	Y	2097.37
5037	61591		ITPRL POST-AUR MCF	76.01	6346.84		90	Y	2097.37
5038	61592		OC ZYGMTC MCF	75.58	6310.93		90	Y	2097.37
5039	61595		TRANSTEMPORAL PCF JUG FORAMEN/MSB	55.83	4661.81		90	Y	2097.37
5040	61596		TRANSCOCHLEAR PCF JUG FORAMEN/MSB	61.79	5159.47		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
5041	61597		TRANSCONDYLAR PCF JUG FORAMEN/MSB	68.5	5719.75		90	Y	2097.37
5042	61598		TRANSPETROSAL PCF CLIVUS/FORAMEN MAGNUM	61.2	5110.20		90	Y	2097.37
5043	61600		RESCJ/EXC LES BASE ACF XDRL	50.11	4184.19		90	Y	2097.37
5044	61601		RESCJ/EXC LES BASE ACF IDRL W/RPR	55.56	4639.26		90	Y	2097.37
5045	61605		RESCJ/EXC LES ITPRL FOSSA SPACE APEX XDRL	52.95	4421.33		90	Y	2097.37
5046	61606		RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	71.71	5987.79		90	Y	2097.37
5047	61607		RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	66.68	5567.78		90	Y	2097.37
5048	61608		RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	78.29	6537.22		90	Y	2097.37
5049	61609		TRNSXJ/LIG CRTD ART SINUS W/O RPR	16.04	1339.34		0	Y	2097.37
5050	61610		TRNSXJ/LIG CRTD ART SINUS W/RPR ANAST/GRF	47.04	3927.84		0	Y	2097.37
5051	61611		TRNSXJ/LIG CRTD ART PETROUS CANAL W/O RPR	12.13	1012.86		0	Y	2097.37
5052	61612		TRNSXJ/LIG CRTD ART PETROUS CANAL RPR ANAST/GRF	41.42	3458.57		0	Y	2097.37
5053	61613		OBLTRJ CRTD ARYSM ARVEN CRTD-FSTL DSJ	75.53	6306.76		90	Y	2097.37
5054	61615		RESCJ/EXC LES BASE PCF VRT BODIES XDRL	58.72	4903.12		90	Y	2097.37
5055	61616		RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	78.39	6545.57		90	Y	2097.37
5056	61618		SEC RPR DURA CSF LEAK FR TISS GRF	30.82	2573.47		90	Y	2097.37
5057	61619		SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	35.72	2982.62		90	Y	2097.37
5058	61623		EVASC TEMP BALO ARTL OCCLUSION	13.85	1156.48		0	N	8510.25
5059	61624		TCAT PRM OCCLUSION/EMBOLIZATION PRQ CNS	26.8	2237.80		0	N	2097.37
5060	61626		TCAT PRM OCCLUSION/EMBOLIZATION PRQ NON-CNS	21.53	1797.76		0	N	8510.25
5061	61630		BALO ANGIOP ICRA PRQ	32.85	2742.98		90	N	2097.37
5062	61635		TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	35.94	3000.99		90	N	2097.37
5063	61640		BALO DILAT ICRA PRQ 1ST VSL	14.64	1222.44		0	N	2097.37
5064	61641		BALO DILAT ICRA PRQ EA VSL SM VASC FAM	5.14	429.19		0	N	2097.37
5065	61642		BALO DILAT ICRA PRQ EA VSL DIFF VASC FAM	10.29	859.22		0	N	2097.37
5066	61680		SURG ICRA ARVEN MALFRMJ STTL SMPL	54.44	4545.74		90	Y	2097.37
5067	61682		SURG ICRA ARVEN MALFRMJ STTL CPLX	103.95	8679.83		90	Y	2097.37
5068	61684		SURG ICRA ARVEN MALFRMJ ITTL SMPL	69.33	5789.06		90	Y	2097.37
5069	61686		SURG ICRA ARVEN MALFRMJ ITTL CPLX	111	9268.50		90	Y	2097.37
5070	61690		SURG ICRA ARVEN MALFRMJ DURAL SMPL	51.55	4304.43		90	Y	2097.37
5071	61692		SURG ICRA ARVEN MALFRMJ DURAL CPLX	89.25	7452.38		90	Y	2097.37
5072	61697		SURG CPLX ICRA ARYSM ICRA APPR CRTD CRCJ	98.04	8186.34		90	Y	2097.37
5073	61698		CPLX ICRA ICRA VERTEBROBASILAR CRCJ	102.88	8590.48		90	Y	2097.37
5074	61700		SMPL ICRA ICRA APPR CRTD CRCJ	85.34	7125.89		90	Y	2097.37
5075	61702		SMPL ICRA ICRA VERTEBROBASILAR CRCJ	91.26	7620.21		90	Y	2097.37
5076	61703		ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	31.47	2627.75		90	Y	2097.37
5077	61705		ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	61.93	5171.16		90	Y	2097.37
5078	61708		ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	50.43	4210.91		90	Y	2097.37
5079	61710		ARYSM VASC MALFRMJ IA EMBOLIZATION	45.99	3840.17		90	N	2097.37
5080	61711		ANAST ARTL XTRC-ICRA ARTS	63.26	5282.21		90	Y	2097.37
5081	61720		CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	28.09	2345.52		90	N	3399.62
5082	61735		CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	34.7	2897.45		90	N	2097.37
5083	61750		STRTCTC BX ASPIR/EXC BURR ICRA LES	33.21	2773.04		90	N	2097.37
5084	61751		STRTCTC BX ASPIR/EXC BURR ICRA LES W/CT&/MRG	32.33	2699.56		90	N	2097.37
5085	61760		STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MNTR	34.98	2920.83		90	N	2097.37
5086	61770		STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	36.02	3007.67		90	N	3399.62
5087	61790		CRTJ LES STRTCTC PRQ NULYT GASSERIAN	19.56	1633.26		90	N	1707.08
5088	61791		CRTJ LES STRTCTC PRQ NULYT TRIGEMINAL TRC	25.78	2152.63		90	N	1207.71

	A	B	C	D	E	F	G	H	I
5089	61795		STRTCTC CPTR ASSTD ICRA XTRC/SPI	6.28	524.38		0	N	
5090	61796		STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	21.98	1835.33	0.00	90	Y	
5091	61797		STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	5.08	424.18	0.00	0	Y	
5092	61798		STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	28.57	2385.60	0.00	90	Y	
5093	61799		STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	7	584.50	0.00	0	Y	
5094	61800		APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	3.52	293.92	0.00	0	Y	
5095	61850		TDH/BURR IMPLTJ NSTIM ELTRD CORTICAL	22.31	1862.89		90	Y	2097.37
5096	61860		CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	36.77	3070.30		90	Y	2097.37
5097	61863		STRTCTC IMPLTJ NSTIM ELTRD W/O MER 1ST RA	35.91	2998.49		90	Y	2097.37
5098	61864		STRTCTC IMPLTJ NSTIM ELTRD W/O MER EA RA	11.61	969.44		0	Y	2097.37
5099	61867		STRTCTC IMPLTJ NSTIM ELTRD W/MER 1ST RA	52.75	4404.63		90	Y	2097.37
5100	61868		STRTCTC IMPLTJ NSTIM ELTRDW/MER EA RA	16.3	1361.05		0	Y	2097.37
5101	61870		CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	27.95	2333.83		90	Y	2097.37
5102	61875		CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR SUBCORTICAL	25.42	2122.57		90	Y	2097.37
5103	61880		REVJ/RMVL ICRA NSTIM ELTRDS	12.65	1056.28		90	Y	1790.80
5104	61885		INSJ/RPLCMT CRNL NPGR 1 ELTRD RA	14.07	1174.85		90	N	18794.36
5105	61886		INSJ/RPLCMT CRNL NPGR 2 ELTRD RA	17.69	1477.12		90	Y	25053.51
5106	61888		REVJ/RMVL CRNL NPGR	9.67	807.45		10	N	2613.83
5107	62000		ELVTN DEPRS SKL FX SMPL XDRL	19.45	1624.08		90	N	2276.44
5108	62005		ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	28.64	2391.44		90	Y	2097.37
5109	62010		ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	36.1	3014.35		90	Y	2097.37
5110	62100		CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	38.49	3213.92		90	Y	2097.37
5111	62115		RDCTJ CRANIOMEGALIC SKL X W/B1 GRFS/CRNOP	38.21	3190.54		90	Y	2097.37
5112	62116		RDCTJ CRANIOMEGALIC SKL W/SMPL CRNOP	41.89	3497.82		90	Y	2097.37
5113	62117		RDCTJ CRANIOMEGALIC REQ CRX&RCNSTJ +B1 GRF	45.21	3775.04		90	Y	2097.37
5114	62120		RPR ENCEPHALOCELE SKL VAULT W/CRNOP	42.78	3572.13		90	Y	2097.37
5115	62121		CRX F/RPR ENCEPHALOCELE SB	39.93	3334.16		90	Y	2097.37
5116	62140		CRNOP F/SKL DFCT UP 5 CM DIAM	24.89	2078.32		90	Y	2097.37
5117	62141		CRNOP F/SKL DFCT >5 CM DIAM	27.26	2276.21		90	Y	2097.37
5118	62142		RMVL B1 FLAP/PROSTC PLATE SKL	20.48	1710.08		90	Y	2097.37
5119	62143		RPLCMT B1 FLAP/PROSTC PLATE SKL	24.26	2025.71		90	Y	2097.37
5120	62145		CRNOP F/SKL DFCT W/REPARATIVE BRN SURG	33.24	2775.54		90	Y	2097.37
5121	62146		CRNOP W/AGRFT UP 5 CM DIAM	28.6	2388.10		90	Y	2097.37
5122	62147		CRNOP W/AGRFT >5 CM DIAM	33.98	2837.33		90	Y	2097.37
5123	62148		INC&RETRIEVAL SUBQ CRNL B1 GRF F/CRNOP	3.12	260.52		0	N	2097.37
5124	62160		NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	4.91	409.99		0	N	
5125	62161		NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	36.31	3031.89		90	Y	2097.37
5126	62162		NUNDSC ICRA FENESTRATION/EXC CST PLMT CATH DRG	44.55	3719.93		90	Y	2097.37
5127	62163		NUNDSC ICRA W/RETRIEVAL FB	28.87	2410.65		90	Y	2097.37
5128	62164		NUNDSC ICRA EXC TUM PLMT CATH DRG	46.71	3900.29		90	Y	2097.37
5129	62165		NUNDSC ICRA EXC PITUITARY TUM	36.74	3067.79		90	N	2097.37
5130	62180		VENTRICULOCISTERNOSTOMY	37.42	3124.57		90	Y	2097.37
5131	62190		CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	20.91	1745.99		90	Y	2097.37
5132	62192		CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	22.78	1902.13		90	Y	2097.37
5133	62194		RPLCMT/IRRG SARACH/SDRL CATH	8.79	733.97		10	Y	656.59
5134	62200		VENTRICULOCISTERNOSTOMY 3RD VNTRC	32.75	2734.63		90	Y	2097.37
5135	62201		VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	27.71	2313.79		90	N	2097.37
5136	62220		CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	24.05	2008.18		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
5137	62223		CRTJ SHUNT VENTRICULO-PRTL-PLEURAL OTH	24.2	2020.70		90	Y	2097.37
5138	62225		RPLCMT/IRRIGATION VENTR CATH	11.34	946.89		90	N	1396.15
5139	62230		RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	19.62	1638.27		90	Y	3741.42
5140	62252		REPRGRMG PRGRBL CEREBSP SHUNT	2.43	202.91		0	N	231.68
5141	62256		RMVL COMPL CEREBSP FLU SHUNT SYS W/O RPLCMT	13.29	1109.72		90	Y	2097.37
5142	62258		RMVL COMPL CSF SHUNT SYS W/RPLCMT	26.6	2221.10		90	Y	2097.37
5143	62263		PRQ LSS EDRL ADS SLN NJX/MCHNL LOCLZJ 2 D	17.96	1499.66		10	N	656.59
5144	62264		PRQ LSS EDRL ADS SLN NJX/MCHNL LOCLZJ 1 D	11.45	956.08		10	N	1207.71
5145	62267		PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	6.79	566.97	0.00	0	N	419.39
5146	62268		PRQ ASPIR SPI CORD CST/SYRINX	14.94	1247.49		0	N	656.59
5147	62269		BX SPI CORD PRQ NDL	17.55	1465.43		0	N	881.50
5148	62270		SPI PNXR LMBR DX	4.13	344.86		0	N	339.42
5149	62272		SPI PNXR THER F/DRG CEREBSP FLU	4.86	405.81		0	N	339.42
5150	62273		NJX EDRL BLD/CLOT PATCH	4.51	376.59		0	N	339.42
5151	62280		NJX/NFS NULYT SBST SBST SARACH	8.92	744.82		10	N	656.59
5152	62281		NJX/NFS NULYT SBST EDRL CRV/THRC	7.74	646.29		10	N	656.59
5153	62282		NJX/NFS NULYT SBST EDRL LMBR SAC	9.52	794.92		10	N	656.59
5154	62284		NJX MYELOGRAPY&/CT SPI	6.14	583.30		0	N	
5155	62287		ASPIR/DCMPRN PRQ NUCLEUS PULPOSUS 1 LVLS LMBR	13.75	1148.13		90	N	3399.62
5156	62290		NJX DISKOGRAPY EA LVL LMBR	9.36	781.56		0	N	
5157	62291		NJX DISKOGRAPY EA LVL CRV/THRC	8.35	697.23		0	N	
5158	62292		NJX CHEMONUCLEOLSS DISKOGRAPY 1 LMBR	13.19	1101.37		90	N	656.59
5159	62294		NJX ARTL OCCLUSION ARVEN MALFRMJ SPI	18.31	1528.89		90	N	656.59
5160	62310		NJX C+DX/THER SBST EDRL/SARACH CRV/THRC	6.19	516.87		0	N	656.59
5161	62311		NJX C+DX/THER SBST EDRL/SARACH LMBR SAC	5.83	486.81		0	N	656.59
5162	62318		NJX NFS/BOLUS DX/SBST EDRL/SARACH CRV/THRC	7.04	587.84		0	N	656.59
5163	62319		NJX NFS/BOLUS DX/SBST EDRL/SARACH LMBR SAC	6.24	521.04		0	N	656.59
5164	62350		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	12.25	1022.88		90	N	3741.42
5165	62351		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	19.92	1663.32		90	Y	4488.88
5166	62355		RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	9.92	828.32		90	Y	1207.71
5167	62360		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	6.52	544.42		90	Y	3741.42
5168	62361		IMPLTJ/RPLCMT ITHCL/EDRL NFS NON-PRGRBL PMP	10.67	890.95		90	Y	18115.55
5169	62362		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PMP	13.36	1115.56		90	Y	18115.55
5170	62365		RMVL SUBQ RSVR/PMP	10.42	870.07		90	Y	3399.62
5171	62367		ELEC ALYS PRGRBL PMP W/O REPRGRMG	1.02	85.17		0	N	231.68
5172	62368		ELEC ALYS PRGRBL PMP REPRGRMG	1.4	116.90		0	N	231.68
5173	63001		LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV	29.16	2434.86		90	Y	4488.88
5174	63003		LAM W/O FFD 1/2 VRT SEG THRC	29.47	2460.75		90	Y	4488.88
5175	63005		LAM W/O FFD 1/2 VRT SEG LMBR	27.93	2332.16		90	Y	4488.88
5176	63011		LAM W/O FFD 1/2 VRT SEG SAC	26.1	2179.35		90	Y	4488.88
5177	63012		LAM W/RMVL ABNORMAL FACETS LMBR	28.61	2388.94		90	Y	4488.88
5178	63015		LAM W/O FFD >2 VRT SEG CRV	35.32	2949.22		90	Y	4488.88
5179	63016		LAM W/O FFD >2 VRT SEG THRC	36.15	3018.53		90	Y	4488.88
5180	63017		LAM W/O FFD >2 VRT SEG LMBR	29.52	2464.92		90	Y	4488.88
5181	63020		LAMOT PRTL FFD HRNA8 1 NTRSPC CRV	27.94	2332.99		90	Y	4488.88
5182	63030		LAMOT PRTL FFD HRNA8 1 NTRSPC LMBR	23.23	2206.85		90	Y	4488.88
5183	63035		LAMOT PRTL FFD HRNA8 EA NTRSPC CRV/LMBR	5.12	486.40		0	Y	4488.88
5184	63040		LAMOT PRTL FFD HRNA8 REEXPL 1 NTRSPC CRV	34.26	2860.71		90	Y	4488.88

	A	B	C	D	E	F	G	H	I
5185	63042		LAMOT PRTL FFD HRNA8 REEXPL 1 NTRSPC LMBR	32.2	3059.00		90	Y	4488.88
5186	63043		LAMOT PRTL FFD HRNA8 REEXPL 1 NTRSPC EA CRV	16.82	1404.80		0	Y	2097.37
5187	63044		LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	15.98	1334.58		0	Y	2097.37
5188	63045		LAM FACETEC&FORAMOT 1 SGM CRV	30.42	2540.07		90	Y	4488.88
5189	63046		LAM FACETEC&FORAMOT 1 SGM THRC	29.09	2429.02		90	Y	4488.88
5190	63047		LAM FACETEC&FORAMOT 1 SGM LMBR	26.72	2538.40		90	Y	4488.88
5191	63048		LAM FACETEC&FORAMOT 1 SGM EA CRV THRC/LMBR	5.42	514.90		0	Y	4488.88
5192	63050		LAMOP CRV W/DCMPRN SPI CORD 2/MORE VRT SEG	35.46	2960.91		90	Y	2097.37
5193	63051		LAMOP CRV DCMPRN SPI CORD 2 SEG RCNSTJ B1	40.55	3385.93		90	Y	2097.37
5194	63055		TRANSPEDICULAR DCMPRN SPI CORD 1 SGM THRC	39.34	3284.89		90	Y	4488.88
5195	63056		TRANSPEDICULAR DCMPRN SPI CORD 1 SGM LMBR	36.61	3477.95		90	Y	4488.88
5196	63057		TRANSPEDICULAR DCMPRN 1 SGM EA THRC/LMBR	8.41	702.24		0	Y	4488.88
5197	63064		COSTOVRT DCMPRN THRC 1 SGM	43.39	3623.07		90	Y	4488.88
5198	63066		COSTOVRT DCMPRN THRC EA SGM	5.18	432.53		0	Y	4488.88
5199	63075		DSKC ANT DCMPRN CRV 1 NTRSPC	34.01	3230.95		90	Y	4488.88
5200	63076		DSKC ANT DCMPRN CRV EA NTRSPC	6.52	619.40		0	Y	4488.88
5201	63077		DSKC ANT DCMPRN THRC 1 NTRSPC	36.86	3077.81		90	Y	2097.37
5202	63078		DSKC ANT DCMPRN THRC EA NTRSPC	5.15	430.03		0	Y	2097.37
5203	63081		VCRPEC ANT DCMPRN CRV 1 SGM	43.11	3599.69		90	Y	2097.37
5204	63082		VCRPEC ANT DCMPRN CRV EA SGM	7.03	587.01		0	Y	2097.37
5205	63085		VCRPEC TTHRC DCMPRN THRC 1 SGM	45.96	3837.66		90	Y	2097.37
5206	63086		VCRPEC TTHRC DCMPRN THRC EA SGM	4.95	413.33		0	Y	2097.37
5207	63087		VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SGM	58.68	4899.78		90	Y	2097.37
5208	63088		VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SGM	6.75	563.63		0	Y	2097.37
5209	63090		VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SGM	47.48	3964.58		90	Y	2097.37
5210	63091		VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SGM	4.59	383.27		0	Y	2097.37
5211	63101		VCRPEC LAT XTRCAVITARY DCMPRN THRC 1 SGM	55.02	4594.17		90	Y	2097.37
5212	63102		VCRPEC LAT XTRCAVITARY DCMPRN LMBR 1 SGM	54.95	4588.33		90	Y	2097.37
5213	63103		VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SGM	7.36	614.56		0	Y	2097.37
5214	63170		LAM W/MYELOTOMY CRV THRC/THORACOLMBR	36.83	3075.31		90	Y	2097.37
5215	63172		LAM W/DRG IMED CST/SYRINX SARACH SPACE	33.01	2756.34		90	Y	2097.37
5216	63173		LAM W/DRG IMED CST/SYRINX PRTL/PLEURAL SPACE	40.44	3376.74		90	Y	2097.37
5217	63180		LAM&SCTJ DENTATE LIGMS CRV 1/2 SEG	33.29	2779.72		90	Y	2097.37
5218	63182		LAM&SCTJ DENTATE LIGMS CRV >2 SEG	35.74	2984.29		90	Y	2097.37
5219	63185		LAM W/RHIZOTOMY 1/2 SEG	26.13	2181.86		90	Y	2097.37
5220	63190		LAM W/RHIZOTOMY >2 SEG	30.28	2528.38		90	Y	2097.37
5221	63191		LAM W/SCTJ SPI ACCESSORY NRV	33.84	2825.64		90	Y	2097.37
5222	63194		LAM CORDOTOMY SCTJ 1 TRC 1 STG CRV	34.04	2842.34		90	Y	2097.37
5223	63195		LAM CORDOTOMY SCTJ 1 TRC 1 STG THRC	35.62	2974.27		90	Y	2097.37
5224	63196		LAM CORDOTOMY SCTJ BTH TRCS 1 STG CRV	41.95	3502.83		90	Y	2097.37
5225	63197		LAM CORDOTOMY SCTJ BTH TRCS 1 STG THRC	39.47	3295.75		90	Y	2097.37
5226	63198		LAM CORDOTOMY SCTJ BTH TRCS 2 STGS CRV	41.77	3487.80		90	Y	2097.37
5227	63199		LAM CORDOTOMY SCTJ BTH TRCS 2 STGS THRC	43.17	3604.70		90	Y	2097.37
5228	63200		LAM RLS TETHERED SPI CORD LMBR	35.59	2971.77		90	Y	2097.37
5229	63250		LAM EXC/OCCLUSION AVM SPI CORD CRV	68.67	5733.95		90	Y	2097.37
5230	63251		LAM EXC/OCCLUSION AVM SPI CORD THRC	72.81	6079.64		90	Y	2097.37
5231	63252		LAM EXC/OCCLUSION AVM SPI CORD THORACOLMBR	72.75	6074.63		90	Y	2097.37
5232	63265		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CRV	39.65	3310.78		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
5233	63266		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THRC	40.88	3413.48		90	Y	2097.37
5234	63267		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL LMBR	32.9	2747.15		90	Y	2097.37
5235	63268		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SAC	32.1	2680.35		90	Y	2097.37
5236	63270		LAM EXC ISPI LES OTH/THN NEO IDRL CRV	49.12	4101.52		90	Y	2097.37
5237	63271		LAM EXC ISPI LES OTH/THN NEO IDRL THRC	49.27	4114.05		90	Y	2097.37
5238	63272		LAM EXC ISPI LES OTH/THN NEO IDRL LMBR	45.46	3795.91		90	Y	2097.37
5239	63273		LAM EXC ISPI LES OTH/THN NEO IDRL SAC	43.7	3648.95		90	Y	2097.37
5240	63275		LAM BX/EXC ISPI NEO XDRL CRV	42.7	3565.45		90	Y	2097.37
5241	63276		LAM BX/EXC ISPI NEO XDRL THRC	42.57	3554.60		90	Y	2097.37
5242	63277		LAM BX/EXC ISPI NEO XDRL LMBR	37.51	3132.09		90	Y	2097.37
5243	63278		LAM BX/EXC ISPI NEO XDRL SAC	36.68	3062.78		90	Y	2097.37
5244	63280		LAM BX/EXC ISPI NEO IDRL XMED CRV	50.69	4232.62		90	Y	2097.37
5245	63281		LAM BX/EXC ISPI NEO IDRL XMED THRC	50.16	4188.36		90	Y	2097.37
5246	63282		LAM BX/EXC ISPI NEO IDRL XMED LMBR	47.29	3948.72		90	Y	2097.37
5247	63283		LAM BX/EXC ISPI NEO IDRL SAC	44.79	3739.97		90	Y	2097.37
5248	63285		LAM BX/EXC ISPI NEO IDRL IMED CRV	63.08	5267.18		90	Y	2097.37
5249	63286		LAM BX/EXC ISPI NEO IDRL IMED THRC	62.63	5229.61		90	Y	2097.37
5250	63287		LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	65.59	5476.77		90	Y	2097.37
5251	63290		LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	66.16	5524.36		90	Y	2097.37
5252	63295		OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	7.69	642.12		0	Y	2097.37
5253	63300		VCRPEC LES 1 SGM XDRL CRV	44.13	3684.86		90	Y	2097.37
5254	63301		VCRPEC LES 1 SGM XDRL THRC TTHRC	49.13	4102.36		90	Y	2097.37
5255	63302		VCRPEC LES 1 SGM XDRL THRC THORACOLMBR	49.05	4095.68		90	Y	2097.37
5256	63303		VCRPEC LES 1 SGM XDRL LMBR/SAC TRANSPRTL/RPR	51.12	4268.52		90	Y	2097.37
5257	63304		VCRPEC LES 1 SGM IDRL CRV	54.01	4509.84		90	Y	2097.37
5258	63305		VCRPEC LES 1 SGM IDRL THRC TTHRC	56.16	4689.36		90	Y	2097.37
5259	63306		VCRPEC LES 1 SGM IDRL THRC THORACOLMBR	57.49	4800.42		90	Y	2097.37
5260	63307		VCRPEC LES 1 SGM IDRL LMBR/SAC TRANSPRTL/RPR	52.86	4413.81		90	Y	2097.37
5261	63308		VCRPEC LES 1 SGM EA SGM	8.44	704.74		0	Y	2097.37
5262	63600		CRTJ LES SPI CORD STRTCTC PRQ	20.21	1687.54		90	N	1707.08
5263	63610		STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	56.95	4755.33		0	N	1707.08
5264	63615		STRTCTC BX ASPIR/EXC LES SPI CORD	26.8	2237.80		90	N	1707.08
5265	63620		STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	23.84	1990.64	0.00	90	Y	
5266	63621		STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	5.83	486.81	0.00	0	Y	
5267	63650		PRQ IMPLTJ NSTIM ELTRD RA EDRL	10.45	872.58		90	N	5992.05
5268	63655		LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	19.87	1659.15		90	Y	7889.49
5269	63661		RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	14.82	1237.47	0.00	10	Y	1790.80
5270	63662		RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	19.03	1589.01	0.00	90	Y	1790.80
5271	63663		REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	21.95	1832.83	0.00	10	Y	1790.80
5272	63664		REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	19.82	1654.97	0.00	90	Y	1790.80
5273	63685		INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	12.16	1015.36		90	Y	18794.36
5274	63688		REVJ/RMVL IMPLTED SPI NPGR	9.94	829.99		90	N	2613.83
5275	63700		RPR MENINGOCELE <5 CM DIAM	29.31	2447.39		90	Y	2097.37
5276	63702		RPR MENINGOCELE >5 CM DIAM	32.48	2712.08		90	Y	2097.37
5277	63704		RPR MYELOMENINGOCELE <5 CM DIAM	37.43	3125.41		90	Y	2097.37
5278	63706		RPR MYELOMENINGOCELE >5 CM DIAM	42.87	3579.65		90	Y	2097.37
5279	63707		RPR DURAL/CEREBSP FLU LEAK X REQ LAM	21.55	1799.43		90	Y	2097.37
5280	63709		RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	26.39	2203.57		90	Y	2097.37

	A	B	C	D	E	F	G	H	I
5281	63710		DURAL GRF SPI	26.25	2191.88		90	Y	2097.37
5282	63740		CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	21.77	1817.80		90	Y	2097.37
5283	63741		CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	14.55	1214.93		90	Y	3741.42
5284	63744		RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	15.34	1280.89		90	Y	3741.42
5285	63746		RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	12.07	1007.85		90	Y	1207.71
5286	64400		NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	2.84	237.14		0	N	233.06
5287	64402		NJX ANES FACIAL NRV	2.78	232.13		0	N	233.06
5288	64405		NJX ANES GRTER OCCIPITAL NRV	2.66	222.11		0	N	339.42
5289	64408		NJX ANES VAGUS NRV	2.92	243.82		0	N	656.59
5290	64410		NJX ANES PHRENIC NRV	3.71	309.79		0	N	656.59
5291	64412		NJX ANES SPI ACCESSORY NRV	3.64	303.94		0	N	656.59
5292	64413		NJX ANES CRV PLEXUS	3.04	253.84		0	N	339.42
5293	64415		SINGLE NERVE BLOCK INJECTION, ARM NERVE	3.89	324.82		0	N	339.42
5294	64416		NJX ANES BRACH PLEXUS CONT NFS CATH DAILY MGMT	4.51	376.59		10	N	656.59
5295	64417		NJX ANES AX NRV	4.06	339.01		0	N	339.42
5296	64418		NJX ANES SUPRASCAPULAR NRV	3.69	308.12		0	N	339.42
5297	64420		NJX ANES INTERCOSTAL NRV 1	4.64	387.44		0	N	339.42
5298	64421		MULTIPLE NERVE BLOCK INJECTIONS, RIB NERVES	7.05	588.68		0	N	656.59
5299	64425		NJX ANES ILIOINGUN ILIOHYPOGSTR NRV	3.27	273.05		0	N	339.42
5300	64430		NJX ANES PUDENDAL NRV	3.89	324.82		0	N	656.59
5301	64435		NJX ANES PARACRV NRV	3.84	320.64		0	N	339.42
5302	64445		NJX ANES SCIATIC NRV 1	3.85	321.48		0	N	656.59
5303	64446		NJX ANES SCIATIC NRV CONT NFS DAILY MGMT	4.35	363.23		10	N	656.59
5304	64447		NJX ANES FEM NRV 1	1.82	151.97		0	N	339.42
5305	64448		NJX ANES FEM NRV CONT NFS DAILY MGMT	3.93	328.16		10	N	656.59
5306	64449		NJX ANES LMBR PLEXUS POST CONT NFS DAILY MGMT	3.9	325.65		10	N	656.59
5307	64450		NJX ANES OTH PRPH NRV/BRANCH	2.52	210.42		0	N	339.42
5308	64455		NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	1.34	111.89	0.00	0	N	233.06
5309	64479		NJX ANES&/STRD TFRML EDRL CRV/THRC 1 LVL	8.65	722.28		0	N	656.59
5310	64480		NJX ANES&/STRD TFRML EDRL CRV/THRC EA LVL	3.99	333.17		0	N	339.42
5311	64483		NJX ANES&/STRD TFRML EDRL LMBR/SAC 1 LVL	8.68	724.78		0	N	656.59
5312	64484		NJX ANES&/STRD TFRML EDRL LMBR/SAC EA LVL	4.14	345.69		0	N	339.42
5313	64490		NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	5.04	420.84	0.00	0	Y	656.59
5314	64491		NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	2.54	212.09	0.00	0	Y	233.06
5315	64492		NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	2.57	214.60	0.00	0	Y	233.06
5316	64493		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	4.51	376.59	0.00	0	Y	656.59
5317	64494		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	2.31	192.89	0.00	0	Y	233.06
5318	64495		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	2.34	195.39	0.00	0	Y	233.06
5319	64505		NJX ANES SPHENOPALATINE GANGLION	2.53	211.26		0	N	233.06
5320	64508		NJX ANES CRTD SINUS SPX	4.04	337.34		0	Y	233.06
5321	64510		NJX ANES STELLATE GANGLION CRV SYMPATHETIC	4.23	353.21		0	N	656.59
5322	64517		NJX ANES SUPRIOR HYPOGSTR PLEXUS	4.54	379.09		0	N	656.59
5323	64520		NJX ANES LMBR/THRC PVRT SYMPATHETIC	5.79	483.47		0	N	656.59
5324	64530		NJX ANES CELIAC PLEXUS +RAD MNTR	5.5	459.25		0	N	656.59
5325	64550		APPL SURF TC NSTIM	0.43	35.91		0	N	
5326	64553		PRQ IMPLTJ NSTIM ELTRDS CRNL NRV	5.03	420.01		10	Y	5992.05
5327	64555		PRQ IMPLTJ NSTIM ELTRDS PRPH NRV	5.21	435.04		10	N	5992.05
5328	64560		PRQ IMPLTJ NSTIM ELTRDS AUTONOMIC NRV	4.95	413.33		10	N	5992.05

	A	B	C	D	E	F	G	H	I
5329	64561		PRQ IMPLTJ NSTIM ELTRDS SAC NRV	34.38	2870.73		10	N	5992.05
5330	64565		PRQ IMPLTJ NSTIM ELTRDS NEUROMUSCULAR	4.81	401.64		10	N	5992.05
5331	64573		INC IMPLTJ NSTIM ELTRDS CRNL NRV	14.24	1189.04		90	Y	14402.46
5332	64575		INC IMPLTJ NSTIM ELTRDS PRPH NRV	7.03	587.01		90	N	7889.49
5333	64577		INC IMPLTJ NSTIM ELTRDS AUTONOMIC NRV	8.38	699.73		90	N	7889.49
5334	64580		INC IMPLTJ NSTIM ELTRDS NEUROMUSCULAR	7.42	619.57		90	Y	7889.49
5335	64581		INC IMPLTJ NSTIM ELTRDS SAC NRV	19.51	1629.09		90	N	7889.49
5336	64585		REVJ/RMVL PRPH NSTIM ELTRDS	11.97	999.50		10	Y	1790.80
5337	64590		INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	9.32	778.22		10	Y	18794.36
5338	64595		REVISION/RMVL PERIPHERAL/GASTRIC NPGR	11.17	932.70		10	N	2613.83
5339	64600		DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	11.77	982.80		10	N	1207.71
5340	64605		DSTRJ NULYT TRIGEMINAL NRV 2/3 DIV	14.88	1242.48		10	N	1707.08
5341	64610		DSTRJ NULYT TRIGEMINAL NRV 2/3 DIV RAD MNTR	17.03	1422.01		10	N	1707.08
5342	64612		CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV	4.16	347.36		10	N	233.06
5343	64613		CHEMODNRVTJ MUSC NCK MUSC	4.43	369.91		10	N	339.42
5344	64614		CHEMODNRVTJ MUSC XTR&/TRNK MUSC	4.9	409.15		10	N	339.42
5345	64620		DSTRJ NULYT INTERCOSTAL NRV	7.41	618.74		10	N	656.59
5346	64622		DSTRJ NULYT PVRT FACET JT NRV LMBR/SAC 1 LVL	9.72	811.62		10	N	1207.71
5347	64623		DSTRJ NULYT PVRT FACET JT NRV LMBR/SAC EA LVL	3.57	298.10		0	N	656.59
5348	64626		DSTRJ NULYT PVRT FACET JT NRV CRV/THRC 1 LVL	10.63	887.61		10	N	656.59
5349	64627		DSTRJ NULYT PVRT FACET JT NRV CRV/THRC EA LVL	5.09	425.02		0	N	233.06
5350	64630		DSTRJ NULYT PUDENDAL NRV	5.68	474.28		10	N	656.59
5351	64632		DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	2.29	191.22	0.00	10	N	233.06
5352	64640		DSTRJ NULYT OTH PRPH NRV/BRANCH	6.54	546.09		10	N	656.59
5353	64650		CHEMODNRVTJ ECCRINE GLNDS BTH AX	1.54	128.59		0	N	233.06
5354	64653		CHEMODNRVTJ ECCRINE GLNDS OTH AREA PR D	1.77	147.80		0	N	233.06
5355	64680		DSTRJ NULYT +RAD MNTR CELIAC PLEXUS	8.57	715.60		10	N	656.59
5356	64681		DSTRJ NULYT +RAD MNTR SUPRIOR HYPOGSTR PLEXUS	11.85	989.48		10	N	1207.71
5357	64702		NEURP DGTAL 1/BTH SM DGT	10.33	862.56		90	N	1707.08
5358	64704		NEURP NRV HAND/FOOT	8.05	672.18		90	Y	1707.08
5359	64708		NEURP MAJOR PRPH NRV ARM/LEG OTH/THN SPECIFIED	11.28	941.88		90	Y	1707.08
5360	64712		NEURP MAJOR PRPH NRV ARM/LEG SCIATIC NRV	12.99	1084.67		90	Y	1707.08
5361	64713		NEURP MAJOR PRPH NRV ARM/LEG BRACH PLEXUS	18.01	1503.84		90	Y	1707.08
5362	64714		NEURP MAJOR PRPH NRV ARM/LEG LMBR PLEXUS	14.96	1249.16		90	Y	1707.08
5363	64716		NEURP&/TRPOS CRNL NRV	12.59	1051.27		90	Y	1707.08
5364	64718		NEURP&/TRPOS UR NRV ELBW	13.46	1123.91		90	Y	1707.08
5365	64719		NEURP&/TRPOS UR NRV WRST	9.61	802.44		90	N	1707.08
5366	64721		NEURP&/TRPOS MEDIAN NRV CARPL TUNNEL	10.29	977.55		90	N	1707.08
5367	64722		DCMPRN UNSPECIFIED NRV	7.73	645.46		90	Y	1707.08
5368	64726		DCMPRN PLNTAR DGTAL NRV	7.11	593.69		90	N	1707.08
5369	64727		INT NEUROLSS REQ MCRSCP	4.71	393.29		0	N	1707.08
5370	64732		TRNSXJ/AVLSN SUPRAORB NRV	9.02	753.17		90	Y	1707.08
5371	64734		TRNSXJ/AVLSN INFRAORB NRV	10	835.00		90	N	1707.08
5372	64736		TRNSXJ/AVLSN MENTAL NRV	9.12	761.52		90	Y	1707.08
5373	64738		TRNSXJ/AVLSN INF ALVEOLAR NRV OSTEOM	11.24	938.54		90	Y	1707.08
5374	64740		TRNSXJ/AVLSN LNGL NRV	11.14	930.19		90	Y	1707.08
5375	64742		TRNSXJ/AVLSN FACIAL NRV DIFFIAL/COMPL	11.43	954.41		90	Y	1707.08
5376	64744		TRNSXJ/AVLSN GRTER OCCIPITAL NRV	10.21	852.54		90	Y	1707.08

	A	B	C	D	E	F	G	H	I
5377	64746		TRNSXJ/AVLSN PHRENIC NRV	10.97	916.00		90	Y	1707.08
5378	64752		TRNSXJ/AVLSN VAGUS NRV TTHRC	11.98	1000.33		90	Y	2097.37
5379	64755		TRNSXJ/AVLSN VAGUS NRV PROX STOMACH	20.97	1751.00		90	Y	2097.37
5380	64760		TRNSXJ/AVLSN VAGUS NRV ABDL	11.1	926.85		90	Y	2097.37
5381	64761		TRNSXJ/AVLSN PUDENDAL NRV	10.4	868.40		90	Y	1707.08
5382	64763		TRNSXJ/AVLSN OBTURATOR NRV XTRPEL	12.83	1071.31		90	Y	1707.08
5383	64766		TRNSXJ/AVLSN OBTURATOR NRV INTRAPEL	14.72	1229.12		90	Y	3399.62
5384	64771		TRNSXJ/AVLSN OTH CRNL NRV XDRL	13.94	1163.99		90	Y	1707.08
5385	64772		TRNSXJ/AVLSN OTH SPI NRV XDRL	13.39	1118.07		90	Y	1707.08
5386	64774		EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	9.74	813.29		90	N	1707.08
5387	64776		EXC NEUROMA DGTAL NRV 1/BTH SM DGT	9.42	786.57		90	N	1707.08
5388	64778		EXC NEUROMA DGTAL NRV EA DGT	4.69	391.62		0	N	1707.08
5389	64782		EXC NEUROMA HAND/FOOT XCP DGTAL NRV	10.8	901.80		90	N	1707.08
5390	64783		EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	5.58	465.93		0	N	1707.08
5391	64784		EXC NEUROMA MAJOR PRPH NRV XCP SCIATIC	17.32	1446.22		90	Y	1707.08
5392	64786		EXC NEUROMA SCIATIC NRV	26.76	2234.46		90	Y	3399.62
5393	64787		IMPLTJ NRV END IN B1/MUSC	6.44	537.74		0	Y	1707.08
5394	64788		EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	8.92	744.82		90	N	1707.08
5395	64790		EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	20	1670.00		90	Y	1707.08
5396	64792		EXC NEUROFIBROMA/NEUROLEMMOMA X10SV	25.36	2117.56		90	Y	3399.62
5397	64795		BX NRV	4.76	397.46		0	N	1707.08
5398	64802		SYMPTH CRV	15.41	1286.74		90	Y	1707.08
5399	64804		SYMPTH CERVICOTHRC	23.21	1938.04		90	Y	1707.08
5400	64809		SYMPTH THORACOLMBR	20.62	1721.77		90	Y	2097.37
5401	64818		SYMPTH LMBR	16.47	1375.25		90	Y	2097.37
5402	64820		SYMPTH DGTAL ARTS EA DGT	18.19	1518.87		90	N	1707.08
5403	64821		SYMPTH RDL ART	16.7	1394.45		90	Y	2574.99
5404	64822		SYMPTH UR ART	16.63	1388.61		90	Y	2574.99
5405	64823		SYMPTH SUPFC PLMR ARCH	19.18	1601.53		90	Y	2574.99
5406	64831		SUTR DGTAL NRV HAND/FOOT 1 NRV	17.61	1470.44		90	N	3399.62
5407	64832		SUTR DGTAL NRV HAND/FOOT EA DGTAL NRV	8.73	728.96		0	Y	3399.62
5408	64834		SUTR 1 NRV HAND/FOOT COMMON SENS NRV	18.16	1516.36		90	Y	3399.62
5409	64835		SUTR 1 NRV HAND/FOOT MEDIAN MOTOR THENAR	19.79	1652.47		90	Y	3399.62
5410	64836		SUTR 1 NRV HAND/FOOT UR MOTOR	19.64	1639.94		90	Y	3399.62
5411	64837		SUTR EA NRV HAND/FOOT	9.7	809.95		0	Y	3399.62
5412	64840		SUTR POST TIBL NRV	21.32	1780.22		90	Y	3399.62
5413	64856		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	24.64	2057.44		90	Y	3399.62
5414	64857		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	25.82	2155.97		90	Y	3399.62
5415	64858		SUTR SCIATIC NRV	29.93	2499.16		90	Y	3399.62
5416	64859		SUTR EA MAJOR PRPH NRV	6.62	552.77		0	Y	3399.62
5417	64861		SUTR BRACH PLEXUS	34.11	2848.19		90	Y	3399.62
5418	64862		SUTR LMBR PLEXUS	33.79	2821.47		90	Y	3399.62
5419	64864		SUTR FACIAL NRV XTRC	21.6	1803.60		90	Y	3399.62
5420	64865		SUTR FACIAL NRV ITPRL +GRFG	28.51	2380.59		90	Y	3399.62
5421	64866		ANAST FACIAL-SPI ACCESSORY	30.05	2509.18		90	Y	2097.37
5422	64868		ANAST FACIAL-HYPOGLOSSAL	25.61	2138.44		90	Y	2097.37
5423	64870		ANAST FACIAL-PHRENIC	25.22	2105.87		90	Y	3399.62
5424	64872		SUTR NRV REQ SEC/DLYD SUTR	3.1	258.85		0	Y	3399.62

	A	B	C	D	E	F	G	H	I
5425	64874		SUTR NRV REQ X10SV MOBLJ/TRPOS NRV	4.56	380.76		0	Y	3399.62
5426	64876		SUTR NRV REQ SHRT B1 XTR	5	417.50		0	Y	3399.62
5427	64885		NRV GRF HEAD/NCK <4 CM	28.33	2365.56		90	Y	3399.62
5428	64886		NRV GRF HEAD/NCK >4 CM	33.38	2787.23		90	Y	3399.62
5429	64890		NRV GRF 1 STRAND HAND/FOOT <4 CM	26.59	2220.27		90	Y	3399.62
5430	64891		NRV GRF 1 STRAND HAND/FOOT >4 CM	25.32	2114.22		90	Y	3399.62
5431	64892		NRV GRF 1 STRAND ARM/LEG <4 CM	25.44	2124.24		90	Y	3399.62
5432	64893		NRV GRF 1 STRAND ARM/LEG >4 CM	27.55	2300.43		90	Y	3399.62
5433	64895		NRV GRF MLT STRANDS HAND/FOOT <4 CM	30.61	2555.94		90	Y	3399.62
5434	64896		NRV GRF MLT STRANDS HAND/FOOT > 4 CM	34.04	2842.34		90	Y	3399.62
5435	64897		NRV GRF MLT STRANDS ARM/LEG <4 CM	30.53	2549.26		90	Y	3399.62
5436	64898		NRV GRF MLT STRANDS ARM/LEG >4 CM	33.23	2774.71		90	Y	3399.62
5437	64901		NRV GRF EA NRV 1 STRAND	15.47	1291.75		0	Y	3399.62
5438	64902		NRV GRF EA NRV MLT STRANDS	17.74	1481.29		0	Y	3399.62
5439	64905		NRV PEDCL TR 1ST STG	23.6	1970.60		90	Y	3399.62
5440	64907		NRV PEDCL TR 2ND STG	32.05	2676.18		90	Y	3399.62
5441	64910		NERVE REPAIR W/CONDUIT EA NERVE	17.03	1422.01		90	Y	3399.62
5442	64911		NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	20.66	1725.11		90	Y	3399.62
5443	64999		UNLIS PX NRVS SYS	BR	BR		0	N	233.06
5444	65091		EVSC OC CNTS W/O IMPLT	14.73	1229.96		90	Y	3557.46
5445	65093		EVSC OC CNTS W/IMPLT	14.86	1240.81		90	N	3557.46
5446	65101		ENCL EYE W/O IMPLT	16.83	1405.31		90	N	3557.46
5447	65103		ENCL EYE IMPLT MUSC X ATTACHED IMPLT	17.54	1464.59		90	N	3557.46
5448	65105		ENCL EYE IMPLT MUSC ATTACHED IMPLT	19.27	1609.05		90	Y	3557.46
5449	65110		EXNTJ ORBIT RMVL ORB CNTS ONLY	27.86	2326.31		90	Y	3557.46
5450	65112		EXNTJ ORBIT RMVL ORB CNTS W/THER RMVL B1	33.05	2759.68		90	Y	3557.46
5451	65114		EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	34.12	2849.02		90	Y	3557.46
5452	65125		MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	11.35	947.73		90	N	2447.50
5453	65130		INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	16.62	1387.77		90	N	2447.50
5454	65135		INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	16.9	1411.15		90	N	2447.50
5455	65140		INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	18.27	1525.55		90	N	3557.46
5456	65150		RINSJ OC IMPLT +CJNCL GRF	13.6	1135.60		90	Y	2447.50
5457	65155		RINSJ OC IMPLT RNFCMT&/ATTACHMENT MUSC	19.47	1625.75		90	N	3557.46
5458	65175		RMVL OC IMPLT	14.99	1251.67		90	N	1655.83
5459	65205		RMVL FB XTRNL EYE CJNCL SUPFC	1.3	108.55		0	N	87.11
5460	65210		RMVL FB XTRNL EYE EMBEDDED SCJNCL/SCLL NONPRF8	1.59	132.77		0	N	87.11
5461	65220		RMVL FB XTRNL EYE CRNL W/O SLIT LAMP	1.32	110.22		0	N	87.11
5462	65222		RMVL FB XTRNL EYE CRNL W/SLIT LAMP	1.75	146.13		0	N	87.11
5463	65235		RMVL FB IO FROM ANT CHAMBER EYE/LENS	15.09	1260.02		90	Y	1481.70
5464	65260		RMVL FB IO FROM POST SGM MAG XTRJ ANT/POST ROUTE	21.14	1765.19		90	Y	533.44
5465	65265		RMVL FB IO FROM POST SGM NONMAG XTRJ	23.74	1982.29		90	Y	1888.96
5466	65270		RPR LAC CJNC +NONPRF8 LAC SCL DIR CLSR	6.7	559.45		10	N	1655.83
5467	65272		RPR LAC CJNC MOBLJ&REARGMT W/O HOSPIZATION	11.64	971.94		90	N	2225.23
5468	65273		RPR LAC CJNC MOBLJ&REARGMT W/HOSPIZATION	8.29	692.22		90	N	2097.37
5469	65275		RPR LAC CRN NONPRF8 +RMVL FB	12.13	1012.86		90	N	2225.23
5470	65280		RPR LAC CRN&/SCL PRF8 X INVG UVEAL TISS	14.56	1215.76		90	Y	1888.96
5471	65285		RPR LAC CRN&/SCL PRF8 W/REPOS/RESCJ UVEAL TISS	22.74	1898.79		90	Y	3644.34
5472	65286		RPR LAC APPL TISS GLUE WND CRN&/SCL	16.67	1391.95		90	N	411.03

	A	B	C	D	E	F	G	H	I
5473	65290		RPR WND EO MUSCLE TENDON&/TENON'S CAPSULE	10.73	895.96		90	N	2140.17
5474	65400		EXC LES CRN XCP PTERYGIUM	15.02	1254.17		90	N	1481.70
5475	65410		BX CRN	3.4	283.90		0	N	1481.70
5476	65420		EXC/TRPOS PTERYGIUM W/O GRF	12.42	1037.07		90	N	1481.70
5477	65426		EXC/TRPOS PTERYGIUM W/GRF	15.32	1279.22		90	N	2225.23
5478	65430		SCRAPING CRN DX F/SMR&/CULTURE	2.64	220.44		0	N	87.11
5479	65435		RMVL CRNL EPITHE +CHEMOCAUT	1.84	153.64		0	N	696.88
5480	65436		RMVL CRNL EPITHE W/APPL CHELATING AGT	8.51	710.59		90	N	1481.70
5481	65450		DSTRJ LES CRN CRTX PC/THERMOCAUT	7.17	598.70		90	N	178.50
5482	65600		MLT PNXRS ANT CRN	8.74	729.79		90	N	1655.83
5483	65710		KERATOPLASTY LAMELLAR	24.33	2031.56		90	Y	3423.16
5484	65730		KERATOPLASTY PENTRG XCP APHK	26.95	2250.33		90	Y	3423.16
5485	65750		KERATOPLASTY PENTRG APHK	27.43	2290.41		90	Y	3423.16
5486	65755		KERATOPLASTY PENTRG PSEUDOPHAKIA	27.25	2275.38		90	Y	3423.16
5487	65756		KERATOPLASTY ENDOTHELIAL	28.95	2417.33	0.00	90	Y	3423.16
5488	65757		BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	BR	BR			N	
5489	65760		KERATOMILEUSIS	35.05	2926.68		0	Y	2097.37
5490	65765		KERATOPHAKIA	40.66	3394.94		0	Y	2097.37
5491	65767		EPIKERATOPLASTY	37.85	3160.81		0	Y	2097.37
5492	65770		KERATOPROSTH	31.29	2612.72		90	Y	9211.66
5493	65771		RDL KERATOTOMY	20.61	1720.85		0	Y	2097.37
5494	65772		CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	10.07	840.85		90	N	1481.70
5495	65775		CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	12.17	1016.20		90	N	1481.70
5496	65780		OC SURF RCNSTJ AMNIOTIC MEMB TRNSPLJ	19.86	1658.31		90	Y	3423.16
5497	65781		OC SURF RCNSTJ LIMBAL STEM CELL ALGRFT	29.77	2485.80		90	Y	3423.16
5498	65782		OC SURF RCNSTJ LIMBAL CJNCL AGRFT	25.73	2148.46		90	Y	3423.16
5499	65800		PCNTS EYE SPX DX ASPIR AQUEOUS	3.52	293.92		0	N	1481.70
5500	65805		PCNTS EYE SPX THER RLS AQUEOUS	3.88	323.98		0	N	1481.70
5501	65810		PCNTS EYE SPX RMVL VTS&/DSCJ MEMB	10.08	841.68		90	N	2225.23
5502	65815		PCNTS EYE SPX RMVL BLD	15.05	1256.68		90	N	2225.23
5503	65820		GONIOTOMY	17.01	1420.34		90	Y	411.03
5504	65850		TRABECULOTOMY AB EXTERNO	18.87	1575.65		90	N	2225.23
5505	65855		TRABECULOPLASTY LASER SURG 1 SESS	7.84	654.64		10	N	483.43
5506	65860		SEVERING ADS ANT SGM LASER TQ SPX	7.26	606.21		90	N	483.43
5507	65865		SEVERING ADS ANT SGM INCAL TQ SPX GONIOSYNECHIAE	10.81	902.64		90	N	1481.70
5508	65870		SEVERING ADS ANT SGM INCAL SPX ANT SYNECHIAE	13.08	1092.18		90	N	2225.23
5509	65875		SEVERING ADS ANT SGM INCAL SPX POST SYNECHIAE	13.85	1156.48		90	N	2225.23
5510	65880		SEVERING ADS ANT SGM INCAL SPX CORNEOVITREAL	14.62	1220.77		90	N	1481.70
5511	65900		RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	21.57	1801.10		90	Y	1481.70
5512	65920		RMVL IMPLTED MATRL ANT SGM EYE	17.25	1440.38		90	N	2225.23
5513	65930		RMVL BLD CLOT ANT SGM EYE	14.41	1203.24		90	N	2225.23
5514	66020		NJX ANT CHAMBER EYE SPX AIR/LIQ	4.49	374.92		10	N	1481.70
5515	66030		NJX ANT CHAMBER EYE SPX MED	4.01	334.84		10	N	411.03
5516	66130		EXC LES SCL	16.5	1377.75		90	N	2225.23
5517	66150		FSTLJ SCL GLC TREPH IRDEC	18.95	1582.33		90	N	2225.23
5518	66155		FSTLJ SCL GLC THERMOCAUT IRDEC	18.85	1573.98		90	N	2225.23
5519	66160		FSTLJ SCL GLC SCLERCOMY PUNCH/SCISSORS IRDEC	21.44	1790.24		90	N	2225.23
5520	66165		FSTLJ SCL GLC IRIDENCLEISIS/IRIDOTASIS	18.5	1544.75		90	Y	2225.23

	A	B	C	D	E	F	G	H	I
5521	66170		FSTLJ SCL GLC TRBEC AB EXTERNO	25.87	2160.15		90	Y	2225.23
5522	66172		FSTLJ SCL GLC TRBEC AB EXTERNO SCARRING	32.37	2702.90		90	Y	2225.23
5523	66180		AQUEOUS SHUNT EO RSVR	25.74	2149.29		90	Y	3819.40
5524	66185		REVJ AQUEOUS SHUNT EO RSVR	16.18	1351.03		90	Y	2225.23
5525	66220		RPR SCLL STAPHYLOMA W/O GRF	15.63	1305.11		90	Y	3644.34
5526	66225		RPR SCLL STAPHYLOMA W/GRF	20.36	1700.06		90	Y	3819.40
5527	66250		REVJ/RPR OPRATIVE WND ANT SGM	17.67	1475.45		90	N	1481.70
5528	66500		IRIDOTOMY STAB INC SPX XCP TRANSFIXION	8.05	672.18		90	N	411.03
5529	66505		IRIDOTOMY STAB INC SPX TRANSFIXION	8.77	732.30		90	N	411.03
5530	66600		IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	17.65	1473.78		90	N	2225.23
5531	66605		IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	23.24	1940.54		90	N	2225.23
5532	66625		IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	9.57	799.10		90	N	1481.70
5533	66630		IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	12.38	1033.73		90	N	2225.23
5534	66635		IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	12.49	1042.92		90	N	2225.23
5535	66680		RPR IRIS CILIARY BDY	11.15	931.03		90	N	2225.23
5536	66682		SUTR IRIS CILIARY BDY SPX RETRIEVAL SUTR	13.44	1122.24		90	N	2225.23
5537	66700		CILIARY BDY DSTRJ DTHRM	9.97	832.50		90	N	1481.70
5538	66710		CILIARY BDY DSTRJ CYCLOPC TRANSSCLL	9.85	822.48		90	N	1481.70
5539	66711		CILIARY BDY DSTRJ CYCLOPC NDSC	13.72	1145.62		90	N	1481.70
5540	66720		CILIARY BDY DSTRJ CRTX	10.35	864.23		90	N	1481.70
5541	66740		CILIARY BDY DSTRJ CYCLODIAL	9.77	815.80		90	N	2225.23
5542	66761		IRIDOTOMY/IRDEC LASER SURG 1 SESS	10.07	840.85		90	N	483.43
5543	66762		IRIDOPLASTY PC 1 SESS	10.51	877.59		90	N	483.43
5544	66770		DSTRJ CST/LES IRIS/CILIARY BDY	11.64	971.94		90	N	483.43
5545	66820		DSCJ SEC MEMBRANOUS CTRC STAB INC	9.27	774.05		90	N	411.03
5546	66821		POST-CATARACT LASER SURGERY	7.15	597.03		90	N	483.43
5547	66825		RPSG IO LENS PROSTH REQ INC SPX	17.14	1431.19		90	N	2225.23
5548	66830		RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	15.58	1300.93		90	N	411.03
5549	66840		RMVL LENS MATRL ASPIR TQ 1 STGS	15.26	1274.21		90	N	1441.58
5550	66850		RMVL LENS MATRL PHACOFRAGMENTATION ASPIR	17.31	1445.39		90	N	2765.73
5551	66852		RMVL LENS MATRL PARS PLNA APPR +VTRC	18.56	1549.76		90	N	2765.73
5552	66920		RMVL LENS MATRL ICAPSL	16.58	1384.43		90	N	2765.73
5553	66930		RMVL LENS MATRL ICAPSL F/DISLC LENS	18.79	1568.97		90	N	2765.73
5554	66940		RMVL LENS MATRL XCAPSL	17.09	1427.02		90	Y	1441.58
5555	66982		XCAPSL CTRC RMVL INSJ LENS PROSTH 1 STG	23.72	1980.62		90	N	2214.81
5556	66983		ICAPSL CTRC XTRJ INSJ IO LENS PROSTH 1 STG	15.49	1293.42		90	N	2214.81
5557	66984		CATARACT REMOVAL, INSERTION OF LENS	16.95	1415.33		90	N	2214.81
5558	66985		INSJ IO LENS PROSTH X W/CNCRNT RMVL	16.55	1381.93		90	N	2214.81
5559	66986		EXCHNG IO LENS	20.62	1721.77		90	N	2214.81
5560	66990		USE OPH ENDOSCOPE	2.09	174.52		0	N	
5561	66999		UNLIS ANT SGM EYE	BR	BR		0	N	411.03
5562	67005		RMVL VTS ANT APPR PRTL RMVL	10.31	860.89		90	N	1888.96
5563	67010		RMVL VTS ANT APPR STOT RMVL VTRC	11.94	996.99		90	Y	3644.34
5564	67015		ASPIR/RLS FLU PARS PLNA	12.96	1082.16		90	N	3644.34
5565	67025		NJX VTS SUB PARS PLNA/LIMBAL SPX	16.4	1369.40		90	N	1888.96
5566	67027		IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	18.75	1565.63		90	Y	3644.34
5567	67028		INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	4.98	415.83		0	N	294.24
5568	67030		DSCJ VTS STRANDS PARS PLNA	11.4	951.90		90	Y	1888.96

	A	B	C	D	E	F	G	H	I
5569	67031		SEVERING VTS STRANDS LASER 1 STGS	8.59	717.27		90	N	483.43
5570	67036		VTRC MCHNL PARS PLNA	21.31	1779.39		90	Y	3644.34
5571	67039		VTRC MCHNL PARS PLNA FOCAL ENDOLASER PC	27.39	2287.07		90	Y	3644.34
5572	67040		VTRC MCHNL PARS PLNA ENDOLASER PANRTA PC	31.56	2635.26		90	Y	3644.34
5573	67041		VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	27.96	2348.64		90	Y	3644.34
5574	67042		VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	31.98	2686.32		90	Y	3644.34
5575	67043		VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	33.59	2821.56		90	Y	3644.34
5576	67101		RPR RTA DTCHMNT 1 SESS CRTX/DTHRM +DRG	17.14	1431.19		90	N	1888.96
5577	67105		RPR RTA DTCHMNT 1 SESS PC +DRG SUBRTA	15.87	1325.15		90	N	483.43
5578	67107		RPR RTA DTCHMNT SCLL BUCKLING +IMPLT	26.63	2223.61		90	Y	3644.34
5579	67108		RPR RTA DTCHMNT W/VTRC ANY METH	35.47	2961.75		90	Y	3644.34
5580	67110		RPR RTA DTCHMNT NJX AIR/OTH GAS	19.44	1623.24		90	N	1888.96
5581	67112		RPR RTA DTCHMNT SCLL BUCKLING/VTRC PT	29.13	2432.36		90	Y	3644.34
5582	67113		RPR COMPLEX RETINA DETACH VITRECTOMY & MEMB PEEL	36.9	3099.60		90	Y	3644.34
5583	67115		RLS ENCIRCLING MATRL	10.67	890.95		90	N	1888.96
5584	67120		RMVL IMPLTED MATRL POST SGM EO	14.85	1239.98		90	N	1888.96
5585	67121		RMVL IMPLTED MATRL POST SGM IO	19.81	1654.14		90	Y	1888.96
5586	67141		PROPH RTA DTCHMNT W/O DRG 1 SESS CRTX DTHRM	11.46	956.91		90	N	533.44
5587	67145		PROPH RTA DTCHMNT W/O DRG 1 SESS	11.5	960.25		90	N	483.43
5588	67208		DSTRJ LOCLZD LES RETINA 1 SESS CRTX DTHRM	13.14	1097.19		90	N	533.44
5589	67210		DSTRJ LOCLZD LES RETINA 1 SESS PC	15.33	1280.06		90	N	483.43
5590	67218		DSTRJ LES RETINA 1 SESS RADJ IMPLTJ	31.03	2591.01		90	N	1888.96
5591	67220		DSTRJ LES CHOROID PC 1 SESS	23.64	1973.94		90	N	533.44
5592	67221		DSTRJ LES CHOROID PDT	7.31	610.39		0	N	533.44
5593	67225		DSTRJ LES CHOROID PDT 2ND EYE 1 SESS	0.69	57.62		0	N	533.44
5594	67227		DSTRJ RETINOPATHY 1 SESS CRTX DTHRM	13.47	1124.75		90	N	1888.96
5595	67228		DSTRJ RETINOPATHY 1 SESS PC	24.12	2014.02		90	N	483.43
5596	67229		EXTENSIVE RETINOPATHY 1 SESS PRETERM INFANT	24.32	2042.88		90	N	483.43
5597	67250		SCLL RNFCMT SPX W/O GRF	17.85	1490.48		90	N	1655.83
5598	67255		SCLL RNFCMT SPX W/GRF	19.02	1588.17		90	Y	1888.96
5599	67299		UNLIS POST SGM	BR	BR		0	N	533.44
5600	67311		STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	13.15	1098.03		90	N	2140.17
5601	67312		STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	15.65	1306.78		90	N	2140.17
5602	67314		STRABISMUS RECESSION/RESCJ 1 VER MUSC	14.64	1222.44		90	N	2140.17
5603	67316		STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	17.58	1467.93		90	Y	2140.17
5604	67318		STRABISMUS ANY SUPRIOR OBLQ MUSC	15.34	1280.89		90	N	2140.17
5605	67320		TRPOS ANY EO MUSC	7.06	589.51		0	N	2140.17
5606	67331		STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	6.68	557.78		0	N	2140.17
5607	67332		STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	7.28	607.88		0	Y	2140.17
5608	67334		STRABISMUS POST FIXJ SUTR TQ +MUSC RECESSION	6.56	547.76		0	N	2140.17
5609	67335		PLMT ADJUSTABLE SUTR STRABISMUS	3.45	288.08		0	N	2140.17
5610	67340		STRABISMUS EXPL&/RPR DETACHED EO MUSC	7.87	657.15		0	Y	2140.17
5611	67343		RLS X10SV SCAR TISS W/O DETACHING EO MUSC SPX	14.29	1193.22		90	Y	2140.17
5612	67345		CHEMODNRVTJ EO MUSC	5.36	447.56		10	N	294.24
5613	67346		BIOPSY EXTRAOCULAR MUSCLE	4.56	380.76		0	Y	1417.16
5614	67399		UNLIS OC MUSC	BR	BR		0	N	2140.17
5615	67400		ORBT W/O B1 FLAP EXPL +BX	21.32	1780.22		90	Y	1655.83
5616	67405		ORBT W/O B1 FLAP DRG ONLY	17.99	1502.17		90	Y	2447.50

	A	B	C	D	E	F	G	H	I
5617	67412		ORBT W/O B1 FLAP RMVL LES	20.05	1674.18		90	Y	1655.83
5618	67413		ORBT W/O B1 FLAP RMVL FB	19.9	1661.65		90	Y	2447.50
5619	67414		ORBT W/O B1 FLAP RMVL B1 DCMPRN	28.7	2396.45		90	Y	3557.46
5620	67415		FINE NDL ASPIR ORB CNTS	2.4	200.40		0	N	1655.83
5621	67420		ORBT B1 FLAP/WINDOW LAT RMVL LES	37.33	3117.06		90	Y	3557.46
5622	67430		ORBT B1 FLAP/WINDOW LAT RMVL FB	28.7	2396.45		90	Y	3557.46
5623	67440		ORBT B1 FLAP/WINDOW LAT DRG	27.55	2300.43		90	Y	3557.46
5624	67445		ORBT B1 FLAP/WINDOW LAT RMVL B1 DCMPRN	31.56	2635.26		90	Y	3557.46
5625	67450		ORBT B1 FLAP/WINDOW LAT EXPL +BX	28.47	2377.25		90	Y	3557.46
5626	67500		RETROBULBAR NJX MED SPX	2.01	167.84		0	N	178.50
5627	67505		RETROBULBAR NJX ALCOHOL	1.84	153.64		0	N	294.24
5628	67515		NJX MED/OTHER SBST TENON'S CAPSULE	1.94	161.99		0	N	294.24
5629	67550		ORB IMPLT INSJ	22.09	1844.52		90	N	3557.46
5630	67560		ORB IMPLT RMVL/REVJ	22.4	1870.40		90	N	2447.50
5631	67570		OPTIC NRV DCMPRN	26.5	2212.75		90	Y	3557.46
5632	67599		UNLIS ORBIT	BR	BR		0	N	294.24
5633	67700		BLEPHAROTOMY DRG ABSC EYELID	6.92	577.82		10	N	294.24
5634	67710		SEVERING TARSORRHAPHY	5.96	497.66		10	N	696.88
5635	67715		CANTHOTOMY SPX	6.18	516.03		10	N	1655.83
5636	67800		EXC CHALAZION 1	2.9	242.15		10	N	294.24
5637	67801		EXC CHALAZION MLT SM LID	3.7	308.95		10	N	696.88
5638	67805		EXC CHALAZION MLT DIFF LIDS	4.58	382.43		10	N	294.24
5639	67808		EXC CHALAZION ANES REQ HOSPIZATION 1/MLT	7.97	665.50		90	N	1655.83
5640	67810		BX EYELID	4.88	407.48		0	N	294.24
5641	67820		CORRJ TRICHIASIS EPILATION FORCEPS ONLY	1.25	104.38		0	N	87.11
5642	67825		CORRJ TRICHIASIS EPILATION OTH/THN FORCEPS	2.99	249.67		10	N	294.24
5643	67830		CORRJ TRICHIASIS INC LID MRGN	6.8	567.80		10	N	696.88
5644	67835		CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	9.85	822.48		90	N	1655.83
5645	67840		EXC LES EYELID W/O CLSR/W/SMPL DIR CLSR	7.05	588.68		10	N	696.88
5646	67850		DSTRJ LES LID MRGN <1 CM	4.97	415.00		10	N	696.88
5647	67875		TEMP CLSR EYELIDS SUTR	4.37	364.90		0	N	696.88
5648	67880		CONSTJ ADS MEDIAN TRPH/CTRPH	10.57	882.60		90	N	1481.70
5649	67882		CONSTJ ADS MEDIAN TRPH/CTRPH TRPOS PLATE	12.9	1077.15		90	N	1655.83
5650	67900		RPR BROW PTOSIS	15.09	1260.02		90	N	2447.50
5651	67901		RPR BLPOS FRNTIS MUSC SUTR/OTH MATRL	13.63	1138.11		90	N	1655.83
5652	67902		RPR BLPOS FRNTIS MUSC AUTOL FSCAL SLING	15.07	1258.35		90	N	2447.50
5653	67903		RPR BLPOS LEVATOR RESCJ/ADVMNT INT	15.13	1263.36		90	N	1655.83
5654	67904		RPR BLPOS LEVATOR RESCJ/ADVMNT XTRNL	16.79	1401.97		90	N	1655.83
5655	67906		RPR BLPOS SUPRIOR RECTUS FSCAL SLING	11.56	965.26		90	N	1655.83
5656	67908		RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	11.36	948.56		90	N	1655.83
5657	67909		RDCTJ >CORRJ PTOSIS	12.85	1072.98		90	N	1655.83
5658	67911		CORRJ LID RETRCJ	11.86	990.31		90	N	1655.83
5659	67912		CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	23.37	1951.40		90	N	1655.83
5660	67914		RPR ECTROPION SUTR	9.5	793.25		90	N	1655.83
5661	67915		RPR ECTROPION THERMOCAUT	8.67	723.95		90	N	1655.83
5662	67916		RPR ECTROPION EXC TARSAL WEDGE	12.79	1067.97		90	N	1655.83
5663	67917		RPR ECTROPION X10SV	13.91	1161.49		90	N	1655.83
5664	67921		RPR ENTROPION SUTR	9.08	758.18		90	N	1655.83

	A	B	C	D	E	F	G	H	I
5665	67922		RPR ENTROPION THERMOCAUT	8.48	708.08		90	N	1655.83
5666	67923		RPR ENTROPION EXC TARSAL WEDGE	13.4	1118.90		90	N	1655.83
5667	67924		RPR ENTROPION X10SV	14.03	1171.51		90	N	1655.83
5668	67930		SUTR RECENT WND EYELID PRTL THKNS	8.86	739.81		10	N	1655.83
5669	67935		SUTR RECENT WND EYELID FULL THKNS	14.17	1183.20		90	N	1655.83
5670	67938		RMVL EMBEDDED FB EYELID	6.29	525.22		10	N	178.50
5671	67950		CANTHOPLASTY	13.83	1154.81		90	N	1655.83
5672	67961		EXC&RPR EYELID ONE-4TH LID MRGN	13.77	1149.80		90	Y	1655.83
5673	67966		EXC&RPR EYELID > ONE-4TH LID MRGN	17.25	1440.38		90	N	1655.83
5674	67971		RCNSTJ EYELID FULL THKNS < 2-3RD 1 STG	16.49	1376.92		90	Y	1655.83
5675	67973		RCNSTJ EYELID FULL THKNS TOT LWR 1 STG	21.43	1789.41		90	Y	2447.50
5676	67974		RCNSTJ EYELID FULL THKNS TOT UPR 1 STG	21.34	1781.89		90	Y	1655.83
5677	67975		RCNSTJ EYELID FULL THKNS 2ND STG	15.56	1299.26		90	N	1655.83
5678	67999		UNLIS EYELIDS	BR	BR		0	N	294.24
5679	68020		INC CJNC DRG CST	2.69	224.62		10	N	294.24
5680	68040		EXPRESSION CJNCL FOLLICLES	1.49	124.42		0	N	87.11
5681	68100		BX CJNC	4.32	360.72		0	N	411.03
5682	68110		EXC LES CJNC UP 1 CM	5.56	464.26		10	N	1417.16
5683	68115		EXC LES CJNC > 1 CM	7.84	654.64		10	N	1655.83
5684	68130		EXC LES CJNC W/ADJ SCL	12.98	1083.83		90	N	1481.70
5685	68135		DSTRJ LES CJNC	3.53	294.76		10	N	696.88
5686	68200		SCJNCL NJX	0.98	81.83		0	N	87.11
5687	68320		CJP CJNCL GRF/X10SV REARGMT	16.88	1409.48		90	N	2447.50
5688	68325		CJP BUCCAL MUC MEMB GRF	14.48	1209.08		90	N	2447.50
5689	68326		CJP RCNSTJ CUL-DE-SAC CJNCL GRF/REARGMT	14.09	1176.52		90	N	1655.83
5690	68328		CJP RCNSTJ CUL-DE-SAC BUCCAL MUC MEMB GRF	16.01	1336.84		90	N	2447.50
5691	68330		RPR SYMBLEPHARON CJP W/O GRF	14.27	1191.55		90	N	2225.23
5692	68335		RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	14.13	1179.86		90	N	2447.50
5693	68340		RPR SYMBLEPHARON DIV	12.98	1083.83		90	N	1655.83
5694	68360		CJNCL FLAP BRIDGE/PRTL SPX	12.44	1038.74		90	N	2225.23
5695	68362		CJNCL FLAP TOT	14.28	1192.38		90	N	2225.23
5696	68371		HRVG CJNCL ALGRFT LIV DON	9.52	794.92		10	N	1481.70
5697	68399		UNLIS CJNC	BR	BR		0	N	294.24
5698	68400		INC DRG LACRIMAL GLND	7.15	597.03		10	N	294.24
5699	68420		INC DRG LACRIMAL SAC	8.02	669.67		10	N	1655.83
5700	68440		SNIP INC LACRIMAL PUNCTUM	2.79	232.97		10	N	294.24
5701	68500		EXC LACRIMAL GLND XCP TUM TOT	21.35	1782.73		90	N	2447.50
5702	68505		EXC LACRIMAL GLND XCP TUM PRTL	22	1837.00		90	N	2447.50
5703	68510		BX LACRIMAL GLND	11.21	936.04		0	N	1655.83
5704	68520		EXC LACRIMAL SAC	15.34	1280.89		90	N	2447.50
5705	68525		BX LACRIMAL SAC	6.14	512.69		0	N	1655.83
5706	68530		RMVL FB/DACRYOLITH LACRIMAL PSAGES	11.04	921.84		10	N	294.24
5707	68540		EXC LACRIMAL GLND TUM FRNT APPR	20.5	1711.75		90	N	1655.83
5708	68550		EXC LACRIMAL GLND TUM INVG OSTEOM	25.34	2115.89		90	N	2447.50
5709	68700		PLSTC RPR CANALICULI	13.16	1098.86		90	N	1655.83
5710	68705		CORRJ EVERTED PUNCTUM CAUT	5.88	490.98		10	N	294.24
5711	68720		DACRYOCSTORHINOSTOMY	16.93	1413.66		90	Y	2447.50
5712	68745		CONJUNCTIVORHINOSTOMY W/O TUBE	17.02	1421.17		90	Y	2447.50

	A	B	C	D	E	F	G	H	I
5713	68750		CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	17.44	1456.24		90	Y	2447.50
5714	68760		CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	4.98	415.83		10	N	294.24
5715	68761		CLSR LACRIMAL PUNCTUM PLUG EA	3.47	289.75		10	N	294.24
5716	68770		CLSR LACRIMAL FSTL SPX	11.5	960.25		90	N	2447.50
5717	68801		DILAT LACRIMAL PUNCTUM +IRRG	2.82	235.47		10	N	87.11
5718	68810		PROBE NASOLACRIMAL DUX +IRRG	6.09	508.52		10	N	294.24
5719	68811		PROBE NASOLACRIMAL DUX +IRRG ANES	4.64	387.44		10	N	1655.83
5720	68815		PROBE NASOLACRIMAL DUX +IRRG INSJ TUBE/STENT	10.9	910.15		10	N	1655.83
5721	68816		PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	15.55	1306.20		10	N	1655.83
5722	68840		PROBE LACRIMAL CANALICULI +IRRG	2.79	232.97		10	N	178.50
5723	68850		NJX CNTRST MEDIUM DACRYOCSTOGRAPY	1.59	132.77		0	N	
5724	68899		UNLIS LACRIMAL SYS	BR	BR		0	N	294.24
5725	69000		DRG XTRNL EAR ABSC/HMTMA SMPL	4.28	357.38		10	N	132.75
5726	69005		DRG XTRNL EAR ABSC/HMTMA COMP	4.98	415.83		10	N	1769.66
5727	69020		DRG XTRNL AUD CANAL ABSC	5.43	453.41		10	N	132.75
5728	69090		EAR PIERCING	0.7	58.53		0	N	2097.37
5729	69100		BX XTRNL EAR	2.51	209.59		0	N	312.33
5730	69105		BX XTRNL AUD CANAL	3.21	268.04		0	N	1567.36
5731	69110		EXC XTRNL EAR PRTL SMPL RPR	10.38	866.73		90	N	1595.60
5732	69120		EXC XTRNL EAR COMPL AMP	9.96	831.66		90	N	2276.44
5733	69140		EXC EXOSTOSIS XTRNL AUD CANAL	20.93	1747.66		90	N	2276.44
5734	69145		EXC SOFT TISS LES XTRNL AUD CANAL	8.56	714.76		90	N	1595.60
5735	69150		RAD EXC XTRNL AUD CANAL LES W/O NCK DSJ	26.07	2176.85		90	N	694.83
5736	69155		RAD EXC XTRNL AUD CANAL LES NCK DSJ	41.08	3430.18		90	Y	2097.37
5737	69200		RMVL FB XTRNL AUD CANAL W/O ANES	3.04	253.84		0	N	61.03
5738	69205		RMVL FB XTRNL AUD CANAL ANES	2.49	207.92		10	N	2132.75
5739	69210		RMVL IMPACTED CERUMEN SPX 1/BTH EARS	1.21	101.04		0	N	61.03
5740	69220		DBRDMT MSTDC CAVITY SMPL	3.19	266.37		0	N	80.15
5741	69222		DBRDMT MSTDC CAVITY CPLX	5.21	435.04		10	N	1567.36
5742	69300		OTOPLASTY PROTRUDING EAR +SIZE RDCTJ	12.35	1031.23		0	N	2276.44
5743	69310		RCNSTJ XTRNL AUD CANAL SPX	26.4	2204.40		90	N	3919.59
5744	69320		RCNSTJ XTRNL AUD CANAL CGEN ATRESIA 1 STG	37.65	3143.78		90	Y	3919.59
5745	69399		UNLIS XTRNL EAR	BR	BR		0	N	105.07
5746	69400		EUSTACHIAN TUBE NFLTJ TRANSNSL CATHJ	3.09	258.02		0	N	312.33
5747	69401		EUSTACHIAN TUBE NFLTJ TRANSNSL W/O CATHJ	1.92	160.32		0	N	312.33
5748	69405		EUSTACHIAN TUBE CATHJ TRANSTYMPANIC	6.07	506.85		10	N	694.83
5749	69420		MRGT ASPIR&/EUSTACHIAN TUBE NFLTJ	4.45	371.58		10	N	312.33
5750	69421		MRGT ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	3.77	314.80		10	N	1567.36
5751	69424		VENTILATING TUBE RMVL ANES	3.01	251.34		0	N	1567.36
5752	69433		TMPST LOCAL/TOPICAL ANES	4.61	384.94		10	N	694.83
5753	69436		TMPST ANES	4.12	344.02		10	N	1567.36
5754	69440		MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	16.14	1347.69		90	N	2276.44
5755	69450		TYMPANOLSS TRANSCANAL	12.53	1046.26		90	N	3919.59
5756	69501		TRANSMASTOID ANTRT	17.66	1474.61		90	N	3919.59
5757	69502		MSTDC COMPL	23.42	1955.57		90	N	2276.44
5758	69505		MSTDC MODF RAD	29.42	2456.57		90	N	3919.59
5759	69511		MSTDC RAD	30.16	2518.36		90	N	3919.59
5760	69530		PETROUS APICECTOMY RAD MSTDC	40.51	3382.59		90	Y	3919.59

	A	B	C	D	E	F	G	H	I
5761	69535		RESCJ TEMPORAL B1 XTRNL	66.55	5556.93		90	Y	2097.37
5762	69540		EXC AURAL POLYP	4.91	409.99		10	N	1567.36
5763	69550		EXC AURAL GLOMUS TUM TRANSCANAL	25.26	2109.21		90	Y	3919.59
5764	69552		EXC AURAL GLOMUS TUM TRANSMASTOID	38.99	3255.67		90	Y	3919.59
5765	69554		EXC AURAL GLOMUS TUM EXTND	63.48	5300.58		90	Y	2097.37
5766	69601		REVJ MSTDC RSLTG COMPL MSTDC	25.29	2111.72		90	N	3919.59
5767	69602		REVJ MSTDC RSLTG MODF RAD MSTDC	26.22	2189.37		90	N	3919.59
5768	69603		REVJ MSTDC RSLTG RAD MSTDC	31.37	2619.40		90	N	3919.59
5769	69604		REVJ MSTDC RSLTG TMPP	27.02	2256.17		90	N	3919.59
5770	69605		REVJ MSTDC W/APICECTOMY	38.32	3199.72		90	Y	3919.59
5771	69610		TYMPANIC MEMB RPR +SIT PREPJ PRF8J PATCH	9.64	804.94		10	N	2276.44
5772	69620		MYRINGOPLASTY	16.69	1393.62		90	N	2276.44
5773	69631		TMPP W/O MSTDC 1ST/REVJ W/O OCR	20.78	1735.13		90	N	3919.59
5774	69632		TMPP W/O MSTDC 1ST/REVJ OCR	25.72	2147.62		90	N	3919.59
5775	69633		TMPP W/O MSTDC 1ST/REVJ PROSTH TORP	24.73	2064.96		90	N	3919.59
5776	69635		TMPP ANTRT/MASTOIDOTOMY W/O OCR	29.42	2456.57		90	N	3919.59
5777	69636		TMPP ANTRT/MASTOIDOTOMY OCR	33.65	2809.78		90	N	3919.59
5778	69637		TMPP ANTRT/MASTOIDOTOMY PROSTH TORP	33.47	2794.75		90	N	3919.59
5779	69641		TMPP MSTDC W/O OCR	24.97	2085.00		90	N	3919.59
5780	69642		TMPP MSTDC OCR	32.34	2700.39		90	N	3919.59
5781	69643		TMPP MSTDC NTC/RCNSTED WALL W/O OCR	29.5	2463.25		90	N	3919.59
5782	69644		TMPP MSTDC NTC/RCNSTED CANAL WALL OCR	36.36	3036.06		90	N	3919.59
5783	69645		TMPP MSTDC RAD/COMPL W/O OCR	35.54	2967.59		90	N	3919.59
5784	69646		TMPP MSTDC RAD/COMPL OCR	37.83	3158.81		90	N	3919.59
5785	69650		STAPES MOBLJ	19.13	1597.36		90	N	2276.44
5786	69660		STAPEDECTOMY/STAPEDOTOMY	22.5	1878.75		90	N	3919.59
5787	69661		STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	29.59	2470.77		90	N	3919.59
5788	69662		REVJ STAPEDECTOMY/STAPEDOTOMY	28.36	2368.06		90	N	3919.59
5789	69666		RPR OVAL WINDOW FSTL	19.33	1614.06		90	N	3919.59
5790	69667		RPR ROUND WINDOW FSTL	19.33	1614.06		90	N	3919.59
5791	69670		MASTOID OBLTRJ SPX	22.73	1897.96		90	Y	3919.59
5792	69676		TYMPANIC NEURECTOMY	19.93	1664.16		90	N	3919.59
5793	69700		CLSR POSTAUR FSTL MASTOID SPX	16.99	1418.67		90	N	3919.59
5794	69710		IMPLTJ/RPLCMT EMGNT B1 CNDJ DEV TEMPORAL B1	BR	BR		0	N	2097.37
5795	69711		RMVL/RPR EMGNT B1 CNDJ DEV TEMPORAL B1	20.75	1732.63		90	Y	3919.59
5796	69714		IMPLTJ OI IMPLT B1 W/O MSTDC	26.18	2186.03		90	N	10830.36
5797	69715		IMPLTJ OI IMPLT B1 MSTDC	32.7	2730.45		90	Y	10830.36
5798	69717		RPLCMT OI IMPLT B1 W/O MSTDC	28.36	2368.06		90	Y	10830.36
5799	69718		RPLCMT OI IMPLT B1 MSTDC	36.92	3082.82		90	Y	10830.36
5800	69720		DCMPRN NRV ITPRL LAT GENICULATE	28.38	2369.73		90	Y	3919.59
5801	69725		DCMPRN NRV ITPRL MEDIAL GENICULATE	46.38	3872.73		90	Y	3919.59
5802	69740		SUTR NRV ITPRL +GRF/DCMPRN LAT GENICULATE	28.71	2397.29		90	Y	3919.59
5803	69745		SUTR NRV ITPRL +GRF/DCMPRN MEDIAL GENICULATE	30.59	2554.27		90	Y	3919.59
5804	69799		UNLIS MIDDLE EAR	BR	BR		0	N	105.07
5805	69801		LABYRINTHOTOMY TRANSCANAL	17.74	1481.29		90	Y	2276.44
5806	69802		LABYRINTHOTOMY MSTDC	25.01	2088.34		90	Y	2276.44
5807	69805		ENDOLYMPHATIC SAC W/O SHUNT	25.61	2138.44		90	Y	3919.59
5808	69806		ENDOLYMPHATIC SAC SHUNT	22.92	1913.82		90	N	3919.59

	A	B	C	D	E	F	G	H	I
5809	69820		FENESTRATION SEMICIRCULAR CANAL	21.14	1765.19		90	Y	3919.59
5810	69840		REVJ FENESTRATION OPRATION	22.88	1910.48		90	Y	3919.59
5811	69905		LABYRINTHECTOMY TRANSCANAL	21.99	1836.17		90	N	3919.59
5812	69910		LABYRINTHECTOMY MSTDC	24.91	2079.99		90	N	3919.59
5813	69915		VSTBLR NRV SCTJ TRANSLABYRINTHINE APPR	37.81	3157.14		90	Y	3919.59
5814	69930		COCHLEAR DEV IMPLTJ +MSTDC	31.25	2609.38		90	Y	39105.58
5815	69949		UNLIS INNER EAR	BR	BR		0	N	105.07
5816	69950		VSTBLR NRV SCTJ TRANSCRNL	45.03	3760.01		90	Y	2097.37
5817	69955		TOT FACIAL NRV DCMPRN&/RPR	49.2	4108.20		90	Y	3919.59
5818	69960		DCMPRN INT AUD CANAL	47.42	3959.57		90	Y	3919.59
5819	69970		RMVL TUM TEMPORAL B1	53.36	4455.56		90	Y	3919.59
5820	69979		UNLIS TEMPORAL B1 MIDDLE FOSSA	BR	BR		0	N	105.07
5821	69990		MICROSURG TQS REQ USE OPRATING MCRSCP	5.67	473.45		0	Y	
5822	70010		MYELOGRAPY POST FOSSA RS&I	5.54	351.79	120.27	0	N	658.94
5823	70015		CISTRNG POSITIVE CNTRST RS&I	3.21	203.84	110.07	0	N	658.94
5824	70030		RADEX EYE DETCJ FB	0.69	43.82	15.34	0	N	60.74
5825	70100		RADEX MNDBL PRTL < 4 VIEWS	0.78	49.53	15.85	0	N	60.74
5826	70110		RADEX MNDBL COMPL MINIMUM 4 VIEWS	0.99	62.87	21.38	0	N	60.74
5827	70120		RADEX MASTOIDS < 3 VIEWS PR SIDE	0.89	56.52	15.26	0	N	60.74
5828	70130		RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	1.33	84.46	30.41	0	N	60.74
5829	70134		RADEX INT AUD MEATI COMPL	1.23	78.11	29.68	0	N	101.78
5830	70140		RADEX FACIAL B1S < 3 VIEWS	0.86	54.61	15.29	0	N	60.74
5831	70150		RADEX FACIAL B1S COMPL MINIMUM 3 VIEWS	1.14	72.39	21.72	0	N	60.74
5832	70160		RADEX NSL B1S COMPL MINIMUM 3 VIEWS	0.78	49.53	15.35	0	N	60.74
5833	70170		DACRYOCSTOGRAPY NASOLACRIMAL DUX RS&I	1.36	86.23	25.01	0	N	284.44
5834	70190		RADEX OPTIC FORAMINA	0.93	59.06	18.31	0	N	60.74
5835	70200		RADEX ORBITS COMPL MINIMUM 4 VIEWS	1.17	74.30	23.03	0	N	60.74
5836	70210		RADEX SINUSES PARANSL < 3 VIEWS	0.85	53.98	14.57	0	N	60.74
5837	70220		RADEX SINUSES PARANSL COMPL MINIMUM 3 VIEWS	1.1	69.85	20.26	0	N	60.74
5838	70240		RADEX SELLA TURCICA	0.71	45.09	16.68	0	N	60.74
5839	70250		RADEX SKL < 4 VIEWS	0.97	61.60	20.33	0	N	60.74
5840	70260		RADEX SKL COMPL MINIMUM 4 VIEWS	1.35	85.73	28.29	0	N	101.78
5841	70300		RADEX TEETH 1 VIEW	0.42	26.67	9.60	0	N	40.75
5842	70310		RADEX TEETH PRTL XM < FULL MOUTH	0.75	47.63	17.15	0	N	40.75
5843	70320		RADEX TEETH COMPL FULL MOUTH	1.15	73.03	19.72	0	N	40.75
5844	70328		RADEX TMPRMAND JT OPN&CLSD MOUTH UNI	0.75	47.63	15.72	0	N	60.74
5845	70330		RADEX TMPRMAND JT OPN&CLSD MOUTH BI	1.21	76.84	20.75	0	N	60.74
5846	70332		TMPRMAND JT ARTHG RS&I	2.71	172.09	43.02	0	N	358.93
5847	70336		MRI TMPRMAND JT	13.66	867.41	130.11	0	N	472.87
5848	70350		CEPHALOGRAM ORTHODONTIC	0.6	38.10	14.48	0	N	60.74
5849	70355		ORTHOPANTOGRAM	0.79	50.17	15.55	0	N	60.74
5850	70360		RADEX NCK SOFT TISS	0.68	43.18	15.11	0	N	60.74
5851	70370		RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	1.83	116.21	27.89	0	N	115.75
5852	70371		CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	3.06	194.31	66.07	0	N	115.75
5853	70373		LARYNGOGRAPY CNTRST RS&I	2.36	149.86	35.97	0	N	284.44
5854	70380		RADEX SALIVARY GLND F/ST1	0.95	60.33	15.08	0	N	60.74
5855	70390		SIALOGRAPY RS&I	2.45	155.58	32.67	0	N	284.44
5856	70450		CT HEAD/BRN C-MATRL	5.96	378.46	71.91	0	N	263.90

	A	B	C	D	E	F	G	H	I
5857	70460		CT HEAD/BRN C MATRL	7.43	471.81	99.08	0	N	401.84
5858	70470		CT HEAD/BRN C-/C	9.06	575.31	109.31	0	N	451.20
5859	70480		CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	7.32	464.82	120.85	0	N	263.90
5860	70481		CT ORBIT SELLA/POST FOSSA/EAR C MATRL	8.55	542.93	130.30	0	N	401.84
5861	70482		CT ORBIT SELLA/POST FOSSA/EAR C-/C	10.09	640.72	134.55	0	N	451.20
5862	70486		CT MAXLFCL AREA C-MATRL	6.75	428.63	102.87	0	N	263.90
5863	70487		CT MAXLFCL AREA C MATRL	8.08	513.08	118.01	0	N	401.84
5864	70488		CT MAXLFCL AREA C-/C	9.82	623.57	130.95	0	N	451.20
5865	70490		CT SOFT TISS NCK C-MATRL	6.85	434.98	113.09	0	N	263.90
5866	70491		CT SOFT TISS NCK C MATRL	8.08	513.08	123.14	0	N	401.84
5867	70492		CT SOFT TISS NCK C-/C	9.77	620.40	130.28	0	N	451.20
5868	70496		CTA HEAD C-/C	14.66	930.91	167.56	0	N	460.61
5869	70498		CTA NCK C-/C POST-PXESSING	14.68	932.18	167.79	0	N	460.61
5870	70540		MRI ORBIT FACE &/NECK W/O CONTRAST	13.77	874.40	122.42	0	N	472.87
5871	70542		MRI ORBIT FACE&NCK C MATRL	16.09	1021.72	143.04	0	N	573.59
5872	70543		MRI ORBIT FACE&NCK C-/C	26.52	1684.02	168.40	0	N	724.34
5873	70544		MRA HEAD C-MATRL	14.18	900.43	108.05	0	N	472.87
5874	70545		MRA HEAD C MATRL	14.16	899.16	107.90	0	N	573.59
5875	70546		MRA HEAD C-/C	25.26	1604.01	160.40	0	N	724.34
5876	70547		MRA NCK C-MATRL	14.17	899.80	107.98	0	N	472.87
5877	70548		MRA NCK C MATRL	14.37	912.50	109.50	0	N	573.59
5878	70549		MRA NCK C-/C	25.25	1603.38	160.34	0	N	724.34
5879	70551		MRI BRN BRN STEM C-MATRL	14.19	901.07	135.16	0	N	472.87
5880	70552		MRI BRN BRN STEM C MATRL	16.6	1054.10	158.12	0	N	573.59
5881	70553		MRI BRN BRN STEM C-/C	27.06	1718.31	189.01	0	N	724.34
5882	70554		MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	16.31	1035.69	176.07	0	N	472.87
5883	70555		MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	19.04	1209.10	205.55	0	N	472.87
5884	70557		MRI BRN OPN ICRA PX C-MATRL	35.3	2241.23	246.54	0	N	472.87
5885	70558		MRI BRN OPN ICRA PX C MATRL	39.22	2490.66	273.97	0	N	573.59
5886	70559		MRI BRN OPN ICRA PX C-/C	46.46	2950.40	324.54	0	N	724.34
5887	71010		RADEX CH 1 VIEW FRNT	0.69	43.82	14.90	0	N	60.74
5888	71015		RADEX CH STEREO FRNT	0.8	50.80	17.78	0	N	60.74
5889	71020		RADEX CH 2 VIEWS FRNT&LAT	0.91	57.79	17.91	0	N	60.74
5890	71021		RADEX CH 2 VIEWS FRNT&LAT APICAL LORDOTIC PX	1.09	69.22	22.15	0	N	60.74
5891	71022		RADEX CH 2 VIEWS FRNT&LAT OBLQ PRJCJ	1.18	74.93	26.23	0	N	60.74
5892	71023		RADEX CH 2 VIEWS FRNT&LAT FLUOR	1.46	92.71	36.16	0	N	115.75
5893	71030		RADEX CH COMPL MINIMUM 4 VIEWS	1.22	77.47	26.34	0	N	60.74
5894	71034		RADEX CH COMPL MINIMUM 4 VIEWS W/FLUOR	2.2	139.70	41.91	0	N	115.75
5895	71035		RADEX CH SPEC VIEWS	0.81	51.44	16.46	0	N	60.74
5896	71040		BRONCHOGRAPY UNI RS&I	2.37	150.50	51.17	0	N	284.44
5897	71060		BRONCHOGRAPY BI RS&I	3.39	215.27	64.58	0	N	284.44
5898	71090		INSJ PM FLUOR&RADIOGRAPY RS&I	2.17	137.92	41.38	0	N	
5899	71100		RADEX RIBS UNI 2 VIEWS	0.88	55.88	18.44	0	N	60.74
5900	71101		RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	1.04	66.04	22.45	0	N	60.74
5901	71110		RADEX RIBS BI 3 VIEWS	1.14	72.39	22.44	0	N	60.74
5902	71111		RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	1.36	86.36	26.77	0	N	101.78
5903	71120		RADEX STERNUM MINIMUM 2 VIEWS	0.92	58.42	16.94	0	N	60.74
5904	71130		RADEX STRNCLAV JT/JTS MINIMUM 3 VIEWS	1.02	64.77	18.78	0	N	60.74

	A	B	C	D	E	F	G	H	I
5905	71250		CT THORAX C-MATRL	7.64	485.14	97.03	0	N	263.90
5906	71260		CT THORAX C MATRL	9.04	574.04	109.07	0	N	401.84
5907	71270		CT THORAX C-/C	11.12	706.12	120.04	0	N	451.20
5908	71275		CTA CH C-/C POST-PXESSING	14.74	935.99	159.12	0	N	460.61
5909	71550		MRI CH C-MATRL	14.47	918.85	137.83	0	N	472.87
5910	71551		MRI CH C MATRL	16.92	1074.42	161.16	0	N	573.59
5911	71552		MRI CH C-/C	27.37	1738.00	191.18	0	N	724.34
5912	71555		MRA CH C+MATRL	14.82	941.07	159.98	0	N	
5913	72010		RADEX SPI ENTIRE SURV STD ANTEROPOST&LAT	1.71	108.59	39.09	0	N	101.78
5914	72020		RADEX SPI 1 VIEW SPEC LVL	0.62	39.37	12.60	0	N	60.74
5915	72040		RADEX SPI CRV 2/3 VIEWS	0.94	59.69	19.10	0	N	60.74
5916	72050		RADEX SPI CRV MINIMUM 4 VIEWS	1.35	85.73	26.58	0	N	101.78
5917	72052		RADEX SPI CRV COMPL W/OBLQ&FLEXION&/XTN STDS	1.67	106.05	31.82	0	N	101.78
5918	72069		RADEX SPI THORACOLMBR STANDING SCOLIOSIS	0.84	53.34	20.27	0	N	60.74
5919	72070		RADEX SPI THRC 2 VIEWS	0.94	59.69	17.91	0	N	60.74
5920	72072		RADEX SPI THRC 3 VIEWS	1.04	66.04	18.49	0	N	60.74
5921	72074		RADEX SPI THRC MINIMUM 4 VIEWS	1.23	78.11	18.75	0	N	60.74
5922	72080		RADEX SPI THORACOLMBR 2 VIEWS	0.97	61.60	18.48	0	N	60.74
5923	72090		RADEX SPI SCOLIOSIS STD W/SUP&ERC STDS	1.11	70.49	24.67	0	N	101.78
5924	72100		RADEX SPI LUMBOSAC 2/3 VIEWS	1	63.50	19.05	0	N	60.74
5925	72110		RADEX SPI LUMBOSAC MINIMUM 4 VIEWS	1.38	87.63	26.29	0	N	101.78
5926	72114		RADEX SPI LUMBOSAC COMPL W/BENDING VIEWS	1.76	111.76	32.41	0	N	101.78
5927	72120		RADEX SPI LUMBOSAC BENDING MINIMUM 4 VIEWS	1.25	79.38	19.05	0	N	101.78
5928	72125		CT CRV SPI C-MATRL	7.64	485.14	97.03	0	N	263.90
5929	72126		CT CRV SPI C MATRL	9.01	572.14	102.99	0	N	401.84
5930	72127		CT CRV SPI C-/C	10.96	695.96	111.35	0	N	451.20
5931	72128		CT THRC SPI C-MATRL	7.64	485.14	97.03	0	N	263.90
5932	72129		CT THRC SPI C MATRL	9.01	572.14	102.99	0	N	401.84
5933	72130		CT THRC SPI C-/C	10.95	695.33	111.25	0	N	451.20
5934	72131		CT LMBR SPI C-MATRL	7.64	485.14	97.03	0	N	263.90
5935	72132		CT LMBR SPI C MATRL	9.01	572.14	102.99	0	N	401.84
5936	72133		CT LMBR SPI C-/C	11	698.50	111.76	0	N	451.20
5937	72141		MRI SPI CANAL&CNTS CRV C-MATRL	13.86	880.11	140.82	0	N	472.87
5938	72142		MRI SPI CANAL&CNTS CRV C MATRL	16.78	1065.53	170.48	0	N	573.59
5939	72146		MRI SPI CANAL&CNTS THRC C-MATRL	14.84	942.34	131.93	0	N	472.87
5940	72147		MRI SPI CANAL&CNTS THRC C MATRL	16.28	1033.78	165.40	0	N	573.59
5941	72148		MRI SPI CANAL&CNTS LMBR C-MATRL	14.7	933.45	121.35	0	N	472.87
5942	72149		MRI SPI CANAL&CNTS LMBR C MATRL	16.61	1054.74	158.21	0	N	573.59
5943	72156		MRI SPI CANAL&CNTS C-/C CRV	27.25	1730.38	207.65	0	N	724.34
5944	72157		MRI SPI CANAL&CNTS C-/C	26.85	1704.98	204.60	0	N	724.34
5945	72158		MRI SPI CANAL&CNTS C-/C LMBR	26.98	1713.23	188.46	0	N	724.34
5946	72159		MRA SPI CANAL&CNTS C+MATRL	15.67	995.05	169.16	0	N	2097.37
5947	72170		RADEX PELVIS 1/2 VIEWS	0.74	46.99	14.57	0	N	60.74
5948	72190		RADEX PELVIS COMPL MINIMUM 3 VIEWS	1	63.50	18.42	0	N	60.74
5949	72191		CTA PELVIS C-/C POST-PXESSING	14.25	904.88	153.83	0	N	460.61
5950	72192		CT PELVIS C-MATRL	7.46	473.71	90.00	0	N	263.90
5951	72193		CT PELVIS C MATRL	8.65	549.28	98.87	0	N	401.84
5952	72194		CT PELVIS C-/C	10.64	675.64	108.10	0	N	451.20

	A	B	C	D	E	F	G	H	I
5953	72195		MRI PELVIS C-MATRL	14.01	889.64	133.45	0	N	472.87
5954	72196		MRI PELVIS C MATRL	16.34	1037.59	155.64	0	N	573.59
5955	72197		MRI PELVIS C-/C	26.76	1699.26	186.92	0	N	724.34
5956	72198		MRA PELVIS C+MATRL	14.7	933.45	158.69	0	N	
5957	72200		RADEX SI JTS < 3 VIEWS	0.76	48.26	14.96	0	N	60.74
5958	72202		RADEX SI JTS 3/MORE VIEWS	0.91	57.79	16.18	0	N	60.74
5959	72220		RADEX SACRUM&COCCYX MINIMUM 2 VIEWS	0.81	51.44	14.40	0	N	60.74
5960	72240		MYELOGRAPY CRV RS&I	5.48	347.98	69.60	0	N	658.94
5961	72255		MYELOGRAPY THRC RS&I	5.06	321.31	67.48	0	N	658.94
5962	72265		MYELOGRAPY LUMBOSAC RS&I	4.84	307.34	64.54	0	N	658.94
5963	72270		MYELOGRAPY 2/MORE REGIONS RS&I	7.4	469.90	103.38	0	N	658.94
5964	72275		EPIDUROGRAPY RS&I	3.09	196.22	58.87	0	N	
5965	72285		DISKOGRAPY CRV/THRC RS&I	8.44	535.94	80.39	0	N	2358.21
5966	72291		RAD S&I PERQ VRTPLS PR VRT BODY UNDER FLUOR	8.2	520.64	119.75	0	N	
5967	72292		RAD S&I PERQ VRTPLS PR VRT BODY UNDER CT	8.38	532.13	122.39	0	N	
5968	72295		DISKOGRAPY LMBR RS&I	7.65	485.78	58.29	0	N	2358.21
5969	73000		RADEX CLAV COMPL	0.73	46.36	13.44	0	N	60.74
5970	73010		RADEX SCAPULA COMPL	0.76	48.26	14.96	0	N	60.74
5971	73020		RADEX SHO 1 VIEW	0.66	41.91	12.57	0	N	60.74
5972	73030		RADEX SHO COMPL MINIMUM 2 VIEWS	0.82	52.07	15.10	0	N	60.74
5973	73040		RADEX SHO ARTHG RS&I	2.87	182.25	45.56	0	N	358.93
5974	73050		RADEX ACROMCLAV JTS BI +W8ED DISTRCJ	0.96	60.96	17.07	0	N	60.74
5975	73060		RADEX HUM MINIMUM 2 VIEWS	0.81	51.44	14.40	0	N	60.74
5976	73070		RADEX ELBW 2 VIEWS	0.72	45.72	12.80	0	N	60.74
5977	73080		RADEX ELBW COMPL MINIMUM 3 VIEWS	0.86	54.61	15.29	0	N	60.74
5978	73085		RADEX ELBW ARTHG RS&I	2.78	176.53	44.13	0	N	358.93
5979	73090		RADEX F/ARM 2 VIEWS	0.73	46.36	13.44	0	N	60.74
5980	73092		RADEX UXTR INFT MINIMUM 2 VIEWS	0.72	45.72	13.72	0	N	60.74
5981	73100		RADEX WRST 2 VIEWS	0.72	45.72	13.72	0	N	60.74
5982	73110		RADEX WRST COMPL MINIMUM 3 VIEWS	0.81	51.44	15.43	0	N	60.74
5983	73115		RADEX WRST ARTHG RS&I	2.5	158.75	49.21	0	N	358.93
5984	73120		RADEX HAND 2 VIEWS	0.71	45.09	13.53	0	N	60.74
5985	73130		RADEX HAND MINIMUM 3 VIEWS	0.78	49.53	14.86	0	N	60.74
5986	73140		RADEX FNGR MINIMUM 2 VIEWS	0.66	41.91	12.15	0	N	60.74
5987	73200		CT UXTR C-MATRL	6.78	430.53	94.72	0	N	263.90
5988	73201		CT UXTR C MATRL	7.98	506.73	101.35	0	N	401.84
5989	73202		CT UXTR C-/C	9.92	629.92	113.39	0	N	451.20
5990	73206		CTA UXTR C-/C POST-PXESSING	13.32	845.82	152.25	0	N	460.61
5991	73218		MRI UXTR OTH/THN JT C-MATRL	13.9	882.65	123.57	0	N	472.87
5992	73219		MRI UXTR OTH/THN JT C MATRL	16.15	1025.53	143.57	0	N	573.59
5993	73220		MRI UXTR OTH/THN JT C-/C	26.59	1688.47	168.85	0	N	724.34
5994	73221		MRI ANY JT UXTR C-MATRL	13.64	866.14	121.26	0	N	472.87
5995	73222		MRI ANY JT UXTR C MATRL	15.89	1009.02	141.26	0	N	573.59
5996	73223		MRI ANY JT UXTR C-/C	26.27	1668.15	166.82	0	N	724.34
5997	73225		MRA UXTR C+MATRL	14.63	929.01	167.22	0	N	2097.37
5998	73500		RADEX HIP UNI 1 VIEW	0.7	44.45	14.67	0	N	60.74
5999	73510		RADEX HIP UNI COMPL MINIMUM 2 VIEWS	0.91	57.79	18.49	0	N	60.74
6000	73520		RADEX HIPS BI 2 VIEWS ANTEROPOST PELVIS	1.04	66.04	22.45	0	N	101.78

	A	B	C	D	E	F	G	H	I
6001	73525		RADEX HIP ARTHG RS&I	2.79	177.17	44.29	0	N	358.93
6002	73530		RADEX HIP OPRATIVE PX	1.18	74.74	32.14	0	N	
6003	73540		RADEX PELVIS&HIPS INFT/CHLD MINIMUM 2 VIEWS	0.91	57.79	17.91	0	N	60.74
6004	73542		RAD XM SI JT ARTHG RS&I	2.66	168.91	43.92	0	N	358.93
6005	73550		RADEX FEMUR 2 VIEWS	0.81	51.44	14.40	0	N	60.74
6006	73560		RADEX KNE 1/2 VIEWS	0.76	48.26	14.96	0	N	60.74
6007	73562		RADEX KNE 3 VIEWS	0.86	54.61	15.84	0	N	60.74
6008	73564		RADEX KNE COMPL 4/MORE VIEWS	0.98	62.23	19.29	0	N	60.74
6009	73565		RADEX KNE BTH KNES STANDING ANTEROPOST	0.75	47.63	15.24	0	N	60.74
6010	73580		RADEX KNE ARTHG RS&I	3.33	211.46	44.41	0	N	358.93
6011	73590		RADEX TIBFIB 2 VIEWS	0.75	47.63	14.77	0	N	60.74
6012	73592		RADEX LXTR INFT MINIMUM 2 VIEWS	0.72	45.72	13.72	0	N	60.74
6013	73600		RADEX ANKLE 2 VIEWS	0.71	45.09	13.53	0	N	60.74
6014	73610		RADEX ANKLE COMPL MINIMUM 3 VIEWS	0.79	50.17	15.05	0	N	60.74
6015	73615		RADEX ANKLE ARTHG RS&I	2.81	178.44	44.61	0	N	358.93
6016	73620		RADEX FOOT 2 VIEWS	0.71	45.09	13.53	0	N	60.74
6017	73630		RADEX FOOT COMPL MINIMUM 3 VIEWS	0.78	49.53	14.86	0	N	60.74
6018	73650		RADEX CALCANEUS MINIMUM 2 VIEWS	0.7	44.45	13.78	0	N	60.74
6019	73660		RADEX TOE MINIMUM 2 VIEWS	0.65	41.28	11.97	0	N	60.74
6020	73700		CT LXTR C-MATRL	6.78	430.53	94.72	0	N	263.90
6021	73701		CT LXTR C MATRL	8	508.00	101.60	0	N	401.84
6022	73702		CT LXTR C-/C	9.94	631.19	113.61	0	N	451.20
6023	73706		CTA LXTR C-/C POST-PXESSING	13.79	875.67	166.38	0	N	460.61
6024	73718		MRI LXTR OTH/THN JT C-MATRL	13.8	876.30	122.68	0	N	472.87
6025	73719		MRI IMG LXTR OTH/THN JT C MATRL	16.12	1023.62	143.31	0	N	573.59
6026	73720		MRI LXTR OTH/THN JT C-/C	26.57	1687.20	168.72	0	N	724.34
6027	73721		MRI ANY JT LXTR C-MATRL	13.71	870.59	121.88	0	N	472.87
6028	73722		MRI ANY JT LXTR C MATRL	15.95	1012.83	141.80	0	N	573.59
6029	73723		MRI ANY JT LXTR C-/C	26.24	1666.24	166.62	0	N	724.34
6030	73725		MRA LXTR C+MATRL	14.75	936.63	159.23	0	N	
6031	74000		RADEX ABD 1 ANTEROPOST VIEW	0.74	46.99	15.04	0	N	60.74
6032	74010		RADEX ABD ANTEROPOST&ADDL OBLQ&CONE VIEWS	0.94	59.69	20.29	0	N	60.74
6033	74020		RADEX ABD COMPL W/DCBTS&/ERC VIEWS	1.01	64.14	23.09	0	N	60.74
6034	74022		RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	1.2	76.20	27.43	0	N	101.78
6035	74150		CT ABD C-MATRL	7.39	469.27	98.55	0	N	263.90
6036	74160		CT ABD C MATRL	9.09	577.22	115.44	0	N	401.84
6037	74170		CT ABD C-/C	11.35	720.73	129.73	0	N	451.20
6038	74175		CTA ABD C-/C POST-PXESSING	14.57	925.20	157.28	0	N	460.61
6039	74181		MRI ABD C-MATRL	13.53	859.16	128.87	0	N	472.87
6040	74182		MRI ABD C MATRL	16.79	1066.17	159.93	0	N	573.59
6041	74183		MRI ABD C-/C	26.77	1699.90	186.99	0	N	724.34
6042	74185		MRA ABD C+MATRL	14.71	934.09	158.80	0	N	
6043	74190		PRITONEOGRAM RS&I	1.27	80.45	25.74	0	N	284.44
6044	74210		RADEX PHARYNX&/CRV ESOPH	1.8	114.30	33.15	0	N	118.41
6045	74220		RADEX ESOPH	1.97	125.10	42.53	0	N	118.41
6046	74230		SWLNG FUNCJ W/CINERADIOGRAPY/VIDRADIOGRAPY	2.14	135.89	46.20	0	N	118.41
6047	74235		RMVL FB ESOPHGL W/USE BALO CATH RS&I	3.44	218.38	76.43	0	N	
6048	74240		RADEX GI TRC UPR +DLYD FLMS W/O KUB	2.53	160.66	61.05	0	N	118.41

	A	B	C	D	E	F	G	H	I
6049	74241		RADEX GI TRC UPR +DLYD FLMS W/KUB	2.62	166.37	63.22	0	N	118.41
6050	74245		RADEX GI TRC UPR W/SM INT W/MLT SRL FLMS	3.93	249.56	82.35	0	N	191.51
6051	74246		RADEX GI UPR C +GLUC/DLYD FLMS W/O KUB	2.81	178.44	62.45	0	N	118.41
6052	74247		RADEX GI UPR C +GLUC +DLYD FLMS W/KUB	2.94	186.69	65.34	0	N	118.41
6053	74249		RADEX GI UPR C +GLUC W/SM INT FOLLW-THRU	4.17	264.80	82.09	0	N	191.51
6054	74250		RADEX SM INT W/MLT SRL FLMS	2.19	139.07	44.50	0	N	118.41
6055	74251		RADEX SM INT W/MLT SRL FLMS VIA ENTEROCLSS TUBE	4.24	269.24	110.39	0	N	191.51
6056	74260		DUODENOGRAPY HYPOTONIC	3.76	238.76	71.63	0	N	118.41
6057	74261		CT COLONOGRPHY DX IMAGE POSTPROCESS NO CONTRAST	11.34	720.09	194.95	0	N	263.90
6058	74262		CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	12.74	808.99	214.00	0	N	401.84
6059	74263		CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	19.56	1242.06	203.84	0	N	2097.37
6060	74270		RADEX COLON BARIUM ENEMA +KUB	3.05	193.68	65.85	0	N	118.41
6061	74280		RADEX COLON C W/SPEC HI DNS BARIUM +GLUC	4.13	262.26	94.41	0	N	191.51
6062	74283		THER ENEMA C RDCTJ INTUSSUSCEPTION/OBSTRCJ	5.28	335.28	170.99	0	N	118.41
6063	74290		CCG ORAL CNTRST	1.34	85.09	30.63	0	N	118.41
6064	74291		CCG ORAL CNTRST ADDL/REPEAT XM/MLT D XM	0.97	61.60	24.02	0	N	118.41
6065	74300		CHOLANGRPH&/PCG INTRAOP RS&I	1.54	97.73	34.21	0	N	
6066	74301		CHOLANGRPH&/PCG ADDL SET INTRAOP RS&I	0.91	57.47	20.11	0	N	
6067	74305		CHOLANGRPH&/PCG THRU CATH RS&I	1.54	97.73	40.07	0	N	284.44
6068	74320		CHOLANGRPH PRQ TRANSHEPATC RS&I	3.68	233.68	42.06	0	N	510.77
6069	74327		PO BILIARY ST1 RMVL PRQ RS&I	2.96	187.96	63.91	0	N	
6070	74328		NDSC CATHJ BILIARY DUX SYS RS&I	4.16	264.35	58.16	0	N	
6071	74329		NDSC CATHJ PNCRTC DUX SYS RS&I	2.95	187.33	65.57	0	N	
6072	74330		CMBN NDSC CATHJ BILIARY&PNCRTC DUX SYSS RS&I	4.44	281.62	76.04	0	N	
6073	74340		INTRO LONG GI TUBE W/MLT FLUOR&FLMS RS&I	2.17	137.92	28.96	0	N	
6074	74355		PRQ PLMT ENTEROCLSS TUBE RS&I	3.26	206.88	55.86	0	N	
6075	74360		INTRAL DILAT STRIXS&/OBSTRCJS RS&I	3.98	252.86	45.51	0	N	
6076	74363		PRQ TRANSHEPATC DILAT BILIARY DUX STRIX RS&I	3.26	206.88	72.41	0	N	
6077	74400		UROGRAPY PLOG IV +KUB +TOMOG	2.57	163.20	44.06	0	N	232.17
6078	74410		UROGRAPY NFS DRIP TQ&/BOLUS TQ	2.8	177.80	42.67	0	N	232.17
6079	74415		UROGRAPY NFS DRIP TQ&/BOLUS TQ W/NEPHROTOMOG	3.07	194.95	44.84	0	N	232.17
6080	74420		X-RAY, URINARY TRACT EXAM WITH CONTRAST MATERIAL	1.81	114.94	17.24	0	N	232.17
6081	74425		UROGRAPY ANTEGRADE RS&I	1.81	114.94	31.03	0	N	232.17
6082	74430		CSTOGRAPY MINIMUM 3 VIEWS RS&I	1.7	107.95	30.23	0	N	232.17
6083	74440		VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	1.9	120.65	36.20	0	N	232.17
6084	74445		C/P/A CAVERNOSOGRAPY RS&I	2.9	183.90	104.82	0	N	232.17
6085	74450		URETHROCSTOGRAPY RTRGR RS&I	2.14	135.64	31.20	0	N	232.17
6086	74455		URETHROCSTOGRAPY VOIDING RS&I	2.21	140.34	29.47	0	N	232.17
6087	74470		RADEX RNL CST STD TRANSLMBR C RS&I	2.17	137.92	49.65	0	N	284.44
6088	74475		INTRO CATH IN RNL PELVIS DRG&/NJX PRQ RS&I	4.42	280.67	42.10	0	N	1553.37
6089	74480		INTRO URTRL CATH/STENT PRQ RS&I	4.42	280.67	42.10	0	N	1553.37
6090	74485		DILAT NFROS URTRS/URT RS&I	3.72	236.22	42.52	0	N	1553.37
6091	74710		PELVIMETRY +PLACENTAL LOCLZJ	1.42	90.17	27.05	0	N	101.78
6092	74740		HSG RS&I	1.93	122.56	34.32	0	N	284.44
6093	74742		TRANSCRV CATHJ FLP TUBE RS&I	2.44	155.19	54.32	0	N	
6094	74775		PRINEOGRAM	2.81	178.18	64.14	0	N	232.17
6095	75557		CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	14.31	915.84	199.04	XXX	N	472.87
6096	75559		CARDIAC MRI W/O CONTRAST W STRESS IMAGING	20.83	1333.12	254.08	XXX	N	472.87

	A	B	C	D	E	F	G	H	I
6097	75561		CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	19.34	1237.76	220.16	XXX	N	724.34
6098	75563		CARDIAC MRI W/W/O CONTRAST W STRESS	23.94	1532.16	264.32	XXX	N	724.34
6099	75565		CARDIAC MRI FOR VELOCITY FLOW MAPPING	2.54	161.29	22.23	0	N	
6100	75571		CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	2.49	158.12	49.53	0	N	61.03
6101	75572		CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	7.3	463.55	150.50	0	N	364.11
6102	75573		CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT DX	10.37	658.50	215.27	0	N	364.11
6103	75574		CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	16.09	1021.72	205.11	0	N	364.11
6104	75600		AORTOGRAPY THRC W/O SRLOGRAPY RS&I	12.31	781.69	39.08	0	N	2654.78
6105	75605		AORTOGRAPY THRC SRLOGRAPY RS&I	12.36	784.86	86.33	0	N	2654.78
6106	75625		AORTOGRAPY ABDL SRLOGRAPY RS&I	12.29	780.42	85.85	0	N	2654.78
6107	75630		AORTOGRAPY ABDL BI ILIOFEM LXTR CATH RS&I	13.65	866.78	130.02	0	N	2654.78
6108	75635		CTA AA&BI ILIOFEM LXTR RS&I C-/C POST-PXESSING	18.22	1156.97	196.68	0	N	460.61
6109	75650		ANGRPH CERVICOCERE CATH W/VSL ORIGIN RS&I	12.72	807.72	105.00	0	N	4183.73
6110	75658		ANGRPH BRACH RTRGR RS&I	12.64	802.64	96.32	0	N	2654.78
6111	75660		ANGRPH XTRNL CRTD UNI SLCTV RS&I	12.62	801.37	96.16	0	N	4183.73
6112	75662		ANGRPH XTRNL CRTD BI SLCTV RS&I	13.34	847.09	127.06	0	N	4183.73
6113	75665		ANGRPH CRTD CERE UNI RS&I	12.68	805.18	96.62	0	N	2654.78
6114	75671		ANGRPH CRTD CERE BI RS&I	13.29	843.92	126.59	0	N	4183.73
6115	75676		ANGRPH CRTD CRV UNI RS&I	12.61	800.74	96.09	0	N	2654.78
6116	75680		ANGRPH CRTD CRV BI RS&I	13.17	836.30	125.45	0	N	2654.78
6117	75685		ANGRPH VRT CRV&/ICRA RS&I	12.59	799.47	95.94	0	N	2654.78
6118	75705		ANGRPH SPI SLCTV RS&I	13.69	869.32	165.17	0	N	2654.78
6119	75710		ANGRPH XTR UNI RS&I	12.47	791.85	87.10	0	N	2654.78
6120	75716		ANGRPH XTR BI RS&I	12.86	816.61	97.99	0	N	2654.78
6121	75722		ANGRPH RNL UNI SLCTV W/FLUSH AORTOGRAM RS&I	12.43	789.31	86.82	0	N	2654.78
6122	75724		ANGRPH RNL BI SLCTV W/FLUSH AORTOGRAM RS&I	13.19	837.57	117.26	0	N	2654.78
6123	75726		ANGRPH VISC SLCTV/SUPRASLCTV RS&I	12.34	783.59	86.19	0	N	2654.78
6124	75731		ANGRPH ADRNL UNI SLCTV RS&I	12.4	787.40	86.61	0	N	2654.78
6125	75733		ANGRPH ADRNL BI SLCTV RS&I	12.95	822.33	98.68	0	N	2654.78
6126	75736		ANGRPH PEL SLCTV/SUPRASLCTV RS&I	12.4	787.40	86.61	0	N	2654.78
6127	75741		ANGRPH PULM UNI SLCTV RS&I	12.41	788.04	94.56	0	N	2654.78
6128	75743		ANGRPH PULM BI SLCTV RS&I	12.89	818.52	122.78	0	N	2654.78
6129	75746		ANGRPH PULM NONSLCTV CATH/VEN NJX RS&I	12.29	780.42	85.85	0	N	939.06
6130	75756		ANGRPH INT MAM RS&I	12.6	800.10	88.01	0	N	939.06
6131	75774		ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	11.14	707.39	28.30	0	N	
6132	75791		ANGIOGRPHY AV SHUNT COMPLETE EVAL FLUOR S&I	8.48	538.48	146.69	0	N	218.44
6133	75801		LYMPHANGRPH XTR ONLY UNI RS&I	7.15	454.03	77.19	0	N	510.77
6134	75803		LYMPHANGRPH XTR ONLY BI RS&I	7.69	488.51	107.47	0	N	510.77
6135	75805		LYMPHANGRPH PEL/ABDL UNI RS&I	9.05	574.68	86.20	0	N	510.77
6136	75807		LYMPHANGRPH PEL/ABDL BI RS&I	9.96	632.14	126.43	0	N	510.77
6137	75809		SHUNTOGRAM NDWELLG NONVASC SHUNT RS&I	1.71	108.59	47.78	0	N	101.78
6138	75810		SPLENOPORTOGRAPY RS&I	12.99	824.67	90.71	0	N	2654.78
6139	75820		VNGRPH XTR UNI RS&I	2.34	148.59	72.81	0	N	939.06
6140	75822		VNGRPH XTR BI RS&I	3.2	203.20	97.54	0	N	939.06
6141	75825		VNGRPH CAVAL INF SRLOGRAPY RS&I	12.17	772.80	85.01	0	N	2654.78
6142	75827		VNGRPH CAVAL SUPRIOR SRLOGRAPY RS&I	12.16	772.16	84.94	0	N	939.06
6143	75831		VNGRPH RNL UNI SLCTV RS&I	12.19	774.07	85.15	0	N	2654.78
6144	75833		VNGRPH RNL BI SLCTV RS&I	12.78	811.53	105.50	0	N	2654.78

	A	B	C	D	E	F	G	H	I
6145	75840		VNGRPH ADRNL UNI SLCTV RS&I	12.28	779.78	85.78	0	N	2654.78
6146	75842		VNGRPH ADRNL BI SLCTV RS&I	12.73	808.36	105.09	0	N	2654.78
6147	75860		VNGRPH VEN SINUS/JUG CATH RS&I	12.31	781.69	85.99	0	N	939.06
6148	75870		VNGRPH SUPRIOR SGTL SINUS RS&I	12.25	777.88	85.57	0	N	939.06
6149	75872		VNGRPH EDRL RS&I	12.52	795.02	87.45	0	N	939.06
6150	75880		VNGRPH ORB RS&I	2.33	147.96	72.50	0	N	939.06
6151	75885		PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	12.55	796.93	103.60	0	N	2654.78
6152	75887		PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVAL RS&I	12.61	800.74	104.10	0	N	939.06
6153	75889		HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	12.17	772.80	85.01	0	N	2654.78
6154	75891		HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	12.17	772.80	85.01	0	N	2654.78
6155	75893		VEN SAMPLING THRU CATH +ANGRPH RS&I	11.43	725.81	36.29	0	N	2654.78
6156	75894		TCAT THER EMBOLIZATION ANY METH RS&I	27.51	1747.01	122.29	0	N	
6157	75896		TCAT THER NFS ANY METH RS&I	26.79	1701.04	136.08	0	N	
6158	75898		ANGRPH CATH F-UP STD TCAT THER EMBOLIZATION/NFS	4.98	316.10	211.79	0	N	101.78
6159	75900		EXCHNG CATH THROMBOLYTIC THER C MNTR RS&I	10.14	643.64	96.55	0	N	2097.37
6160	75901		MCHNL RMVL PRICATH OBSTR MATRL RS&I	3.38	214.63	51.51	0	N	
6161	75902		MCHNL RMVL INTRAL OBSTR MATRL RS&I	2.67	169.55	33.91	0	N	
6162	75940		PRQ PLMT IVC FILTER RS&I	14.75	936.75	46.84	0	N	
6163	75945		IV US RS&I 1ST VSL	8.15	517.21	56.89	0	N	209.78
6164	75946		IV US RS&I EA NON-C VSL	4.44	281.62	30.98	0	N	
6165	75952		EVASC RPR INFRARNL AAA/DSJ RS&I	8.87	563.18		0	N	2097.37
6166	75953		PLMT XTN PROSTH EVASC RPR INFRARNL RS&I	2.17	137.92		0	N	2097.37
6167	75954		EVASC RPR ILIAC ART ARYSM MALFRMJ/TRAUMA RS&I	3.98	252.86		0	N	2097.37
6168	75956		EVASC RPR DTA COVERAGE L SUBCLA ORIGIN RS&I	15.75	999.93		0	N	2097.37
6169	75957		EVASC RPR DTA X COVERAGE L SUBCLA ORIGIN RS&I	14.66	930.97		0	N	2097.37
6170	75958		PLMT PROX XTN PROSTH EVASC RPR DTA RS&I	9.96	632.14		0	N	2097.37
6171	75959		PLMT DSTL XTN PROSTH AFTER EVASC RPR DTA RS&I	8.6	545.97		0	N	2097.37
6172	75960		TCAT INTRO IV STENT PRQ&/OPN RS&I EA VSL	21.45	1362.01	95.34	0	N	
6173	75961		TCAT RETRIEVAL PRQ IV FB RS&I	14.53	922.66	313.70	0	N	
6174	75962		TRLUML BALO ANGIOP PRPH ART RS&I	14.15	898.53	35.94	0	N	4621.59
6175	75964		TRLUML BALO ANGIOP EA PRPH ART RS&I	7.74	491.49	24.57	0	N	
6176	75966		TRLUML BALO ANGIOP RNL/OTH VISC ART RS&I	15.25	968.38	96.84	0	N	4621.59
6177	75968		TRLUML BALO ANGIOP EA VISC ART RS&I	7.76	492.76	24.64	0	N	
6178	75970		TCAT BX RS&I	14.66	930.97	83.79	0	N	
6179	75978		TRLUML BALO ANGIOP VEN RS&I	14.06	892.81	35.71	0	N	3246.08
6180	75980		PRQ TRANSHEPATC BILIARY DRG C MNTR RS&I	9.41	597.66	155.39	0	N	
6181	75982		PRQ BILIARY DRG/DRG STENT RS&I	9.96	632.14	145.39	0	N	
6182	75984		CHNG PRQ TUBE/DRG CATH C MNTR RS&I	2.97	188.60	60.35	0	N	
6183	75989		RAD GID PRQ DRG W/PLMT CATH RS&I	4.47	283.85	93.67	0	N	
6184	75992		TRLUML ATHRC PRPH ART RS&I	29.03	1843.53	73.74	0	N	
6185	75993		TRLUML ATHRC EA PRPH ART RS&I	19.46	1235.58	49.42	0	N	
6186	75994		TRLUML ATHRC RNL RS&I	27.15	1724.03	172.40	0	N	
6187	75995		TRLUML ATHRC VISC RS&I	26.97	1712.53	171.25	0	N	
6188	75996		TRLUML ATHRC EA VISC ART RS&I	10.86	689.61	68.96	0	N	
6189	76000		FLUOR SPX <1 HR PHYS TM OTH/THN 71023/71034	1.91	121.29	16.98	0	N	115.75
6190	76001		FLUOR PHYS TM >1 HR ASSISTING NON-RAD PHYS	BR	BR	0.00	0	N	
6191	76010		RADEX FROM NOSE RECTUM FB 1 VIEW CHLD	0.76	48.26	15.44	0	N	60.74
6192	76080		RAD XM ABSC/FSTL/SINUS TRC RAD S&I	1.75	111.13	44.45	0	N	284.44

	A	B	C	D	E	F	G	H	I
6193	76098		RAD XM SURG SPEC	0.6	38.10	12.57	0	N	510.77
6194	76100		RADEX 1 PLNE BDY SCTJ OTH/THN UROGRAPY	2.55	161.93	61.53	0	N	101.78
6195	76101		RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI	3.13	198.76	69.57	0	N	284.44
6196	76102		RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI	4.01	254.64	76.39	0	N	284.44
6197	76120		CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	1.76	111.76	35.76	0	N	115.75
6198	76125		CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE XM	1.36	86.23	26.73	0	N	
6199	76140		CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	BR	BR		0	N	2097.37
6200	76150		XERORADIOGRAPY	0.5	31.75	0.00	0	N	60.74
6201	76350		SUBTRCJ CONJUNCT C STD	1.05	66.68	13.34	0	N	
6202	76376		3D RNDR I&R CT MRI US/OTH X REQ POSTPCX	3.23	205.11	16.41	0	N	
6203	76377		3D RNDR I&R CT MRI US/OTH REQ POSTPCX	4.19	266.07	61.20	0	N	
6204	76380		CT LMTD/LOCLZD F-UP STD	5.08	322.58	87.10	0	N	148.56
6205	76390		MRI SPECTROSCOPY	12.86	816.61	114.33	0	N	2097.37
6206	76496		UNLIS FLUOR PX	BR	BR	0.00	0	N	115.75
6207	76497		UNLIS CT PX	BR	BR	0.00	0	N	148.56
6208	76498		UNLIS MRI PX	BR	BR	0.00	0	N	472.87
6209	76499		UNLIS DX RADIOGRAPIC PX	BR	BR		0	N	60.74
6210	76506		ECHOENCEPHALOGRAPY R-T IMG	2.63	167.01	63.46	0	N	84.51
6211	76510		OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	4.22	267.97	133.99	0	N	411.03
6212	76511		OPH US DX QUAN A-SCAN ONLY	3.12	198.12	77.27	0	N	131.62
6213	76512		OPH US DX B-SCAN +A-SCAN	2.94	186.69	78.41	0	N	131.62
6214	76513		OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	2.46	156.21	57.80	0	N	131.62
6215	76514		OPH US DX CRNL PACHYMETRY UNI/BI	0.32	20.32	16.46	0	N	21.16
6216	76516		OPH BMTRY US ECHOGRAPY A-SCAN	1.96	124.46	47.29	0	N	84.51
6217	76519		OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	2.06	130.81	47.09	0	N	131.62
6218	76529		OPH ULTRASONIC FB LOCLZJ	1.93	122.56	50.25	0	N	84.51
6219	76536		US SOFT TISS HEAD&NCK R-T IMG	2.43	154.31	52.47	0	N	131.62
6220	76604		US CHEST R-T W/IMAGE DOCUMENTATION	2.12	134.62	47.12	0	N	84.51
6221	76645		US BREAST R-T W/IMAGE DOCUMENTATION	1.98	125.73	50.29	0	N	84.51
6222	76700		US ABDOMINAL R-T W/IMAGE DOCUMENTATION	3.27	207.65	72.68	0	N	131.62
6223	76705		US RETROPERITONEAL R-T W/IMAGE COMPL	2.41	153.04	53.56	0	N	131.62
6224	76770		US RETROPERITONEAL R-T W/IMAGE COMPL	3.17	201.30	66.43	0	N	131.62
6225	76775		US RPR B-SCAN&/R-T IMG LMTD	2.44	154.94	54.23	0	N	131.62
6226	76776		US TRNSPL KDN R-T IMG + DUPLEX DOP STD	3.27	207.65	62.30	0	N	131.62
6227	76800		US SPI CANAL&CNTS	3.04	193.04	96.52	0	N	131.62
6228	76801		US PG UTER IMG F&MAT 14 WK TABDL 1/1ST GESTATION	3.48	220.98	83.97	0	N	131.62
6229	76802		US PG UTER F&MAT 14 WK TABDL EA GESTATION	2.15	136.53	68.27	0	N	84.51
6230	76805		US PG UTER F&MAT AFTER 1ST TRI 1/1ST GESTATION	3.61	229.24	87.11	0	N	131.62
6231	76810		US PG UTER F&MAT AFTER 1ST TRI ABDL EA GESTATION	2.58	163.83	85.19	0	N	131.62
6232	76811		US PG UTER F&MAT DETAILED FTL XM 1ST GESTATION	6.16	391.16	156.46	0	N	209.78
6233	76812		US PG UTER F&MAT DETAILED FTL ANTMC XM EA	4.34	275.59	173.62	0	N	84.51
6234	76813		US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	3.31	210.19	94.59	0	N	84.51
6235	76814		US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	2.19	139.07	79.27	0	N	84.51
6236	76815		US PG UTER R-T IMG LMTD 1 FETUSES	2.36	149.86	56.95	0	N	84.51
6237	76816		US PG UTER R-T IMG F-UP TABDL APPR PR FETUS	2.52	160.02	73.61	0	N	84.51
6238	76817		US PG UTER R-T IMG TRVG	2.58	163.83	65.53	0	N	84.51
6239	76818		FTL BIOPHYSICAL PROFILE NON-STRS TSTG	3.13	198.76	89.44	0	N	131.62
6240	76819		FTL BIOPHYSICAL PROFILE W/O NON-STRS TSTG	2.63	167.01	65.13	0	N	131.62

	A	B	C	D	E	F	G	H	I
6241	76820		DOP VELOCIMETRY FTL UMBILICAL ART	2.09	132.72	38.49	0	N	84.51
6242	76821		DOP VELOCIMETRY FTL MIDDLE CERE ART	2.65	168.28	62.26	0	N	84.51
6243	76825		ECHO FTL CV SYS R-T REC	4.68	297.18	157.51	0	N	806.35
6244	76826		ECHO FTL CV SYS R-T REC REPEAT STD	2.26	143.51	86.11	0	N	610.09
6245	76827		DOP ECHO FTL SPECTRAL DISPLAY COMPL	2.37	150.50	46.66	0	N	84.51
6246	76828		DOP ECHO FTL PLSD SPECTRAL DISPLAY REPEAT STD	1.77	112.40	44.96	0	N	84.51
6247	76830		US TRVG	2.72	172.72	63.91	0	N	131.62
6248	76831		SALINE NFS SHG SIS COL FLO DOP PFRMD	2.78	176.53	67.08	0	N	209.78
6249	76856		US PELVIC NONOB REAL-TIME IMG COMPLETE	2.74	173.99	64.38	0	N	131.62
6250	76857		US PEL NONOB B-SCAN&/R-T IMG LMTD/F-UP?	2.41	153.04	35.20	0	N	84.51
6251	76870		US SCROTUM&CNTS	2.68	170.18	59.56	0	N	131.62
6252	76872		US TRANSRCT	3.28	208.28	64.57	0	N	131.62
6253	76873		US TRANSRCT PRST8 VOL STD BRACHYTX PLNNING SPX	4.45	282.58	138.46	0	N	131.62
6254	76880		US EXTREMITY NON-VASC REAL-TIME IMG	2.61	165.74	58.01	0	N	131.62
6255	76885		US INFT HIPS R-T IMG DYNAMIC REQ PHYS MNPJ	2.88	182.88	69.49	0	N	84.51
6256	76886		US INFT HIPS R-T IMG LMTD STATIC X PHYS MNPJ	2.43	154.31	55.55	0	N	84.51
6257	76930		US PRICARDIOCNTS IMG S&I	2.57	163.20	60.38	0	N	
6258	76932		US ENDOMYOCRD BX IMG S&I	2.57	163.20	60.38	0	N	
6259	76936		US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	8.93	567.06	164.45	0	N	146.59
6260	76937		US VASC ACCESS SITS VSL PATENCY NDL ENTRY	0.91	57.79	27.16	0	N	
6261	76940		US &MNTR PARENCHYMAL TISSUE ABLATION	4.71	298.83	185.27	0	N	
6262	76941		US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	2.63	166.69	90.01	0	N	
6263	76942		US NDL PLMT IMG S&I	4.16	264.16	63.40	0	N	
6264	76945		US CHORNC VILLUS SAMPLING IMG S&I	2.53	160.91	57.93	0	N	
6265	76946		US AMNIOCNTS IMG S&I	1.81	114.94	28.74	0	N	
6266	76948		US ASPIR OVA IMG S&I	1.8	114.30	28.58	0	N	
6267	76950		US PLMT RADJ THER FLDS	2.05	130.18	48.17	0	N	
6268	76965		US NTRSTL RADIOELMNT APPL	6.38	405.13	97.23	0	N	
6269	76970		US STD F-UP SPEC	1.85	117.48	38.77	0	N	84.51
6270	76975		GI NDSC US S&I	4.25	270.13	110.75	0	N	209.78
6271	76977		US B1 DNS MEAS&INTERPJ PRPH SIT ANY METH	0.76	48.26	3.86	0	N	61.03
6272	76998		ULTRASONIC GUIDANCE INTRAOPERATIVE	BR	BR		0	N	
6273	76999		UNLIS US PX	BR	BR		0	N	84.51
6274	77001		FLUOR GID CTR VAD PLMT RPLCMT/RMVL	2.18	138.43		0	N	
6275	77002		FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT	1.98	125.73		0	N	
6276	77003		FLUOR GID & LOCLZJ NDL/CATH SPI DX/THER NJX	1.92	121.92		0	N	
6277	77011		CT GUIDANCE STEREOTACTIC LOCALIZATION	12.94	821.69	131.47	0	N	
6278	77012		CT GUIDANCE NEEDLE PLACEMENT	8.53	541.66	81.25	0	N	
6279	77013		CT GUIDANCE &MONITORING VISC TISS ABLATION	16.07	1020.64	367.43	0	N	
6280	77014		CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	4.49	285.12	76.98	0	N	
6281	77021		MR GUIDANCE NEEDLE PLACEMENT	13.07	829.95	132.79	0	N	
6282	77022		MR GUIDANCE &MONITORING TISSUE ABLATION	19.46	1235.58	383.03	0	N	
6283	77031		STRTCTC LOCLZJ GID BREAST BX/NEEDLE PLACEMENT	8.08	513.08	118.01	0	N	
6284	77032		MAMMOGRAPHIC GID NEEDLE PLACEMENTT BREAST	1.85	117.48	42.29	0	N	
6285	77051		COMPUTER-AIDED DETECTION DX MAMMOGRAPHY	0.45	28.58	4.86	0	N	
6286	77052		COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY	0.45	28.58	4.86	0	N	
6287	77053		MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	2.69	170.82	25.62	0	N	284.44
6288	77054		MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	3.86	245.11	34.32	0	N	284.44

	A	B	C	D	E	F	G	H	I
6289	77055		MAMMOGRAPHY UNILATERAL	2.06	130.81	60.17	0	N	
6290	77056		MAMMOGRAPHY BILATERAL	2.57	163.20	75.07	0	N	
6291	77057		SCREENING MAMMOGRAPHY BILATERAL	2.16	137.16	57.61	0	N	
6292	77058		MRI BREAST UNILATERAL	21.22	1347.47	148.22	0	N	
6293	77059		MRI BREAST BILATERAL	26.24	1666.24	133.30	0	N	
6294	77071		MANUAL APPL STRESS PFRMD PHYS JOINT RADIOGRAPHY	0.76	48.26		0	N	60.74
6295	77072		BONE AGE STUDIES	0.59	37.47	11.99	0	N	60.74
6296	77073		BONE LENGTH STUDIES	1.11	70.49	21.85	0	N	60.74
6297	77074		RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	1.68	106.68	39.47	0	N	101.78
6298	77075		RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	2.35	149.23	49.25	0	N	101.78
6299	77076		RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	1.91	121.29	66.71	0	N	101.78
6300	77077		JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	1.43	90.81	24.52	0	N	60.74
6301	77078		CT BONE MINERAL DENSITY STUDY 1 SITS AXIAL SKEL	3.8	241.30	24.13	0	N	98.07
6302	77079		CT BONE MINERAL DENSITY STUDY 1 SITS APPND	2.71	172.09	17.21	0	N	148.56
6303	77080		DXA BONE DENSITY STUDY 1 SITS AXIAL SKEL	2.95	187.33	20.61	0	N	98.07
6304	77081		DXA BONE DENSITY STUDY 1 SITS APPENDICULAR SKEL	1.06	67.31	18.85	0	N	39.38
6305	77082		DXA BONE DENSITY STUDY VERTEBRAL FRACTURE	0.92	58.42	13.44	0	N	60.74
6306	77083		RADIOGRAPHIC ABSORPTIOMETRY 1 SITS	0.95	60.33	15.69	0	N	101.78
6307	77084		BONE MARROW BLOOD SUPPLY	14.34	910.59	364.24	0	N	472.87
6308	77261		THER RAD TX PLNNING SMPL	1.83	116.21		0	N	
6309	77262		THER RAD TX PLNNING INTRM	2.75	174.63		0	N	
6310	77263		THER RAD TX PLNNING CPLX	4.08	259.08		0	N	
6311	77280		THER RAD SIMULAJ-AIDED FLD SETTING SMPL	4.74	300.99	63.21	0	N	139.26
6312	77285		THER RAD SIMULAJ-AIDED FLD SETTING INTRM	7.74	491.49	98.30	0	N	360.29
6313	77290		THER RAD SIMULAJ-AIDED FLD SETTING CPLX	10.46	664.21	159.41	0	N	360.29
6314	77295		THER RAD SIMULAJ-AIDED FLD SETTING 3-DIMENSIONAL	29.73	1887.86	320.94	0	N	1254.56
6315	77299		UNLIS PX THER RAD CLINICAL TX PLNNING	BR	BR		0	N	139.26
6316	77300		BASIC RADJ DOSIM CAL	2.11	133.99	50.92	0	N	139.26
6317	77301		NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	46.32	2941.32	794.16	0	N	1254.56
6318	77305		TELETHX ISODOSE PLN SMPL	2.57	163.20	53.86	0	N	139.26
6319	77310		TELETHX ISODOSE PLN INTRM	3.44	218.44	80.82	0	N	139.26
6320	77315		TELETHX ISODOSE PLN CPLX	4.52	287.02	123.42	0	N	360.29
6321	77321		SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	4.75	301.63	69.37	0	N	360.29
6322	77326		BRACHYTX ISODOSE PLN SMPL	3.77	239.40	81.40	0	N	139.26
6323	77327		BRACHYTX ISODOSE PLN INTRM	5.47	347.35	118.10	0	N	360.29
6324	77328		BRACHYTX ISODOSE PLN CPLX	7.78	494.03	172.91	0	N	360.29
6325	77331		SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	1.63	103.51	72.46	0	N	139.26
6326	77332		TX DEV DESIGN&CONSTJ SMPL SMPL BLK SMPL BOLUS	2.12	134.62	45.77	0	N	257.88
6327	77333		TX DEV DESIGN&CONSTJ INTRM	2.66	168.91	60.81	0	N	257.88
6328	77334		TX DEV DESIGN&CONSTJ CPLX	4.78	303.53	100.16	0	N	257.88
6329	77336		CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	2.68	170.18		0	N	139.26
6330	77338		MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	13.25	841.38	397.51	0	N	257.88
6331	77370		SPEC MEDICAL RADJ PHYSICS CONSLTJ	3.56	226.06		0	N	139.26
6332	77371		RADIATION DLVR STRTCTC CEREBRAL COBALT	30.38	1929.13	0.00	0	N	9935.68
6333	77372		RADIATION DLVR STRTCTC CEREBRAL LINEAR	23.06	1464.31	0.00	0	N	
6334	77373		STEREOTACTIC BODY RADIATION DELIVERY	43	2730.50	0.00	0	N	
6335	77399		UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	BR	BR		0	N	139.26
6336	77401		RADJ DLVR SUPFC&/ORTHO VOLTAGE	1.56	99.06	0.00	0	N	125.51

	A	B	C	D	E	F	G	H	I
6337	77402		RADJ DLVR 1 AREA 1/PRLL OPSD PORTS SMPL <5MEV	2.48	157.48	0.00	0	N	125.51
6338	77403		RADJ DLVR 1 AREA 1/PRLL OPSD PORTS SMPL 6-10MEV	2.38	151.13	0.00	0	N	125.51
6339	77404		RADJ DLVR 1 AREA 1/PRLL OPSD PORTS SMPL 11-19MEV	2.49	158.12	0.00	0	N	125.51
6340	77406		RADJ DLVR 1 AREA 1/PRLL OPSD PORTS SMPL 20MEV/<	2.49	158.12	0.00	0	N	210.01
6341	77407		RADJ DLVR 2 AREAS 3/>PORTS 1 MLT BLKS <5MEV	3.05	193.68	0.00	0	N	125.51
6342	77408		RADJ DLVR 2 AREAS 3/>PORTS 1 MLT BLKS 6-1MEV	2.99	189.87	0.00	0	N	125.51
6343	77409		RADJ DLVR 2 AREAS 3/>PORTS 1 MLT BLKS 11-19MEV	3.14	199.39	0.00	0	N	125.51
6344	77411		RADJ DLVR 2 AREAS 3/> PORTS 1 TX AREA 20 MEV/<	3.13	198.76	0.00	0	N	210.01
6345	77412		RADJ DLVR 3/> AREAS CUSTOM BLKING <5MEV	3.59	227.97	0.00	0	N	210.01
6346	77413		RADJ DLVR 3/> AREAS CUSTOM BLKING 6-10MEV	3.59	227.97	0.00	0	N	210.01
6347	77414		RADJ DLVR 3/> AREAS CUSTOM BLKING 11-19MEV	3.81	241.94	0.00	0	N	210.01
6348	77416		RADJ DLVR 3/> AREAS CUSTOM BLKING 20MEV/<	3.81	241.94	0.00	0	N	210.01
6349	77417		THER RAD PORT FLM	0.57	36.20	0.00	0	N	
6350	77418		NTSTY MODUL DLVR 1/MLT FLDS/ARCS PR TX SESSION	16.93	1075.06	0.00	0	N	569.85
6351	77421		STRSC X-RAY GDN LOCLZJ TARGET VOL DLVR RADJ THER	3.58	227.33	34.10	0	N	
6352	77422		HI NRG NEUTRON RADJ TX DLVR 1 TX AREA	4.71	299.09	0.00	0	N	210.01
6353	77423		HI NRG NEUTRON RADJ TX DLVR 1/> ISOCENTER	3.97	252.10	0.00	0	N	210.01
6354	77427		RADJ TX MGMT 5 TXS	4.65	295.28		0	N	
6355	77431		RADJ THER MGMT COMPL 1/2 FXJS ONLY	2.43	154.31		0	N	
6356	77432		STRTCTC RADJ TX MGMT CERE LES	10.38	659.13		0	N	
6357	77435		STEREOTACTIC BODY RADIATION MANAGEMENT	16.99	1078.87		0	N	
6358	77470		SPEC TX PX	11.93	757.56	181.81	0	N	514.87
6359	77499		UNLIS THER RAD TX MGMT	BR	BR		0	N	
6360	77520		PROTON TX DLVR SMPL W/O COMPENSATION	BR	BR	0.00	0	N	1274.80
6361	77522		PROTON TX DLVR SMPL COMPENSATION	BR	BR	0.00	0	N	1274.80
6362	77523		PROTON TX DLVR INTRM	BR	BR	0.00	0	N	1667.62
6363	77525		PROTON TX DLVR CPLX	BR	BR	0.00	0	N	1667.62
6364	77600		HYPRTHM XTRNLLY GEN SUPFC	6.73	427.36	170.94	0	N	514.87
6365	77605		HYPRTHM XTRNLLY GEN DP	10.13	643.26	257.30	0	N	514.87
6366	77610		HYPRTHM GEN NTRSTL PRB 5/FEWER	8.57	544.20	217.68	0	N	514.87
6367	77615		HYPRTHM GEN NTRSTL PRB >5	12.23	776.61	310.64	0	N	514.87
6368	77620		HYPRTHM GEN INTRCV PRB	6.81	432.44	177.30	0	N	514.87
6369	77750		NFS/INSTLJ RADIOELMNT SLN 3 MO F-UP CARE	8.09	513.72	426.39	90	N	210.01
6370	77761		INTRCV RADJ SRC APPL SMPL	8.04	510.54	336.96	90	N	408.95
6371	77762		INTRCV RADJ SRC APPL INTRM	11.64	739.14	495.22	90	N	408.95
6372	77763		INTRCV RADJ SRC APPL CPLX	16.42	1042.67	740.30	90	N	408.95
6373	77776		NTRSTL RADJ SRC APPL SMPL	9	571.50	411.48	90	N	408.95
6374	77777		NTRSTL RADJ SRC APPL INTRM	14.27	906.15	634.31	90	N	408.95
6375	77778		NTRSTL RADJ SRC APPL CPLX	20.32	1290.32	954.84	90	N	1208.77
6376	77785		REMOTE AFTLD RADIONUCLIDE BRACHYTX 1 CHANNEL	5.47	347.35	126.37	0	N	1051.90
6377	77786		REMOTE AFTLD RADIONUCLIDE BRACHYTX 2-12 CHANNEL	15.21	965.84	284.48	0	N	1051.90
6378	77787		REMOTE AFTLD RADIONUCLIDE BRACHYTX > 12 CHANNEL	23.44	1488.44	435.61	0	N	1051.90
6379	77789		SURF APPL RADJ SRC	2.25	142.88	110.02	0	N	125.51
6380	77790		SUPVJ HANDLING LOADING RADJ SRC	2.01	127.64	93.18	0	N	
6381	77799		UNLIS CLINICAL BRACHYTX	BR	BR		0	N	408.95
6382	78000		THYR UPTK 1 DETER	1.45	92.08	18.42	0	N	152.24
6383	78001		THYR UPTK MLT DETERS	1.9	120.65	25.34	0	N	152.24
6384	78003		THYR UPTK STIMJ SUPRJ/DSCHRG X 1ST UPTK STD	1.63	103.51	31.05	0	N	152.24

	A	B	C	D	E	F	G	H	I
6385	78006		THYR IMG UPTK 1 DETER	3.97	252.10	52.94	0	N	299.96
6386	78007		THYR IMG UPTK MLT DETERS	3.37	214.00	42.80	0	N	299.96
6387	78010		THYR IMG ONLY	2.93	186.06	40.93	0	N	196.92
6388	78011		THYR IMG VASC FLO	3.54	224.79	44.96	0	N	196.92
6389	78015		THYR CARC METASTASES IMG LMTD AREA	4.15	263.53	65.88	0	N	392.43
6390	78016		THYR CARC METASTASES IMG ADDL STD	5.8	368.30	88.39	0	N	392.43
6391	78018		THYR CARC METASTASES IMG WHBDY	7.26	461.01	78.37	0	N	392.43
6392	78020		THYR CARC METASTASES UPTK	2.26	143.51	51.66	0	N	
6393	78070		PARATHYR IMG	5.1	323.85	68.01	0	N	299.96
6394	78075		ADRNL IMG CORTEX&/MEDULLA	8.01	508.64	76.30	0	N	1302.87
6395	78099		UNLIS ENDOC PX DX NUC MED	BR	BR		0	N	196.92
6396	78102		B1 MARROW IMG LMTD AREA	3.28	208.28	54.15	0	N	349.64
6397	78103		B1 MARROW IMG MLT AREAS	4.72	299.72	71.93	0	N	349.64
6398	78104		B1 MARROW IMG WHBDY	5.72	363.22	72.64	0	N	349.64
6399	78110		PLSM VOL RP VOL-DIL TQ SPX 1 SAMPLING	1.52	96.52	20.27	0	N	527.74
6400	78111		PLSM VOL RP VOL-DIL TQ SPX MLT SAMPLINGS	2.85	180.98	18.10	0	N	527.74
6401	78120		RBC VOL DETER SPX 1 SAMPLING	2.18	138.43	20.76	0	N	527.74
6402	78121		RBC VOL DETER SPX MLT SAMPLINGS	3.23	205.11	26.66	0	N	527.74
6403	78122		WHL BLD VOL DETER RP VOL-DIL TQ	4.75	301.63	33.18	0	N	527.74
6404	78130		RBC SURV STD	3.84	243.84	53.64	0	N	527.74
6405	78135		RBC SURV STD DIFFIAL ORGAN/TISS KIN	6.7	425.45	63.82	0	N	527.74
6406	78140		LBLD RBC SQSJ DIFFIAL ORGAN/TISS	4.56	289.56	49.23	0	N	527.74
6407	78185		SPLEEN IMG ONLY +VASC FLO	3.61	229.24	41.26	0	N	349.64
6408	78190		KIN STD PLTLT SURV +DIFFIAL ORGAN/TISS LOCLZJ	8.13	516.26	108.41	0	N	244.54
6409	78191		PLTLT SURV STD	7.41	470.54	47.05	0	N	244.54
6410	78195		LYMPHATICS&LYMPH NOD IMG	6.76	429.26	120.19	0	N	349.64
6411	78199		UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	BR		0	N	349.64
6412	78201		LVR IMG STATIC ONLY	3.55	225.43	45.09	0	N	393.38
6413	78202		LVR IMG VASC FLO	4.17	264.80	50.31	0	N	393.38
6414	78205		LVR IMG SPECT	6.83	433.71	60.72	0	N	393.38
6415	78206		LVR IMG SPECT VASC FLO	9.13	579.76	104.36	0	N	393.38
6416	78215		LVR&SPLEEN IMG STATIC ONLY	4.06	257.81	46.41	0	N	393.38
6417	78216		LVR&SPLEEN IMG VASC FLO	4.12	261.62	47.09	0	N	393.38
6418	78220		LVR FUNCJ STD HEPATBL AGT SRL IMAGES	4.28	271.78	40.77	0	N	393.38
6419	78223		HEPATBL DUX SYS IMG GLBLDR	5.94	377.19	86.75	0	N	393.38
6420	78230		SALIVARY GLND IMG	3.27	207.65	43.61	0	N	334.69
6421	78231		SALIVARY GLND IMG SRL IMAGES	3.83	243.21	43.78	0	N	334.69
6422	78232		SALIVARY GLND FUNCJ STD	4.04	256.54	38.48	0	N	334.69
6423	78258		ESOPHGL MOTILITY	4.58	290.83	72.71	0	N	334.69
6424	78261		GSTR MUCOSA IMG	5.55	352.43	63.44	0	N	334.69
6425	78262		G-ESOP RFLX STD	5.63	357.51	60.78	0	N	334.69
6426	78264		GSTR EMPTYING STD	5.93	376.56	75.31	0	N	334.69
6427	78267		UREA BRTH TST C-14 ISOTOPIC ACQUISJ ALYS	BR	BR	0.00	0	N	
6428	78268		UREA BRTH TST C-14 ISOTOPIC ALYS	BR	BR	0.00	0	N	
6429	78270		VIT B-12 ABSRPJ STD W/O INTRNSC FACTOR	1.96	124.46	18.67	0	N	244.54
6430	78271		VIT B-12 ABSRPJ STD INTRNSC FACTOR	2.04	129.54	18.14	0	N	244.54
6431	78272		VIT B-12 ABSRPJ STD CMBN W/&W/O INTRNSC FACTOR	2.68	170.18	22.12	0	N	244.54
6432	78278		AQT GI BLD LOSS IMG	7.1	450.85	94.68	0	N	334.69

	A	B	C	D	E	F	G	H	I
6433	78282		GI PROTEIN LOSS	3.04	193.10	48.28	0	N	334.69
6434	78290		INT IMG	5.25	333.38	76.68	0	N	334.69
6435	78291		PRTL-VEN SHUNT PATENCY TST	4.97	315.60	85.21	0	N	334.69
6436	78299		UNLIS GI PX DX NUC MED	BR	BR		0	N	334.69
6437	78300		B1&/JT IMG LMTD AREA	3.73	236.86	59.22	0	N	334.73
6438	78305		B1&/JT IMG MLT AREAS	5.22	331.47	76.24	0	N	334.73
6439	78306		B1&/JT IMG WHBDY	5.87	372.75	78.28	0	N	334.73
6440	78315		B1&/JT IMG 3 PHASE STD	7.07	448.95	98.77	0	N	334.73
6441	78320		B1&/JT IMG TOMOG SPECT	7.24	459.74	87.35	0	N	334.73
6442	78350		B1 DNS STD 1 SITS 1 PHTN ABSRPTM	1.08	68.58	18.52	0	N	2097.37
6443	78351		B1 DNS STD 1 SITS DUAL PHTN ABSRPTM 1 SITS	0.39	24.77	7.43	0	N	2097.37
6444	78399		UNLIS MUSCSKEL PX DX NUC MED	BR	BR		0	N	334.73
6445	78414		DETER CTR C-V HEMODYN NON-IMG +RX 1/MLT	2.05	129.86	38.96	0	N	413.69
6446	78428		CAR SHUNT DETCJ	4.08	259.08	82.91	0	N	413.69
6447	78445		NON-CAR VASC FLO IMG	3.18	201.93	52.50	0	N	270.64
6448	78451		MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	6.17	391.80	118.11	0	N	1048.58
6449	78452		MYOCARDIAL SPECT MULTIPLE STUDIES	10.53	668.66	139.70	0	N	1048.58
6450	78453		MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	5.37	341.00	85.73	0	N	1048.58
6451	78454		MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	5.17	328.30	113.67	0	N	1048.58
6452	78456		AQT VEN THROMBOSIS IMG PEPTIDE	6.94	440.69	105.77	0	N	270.64
6453	78457		VEN THROMBOSIS IMG VENOGRAM UNI	4.18	265.43	71.67	0	N	270.64
6454	78458		VEN THROMBOSIS IMG VENOGRAM BI	5.39	342.27	78.72	0	N	270.64
6455	78459		MYOCRD IMG P EMIJ TOMOG METAB EVAL	6.99	443.67	133.10	0	N	1938.45
6456	78466		MYOCRD IMG INFARCT AVID PLNR QUAL/QUAN	4.02	255.27	66.37	0	N	413.69
6457	78468		MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	5.39	342.27	75.30	0	N	413.69
6458	78469		MYOCRD IMG INFARCT AVID PLNR TOMOG SPECT +QUAN	6.84	434.34	82.52	0	N	413.69
6459	78472		CARD BPI GTD =BRM PLNR 1 STD REST/STRS	7.09	450.22	85.54	0	N	413.69
6460	78473		CARD BPI GTD =BRM MLT STD WALL MOTION STD	10.26	651.51	123.79	0	N	413.69
6461	78481		CARD BPI PLNR 1ST PS 1 STD PLUS EJEC FXJ	6.65	422.28	84.46	0	N	413.69
6462	78483		CARD BPI PLNR 1ST PS MLT STD PLUS EJEC FXJ	9.8	622.30	124.46	0	N	413.69
6463	78491		MYOCRD IMG P EMIJ TOMOG PRFUJ 1 STD	7.11	451.68	135.50	0	N	1938.45
6464	78492		MYOCRD IMG P EMIJ TOMOG PRFUJ MLT STD	8.87	563.18	168.95	0	N	1938.45
6465	78494		CARD BPI GTD =BRM SPECT REST WALL MOTION	8.59	545.47	98.18	0	N	413.69
6466	78496		CARD BPI GTD =BRM 1 STD REST R VENTR EJEC FXJ	6.44	408.94	36.80	0	N	
6467	78499		UNLIS CV DX NUC MED	BR	BR		0	N	413.69
6468	78580		PULM PI PART	4.85	307.98	67.76	0	N	279.27
6469	78584		PULM PI PART VNTJ 1 BRTH	4.44	281.94	81.76	0	N	438.00
6470	78585		PULM PI PART VNTJ RBRTHING&WSHOT +1 BRTH	7.86	499.11	99.82	0	N	438.00
6471	78586		PULM VI AERSL 1 PROJECTION	3.54	224.79	38.21	0	N	279.27
6472	78587		PULM VI AERSL MLT PRJCJ	4.11	260.99	49.59	0	N	279.27
6473	78588		PULM PI PART VNTJ IMG AERSL 1/MLT PRJCJ	5.91	375.29	116.34	0	N	438.00
6474	78591		PULM VI GASEOUS 1 PRJCJ	3.73	236.86	35.53	0	N	279.27
6475	78593		PULM VI GASEOUS RBRTHING&WSHOT 1 PRJCJ	4.48	284.48	45.52	0	N	279.27
6476	78594		PULM VI GASEOUS RBRTHING&WSHOT MLT PRJCJ	5.87	372.75	44.73	0	N	279.27
6477	78596		PULM QUAN DIFFIAL FUNCJ VNTJ/PRFUJ STD	9.26	588.01	111.72	0	N	438.00
6478	78599		UNLIS RESPIR PX DX NUC MED	BR	BR	0.00	0	N	279.27
6479	78600		BRN IMG LMTD PX STATIC	4.54	288.29	49.01	0	N	266.10
6480	78601		BRN IMG LMTD PX VASC FLO	4.59	291.47	46.64	0	N	782.82

	A	B	C	D	E	F	G	H	I
6481	78605		BRN IMG COMPL STD STATIC	4.48	284.48	48.36	0	N	266.10
6482	78606		BRN IMG COMPL STD VASC FLO	5.9	374.65	67.44	0	N	782.82
6483	78607		BRN IMG COMPL STD TOMOG SPECT	10.34	656.59	131.32	0	N	782.82
6484	78608		BRN IMG P EMIJ TOMOG METAB EVAL	8.25	524.13	131.03	0	N	1403.37
6485	78609		BRN IMG P EMIJ TOMOG PRFUJ EVAL	8.25	524.13	131.03	0	N	2097.37
6486	78610		BRN IMG VASC FLO ONLY	2.7	171.45	34.29	0	N	266.10
6487	78630		CEREBSP FLU FLO IMG X INTRO MATRL CISTRNG	6.89	437.52	65.63	0	N	782.82
6488	78635		CEREBSP FLU FLO IMG X INTRO MATRL VENTRG	4.81	305.44	73.31	0	N	782.82
6489	78645		CEREBSP FLU FLO IMG X INTRO MATRL SHUNT EVAL	5.42	344.17	61.95	0	N	266.10
6490	78647		CEREBSP FLU FLO IMG X INTRO MATRL TOMOG SPECT	9.22	585.47	99.53	0	N	782.82
6491	78650		CEREBSP FLU LEAKAGE DETCJ&LOCLZJ	6.5	412.75	61.91	0	N	782.82
6492	78660		RP DACRYOCSTOGRAPY	3.36	213.36	51.21	0	N	266.10
6493	78699		UNLIS NRVS SYS PX DX NUC MED	BR	BR		0	N	266.10
6494	78700		KIDNEY IMAGING MORPHOLOGY	4.05	257.18	41.15	0	N	439.73
6495	78701		KDN IMG VASC FLO	4.7	298.45	44.77	0	N	439.73
6496	78707		KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	6.01	381.64	83.96	0	N	439.73
6497	78708		KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W RX	5.82	369.57	96.09	0	N	439.73
6498	78709		KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	7.35	466.73	135.35	0	N	439.73
6499	78710		KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC	6.78	430.53	55.97	0	N	439.73
6500	78725		KDN FUNCJ STD NON-IMG RADIOISOTOPIC STD	2.47	156.85	34.51	0	N	244.54
6501	78730		URINARY BLADDER RESIDUAL STUDY	1.91	121.29	30.32	0	N	152.24
6502	78740		URTRL RFLX STD RP VOIDING CSTOGRAM	3.68	233.68	60.76	0	N	439.73
6503	78761		TESTICULAR IMAGING WITH VASCULAR FLOW	4.57	290.20	63.84	0	N	439.73
6504	78799		UNLIS GENITOUR DX NUC MED	BR	BR		0	N	439.73
6505	78800		RP LOCLZJ TUM/DSTRBJ AGT LMTD AREA	4.54	288.29	57.66	0	N	392.43
6506	78801		RP LOCLZJ TUM/DSTRBJ AGT MLT AREAS	5.79	367.67	73.53	0	N	690.51
6507	78802		RP LOCLZJ TUM/DSTRBJ AGT WHBDY 1 D IMG	7.4	469.90	79.88	0	N	690.51
6508	78803		RP LOCLZJ TUM/DSTRBJ AGT TOMOG SPECT	10.11	641.99	115.56	0	N	690.51
6509	78804		RP LOCLZJ TUM/DSTRBJ AGT WHBDY REQ 2/> D IMG	13.38	849.63	93.46	0	N	1302.87
6510	78805		RP LOCLZJ INFLAMMATORY PROCESS LMTD AREA	4.6	292.10	64.26	0	N	690.51
6511	78806		RP LOCLZJ INFLAMMATORY PROCESS WHBDY	8.17	518.80	77.82	0	N	690.51
6512	78807		RP LOCLZJ INFLAMMATORY PROCESS TOMOG SPECT	9.93	630.56	113.50	0	N	392.43
6513	78808		NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	1.19	75.57	0.00	0	N	244.54
6514	78811		TUM IMG PET LMTD AREA	6.86	435.61	108.90	0	N	1403.37
6515	78812		TUM IMG PET SB MID-THI	8.47	537.91	134.48	0	N	1403.37
6516	78813		TUM IMG PET WHBDY	8.82	559.75	139.94	0	N	1403.37
6517	78814		TUM IMG PET CT ATTENUATION LMTD AREA	9.63	611.44	152.86	0	N	1403.37
6518	78815		TUM IMG PET CT ATTENUATION SB MID-THI	10.64	675.83	168.96	0	N	1403.37
6519	78816		TUM IMG PET CT ATTENUATION WHBDY	10.93	694.18	173.55	0	N	1403.37
6520	78999		UNLIS MISC DX NUC MED	BR	BR		0	N	152.24
6521	79005		RP THER ORAL ADMN	4.69	297.82	139.98	0	N	295.05
6522	79101		RP THER IV ADMN	4.96	314.96	154.33	0	N	295.05
6523	79200		RP THER INTRCV ADMN	5.03	319.41	159.71	0	N	474.25
6524	79300		RP THER NTRSTL RADACT COL ADMN	3.73	236.79	142.07	0	N	295.05
6525	79403		RP THER RADIOLBLD MONOCLONAL ANTB IV NFS	6.83	433.71	182.16	0	N	474.25
6526	79440		RP THER INTRA-ARTICULAR ADMN	4.93	313.06	156.53	0	N	474.25
6527	79445		RP THER IA PART ADMN	6.12	388.49	213.67	0	N	295.05
6528	79999		RP THER UNLIS PX	BR	BR		0	N	295.05

	A	B	C	D	E	F	G	H	I
6529	80047		BASIC METABOLIC PANEL CALCIUM IONIZED	0.5	30.00	0.00	XXX	N	
6530	80048		BASIC METAB PANEL	0.73	43.67	0.00	0	N	
6531	80050		GENERAL HLTH PANEL	1.68	100.14	0.00	0	N	2097.37
6532	80051		ELECTROLYTE PANEL	0.61	36.41	0.00	0	N	
6533	80053		COMPRE METAB PANEL	0.86	50.99	0.00	0	N	
6534	80055		OB PANEL	2.14	127.45	0.00	0	N	2097.37
6535	80061		LIPID PANEL	1.16	69.20	0.00	0	N	
6536	80069		RNL FUNCJ PANEL	0.77	45.52	0.00	0	N	
6537	80074		AQT HEP PANEL	3.03	180.23	0.00	0	N	
6538	80076		HEPATC FUNCJ PANEL	0.67	40.04	0.00	0	N	
6539	80100		DRUG SCR QUAL MLT DRUG CLASSES CHROM EA PX	1.29	76.46	0.00	0	N	2097.37
6540	80101		DRUG SCR QUAL 1 DRUG CLASS METH EA DRUG CLASS	0.98	58.25	0.00	0	N	2097.37
6541	80102		DRUG CONFIRMATION EA PX	1.65	98.29	0.00	0	N	
6542	80103		TISS PREPJ DRUG ALYS	0.92	54.62	0.00	0	N	
6543	80150		AMIKACIN	1.29	76.46	0.00	0	N	
6544	80152		AMITRIPTYLINE	1.71	101.98	0.00	0	N	
6545	80154		BENZODIAZEPINES	1.7	101.03	0.00	0	N	
6546	80156		CARBAMAZEPINE TOT	1.38	81.93	0.00	0	N	
6547	80157		CARBAMAZEPINE FR	1.26	74.67	0.00	0	N	
6548	80158		CYCLOSPORINE	1.74	103.77	0.00	0	N	
6549	80160		DESIPRAMINE	1.68	100.14	0.00	0	N	
6550	80162		DIGOXIN	1.29	76.46	0.00	0	N	
6551	80164		DIPROPYLACETIC ACID	1.32	78.30	0.00	0	N	
6552	80166		DOXEPIN	1.47	87.41	0.00	0	N	
6553	80168		ETHOSUXIMIDE	1.5	89.19	0.00	0	N	
6554	80170		GENTAMICIN	1.44	85.56	0.00	0	N	
6555	80172		GOLD	1.41	83.78	0.00	0	N	
6556	80173		HALOPRIDOL	1.26	74.67	0.00	0	N	
6557	80174		IMIPRAMINE	1.62	96.51	0.00	0	N	
6558	80176		LIDOCAINE	1.16	69.20	0.00	0	N	
6559	80178		LITHIUM	0.73	43.67	0.00	0	N	
6560	80182		NORTRIPTYLINE	1.35	80.09	0.00	0	N	
6561	80184		PHENOBARBITAL	1.13	67.35	0.00	0	N	
6562	80185		PHENYTOIN TOT	1.29	76.46	0.00	0	N	
6563	80186		PHENYTOIN FR	1.35	80.09	0.00	0	N	
6564	80188		PRIMIDONE	1.62	96.51	0.00	0	N	
6565	80190		PROCAINAMIDE	1.41	83.78	0.00	0	N	
6566	80192		PROCAINAMIDE METABOLITES	1.56	92.88	0.00	0	N	
6567	80194		QUINIDINE	1.38	81.93	0.00	0	N	
6568	80195		SIROLIMUS	1.78	105.61	0.00	0	N	
6569	80196		SALICYLATE	0.92	54.62	0.00	0	N	
6570	80197		TACROLIMUS	1.74	103.77	0.00	0	N	
6571	80198		THEOPHYLLINE	1.35	80.09	0.00	0	N	
6572	80200		TOBRAMYCIN	1.38	81.93	0.00	0	N	
6573	80201		TOPIRAMATE	1.38	81.93	0.00	0	N	
6574	80202		VANCOMYCIN	1.26	74.67	0.00	0	N	
6575	80299		QUAN DRUG NES	1.53	91.04	0.00	0	N	
6576	80400		ACTH STIMJ PANEL ADRNL INSUFFICIENCY	2.88	171.12	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6577	80402		ACTH STIMJ PANEL 21 HYDROXYLASE DEFNCY	4.68	278.58	0.00	0	N	
6578	80406		ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	4.93	293.16	0.00	0	N	
6579	80408		ALDOSTERONE SUPRJ EVAL PANEL	5.36	318.62	0.00	0	N	
6580	80410		CALCITONIN STIMJ PANEL	4.44	264.00	0.00	0	N	
6581	80412		CORTICOTROPIC RELEASING HORM STIMJ PANEL	13.77	819.32	0.00	0	N	
6582	80414		CHORNC GONAD STIMJ PANEL TSTOSTERONE RSPSE	2.3	136.55	0.00	0	N	
6583	80415		CHORNC GONAD STIMJ PANEL ESTRADIOL RSPSE	2.3	136.55	0.00	0	N	
6584	80416		RNL VEIN RENIN STIMJ PANEL	6.85	407.81	0.00	0	N	
6585	80417		PRPH VEIN RENIN STIMJ PANEL	2.94	174.81	0.00	0	N	
6586	80418		CMBN RAPID ANT PITUITARY EVAL PANEL	30.6	1820.70	0.00	0	N	
6587	80420		DXMETHASONE SUPRJ PANEL 48 HR	3.83	227.59	0.00	0	N	
6588	80422		GLUC TOLERANCE PANEL INSULINOMA	2.6	154.76	0.00	0	N	
6589	80424		GLUC TOLERANCE PANEL PHEOCHROMOCYTOMA	2.6	154.76	0.00	0	N	
6590	80426		GONAD RELEASING HORM STIMJ PANEL	7.19	427.86	0.00	0	N	
6591	80428		GROWTH HORM STIMJ PANEL	3.98	236.69	0.00	0	N	
6592	80430		GROWTH HORM SUPRJ PANEL GLUC ADMN	3.98	236.69	0.00	0	N	
6593	80432		INSULIN-INDUCED C-PEPTIDE SUPRJ PANEL	7.8	464.28	0.00	0	N	
6594	80434		INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	4.9	291.31	0.00	0	N	
6595	80435		INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	5.2	309.52	0.00	0	N	
6596	80436		METYRAPONE PANEL	5.05	300.42	0.00	0	N	
6597	80438		TRH STIMJ PANEL 1 HR	2.91	172.97	0.00	0	N	
6598	80439		TRH STIMJ PANEL 2 HR	3.06	182.07	0.00	0	N	
6599	80440		TRH STIMJ PANEL HYPRPROLACTINEMIA	3.06	182.07	0.00	0	N	
6600	80500		CLIN PATH CONSLTJ LIMITED	0.55	32.73		0	N	22.63
6601	80502		CLIN PATH CONSLTJ COMPRE	1.72	102.34		0	N	14.10
6602	81000		URNLS DIP STICK/TABLET RGNT NON-AUTO MIC	0.35	20.94	0.00	0	N	
6603	81001		URNLS DIP STICK/TABLET RGNT AUTO MIC	0.35	20.94	0.00	0	N	
6604	81002		URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MIC	0.28	16.36	0.00	0	N	
6605	81003		URNLS DIP STICK/TABLET RGNT AUTO W/O MIC	0.29	17.31	0.00	0	N	
6606	81005		URNLS QUAL/SEMIQUAN XCPT IAS	0.28	16.36	0.00	0	N	
6607	81007		URNLS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	0.34	20.05	0.00	0	N	
6608	81015		URNLS MCRSCP ONLY	0.28	16.36	0.00	0	N	
6609	81020		URNLS 2/3 GLASS TST	0.34	20.05	0.00	0	N	
6610	81025		URINE PREGNANCY TST VIS COLOR CMPRSN METHS	0.52	30.94	0.00	0	N	
6611	81050		VOL MEAS TMD COLLJ EA	0.28	16.36	0.00	0	N	
6612	81099		UNLIS URNLS	BR	BR		0	N	
6613	82000		ACETALDEHYDE BLD	1.41	83.78	0.00	0	N	
6614	82003		ACETAMINOPHEN	1.26	74.67	0.00	0	N	
6615	82009		ACETONE/OTH KETONE BODIES SERUM QUAL	0.46	27.31	0.00	0	N	
6616	82010		ACETONE/OTH KETONE BODIES SERUM QUAN	0.73	43.67	0.00	0	N	
6617	82013		ACETYLCHOLINESTERASE	1.16	69.20	0.00	0	N	
6618	82016		ACYLCARNITINES QUAL EA SPEC	1.5	89.19	0.00	0	N	
6619	82017		ACYLCARNITINES QUAN EA SPEC	1.5	89.19	0.00	0	N	
6620	82024		ADRENOCORTICOTROPIC HORM	0.28	16.36	0.00	0	N	
6621	82030		ADENOSINE 5-MONOPHOSPHATE CYCLIC	2.14	127.45	0.00	0	N	
6622	82040		ALBUMIN SERUM	0.34	20.05	0.00	0	N	
6623	82042		ALBUMIN URINE/OTH SRC QUAN EA SPEC	0.49	29.16	0.00	0	N	
6624	82043		ALBUMIN URINE MICROALBUMIN QUAN	1.07	63.72	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6625	82044		ALBUMIN URINE MICROALBUMIN SEMIQUAN	0.52	30.94	0.00	0	N	
6626	82045		ALBUMIN ISCHEMIA MODF	BR	BR	0.00	0	N	
6627	82055		ALCOHOL ANY SPEC XCPT BRTH	0.92	54.62	0.00	0	N	
6628	82075		ALCOHOL BRTH	0.52	30.94	0.00	0	N	
6629	82085		ALDOLASE	0.86	50.99	0.00	0	N	
6630	82088		ALDOSTERONE	2.45	145.66	0.00	0	N	
6631	82101		ALKALOIDS URINE QUAN	1.53	91.04	0.00	0	N	
6632	82103		ALPHA-1-ANTITRYPSIN TOT	1.22	72.83	0.00	0	N	
6633	82104		ALPHA-1-ANTITRYPSIN PHEXYP	1.74	103.77	0.00	0	N	
6634	82105		ALPHA-FETOPROTEIN SERUM	1.44	85.56	0.00	0	N	
6635	82106		ALPHA-FETOPROTEIN AMNIOTIC FLU	1.44	85.56	0.00	0	N	
6636	82107		AFP-L3 FRACTION ISOFORM AND TOTAL AFP	1.68	100.14	0.00	0	N	
6637	82108		ALUMINUM	1.78	105.61	0.00	0	N	
6638	82120		AMINES VAG FLU QUAL	BR	BR	0.00	0	N	
6639	82127		AMINO ACIDS 1 QUAL EA SPEC	0.73	43.67	0.00	0	N	
6640	82128		AMINO ACIDS MLT QUAL EA SPEC	0.77	45.52	0.00	0	N	
6641	82131		AMINO ACIDS 1 QUAN EA SPEC	3.92	233.06	0.00	0	N	
6642	82135		AMINOLEVULINIC ACID DELTA	1.32	78.30	0.00	0	N	
6643	82136		AMINO ACIDS 2-5 AMINO ACIDS QUAN EA SPEC	3.92	233.06	0.00	0	N	
6644	82139		AMINO ACIDS 6/> AMINO ACIDS QUAN EA SPEC	3.92	233.06	0.00	0	N	
6645	82140		AMMONIA	0.77	45.52	0.00	0	N	
6646	82143		AMNIOTIC FLU SCAN	1.16	69.20	0.00	0	N	
6647	82145		AMPHETAMINE/METHAMPHETAMINE	1.53	91.04	0.00	0	N	
6648	82150		AMYLASE	0.52	30.94	0.00	0	N	
6649	82154		ANDROSTANEDIOL GLUCURONIDE	2.05	121.98	0.00	0	N	
6650	82157		ANDROSTENEDIONE	1.9	112.87	0.00	0	N	
6651	82160		ANDROSTERONE	1.84	109.24	0.00	0	N	
6652	82163		ANGIOTENSIN II	1.84	109.24	0.00	0	N	
6653	82164		ANGIOTENSIN I-CONVERTING ENZYME	1.53	91.04	0.00	0	N	
6654	82172		APOLIPOPROTEIN EA	1.01	60.10	0.00	0	N	
6655	82175		ARSENIC	1.53	91.04	0.00	0	N	
6656	82180		ASCORBIC ACID BLD	0.98	58.25	0.00	0	N	
6657	82190		ATOMIC ABSRPJ SPECTROSCOPY EA ANAL	1.84	109.24	0.00	0	N	
6658	82205		BARBITURATES NES	1.22	72.83	0.00	0	N	
6659	82232		BETA-2 MICROGLOBULIN	1.68	100.14	0.00	0	N	
6660	82239		BILE ACIDS TOT	1.04	61.88	0.00	0	N	
6661	82240		BILE ACIDS CHOLYLGLYCINE	2.08	123.82	0.00	0	N	
6662	82247		BILIRUBIN TOT	0.34	20.05	0.00	0	N	
6663	82248		BILIRUBIN DIR	0.34	20.05	0.00	0	N	
6664	82252		BILIRUBIN FECES QUAL	0.34	20.05	0.00	0	N	
6665	82261		BIOTINIDASE EA SPEC	0.34	20.05	0.00	0	N	
6666	82270		BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	0.31	18.21	0.00	0	N	
6667	82271		BLD OCLT PROXIDASE ACTV QUAL OTH SRCS	0.31	18.21	0.00	0	N	
6668	82272		BLD OCLT PROXIDASE ACTV QUAL FECES 1 SPEC	0.28	16.36	0.00	0	N	
6669	82274		BLD OCLT FECAL HGB DETER IA QUAL FECES 1-3	1.07	63.72	0.00	0	N	
6670	82286		BRADYKININ	2.45	145.66	0.00	0	N	
6671	82300		CADMIUM	1.53	91.04	0.00	0	N	
6672	82306		CALCIFEDIOL 25-OH VIT D-3	2.3	136.55	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6673	82308		CALCITONIN	2.3	136.55	0.00	0	N	
6674	82310		CALCIUM TOT	0.37	21.84	0.00	0	N	
6675	82330		CALCIUM IONIZED	1.07	63.72	0.00	0	N	
6676	82331		CALCIUM AFTER CALCIUM NFS TST	0.49	29.16	0.00	0	N	
6677	82340		CALCIUM URINE QUAN TMD SPEC	0.49	29.16	0.00	0	N	
6678	82355		ST1 QUAL ALYS	1.07	63.72	0.00	0	N	
6679	82360		ST1 QUAN ALYS CHEM	1.16	69.20	0.00	0	N	
6680	82365		ST1 INFRARED SPECTROSCOPY	1.1	65.57	0.00	0	N	
6681	82370		ST1 X-RAY DIFFXJ	1.13	67.35	0.00	0	N	
6682	82373		CARBOHYDRATE DEFICIENT TRRIN	1.53	91.04	0.00	0	N	
6683	82374		CARBON DIOXIDE	0.34	20.05	0.00	0	N	
6684	82375		CARBON MONOXIDE CARBOXYHGB QUAN	0.95	56.47	0.00	0	N	
6685	82376		CARBON MONOXIDE CARBOXYHGB QUAL	0.4	23.68	0.00	0	N	
6686	82378		CARCINOEMBRYONIC AG	1.59	94.66	0.00	0	N	
6687	82379		CARNITINE QUAN EA SPEC	1.59	94.66	0.00	0	N	
6688	82380		CAROTENE	0.86	50.99	0.00	0	N	
6689	82382		CATECHOLAMINES TOT URINE	1.47	87.41	0.00	0	N	
6690	82383		CATECHOLAMINES BLD	1.84	109.24	0.00	0	N	
6691	82384		CATECHOLAMINES FXJATED	2.23	132.92	0.00	0	N	
6692	82387		CATHEPSIN-D	2.14	127.45	0.00	0	N	
6693	82390		CERULOPLASMIN	0.98	58.25	0.00	0	N	
6694	82397		CHEMILUMINESCENT ASSAY	0.95	56.47	0.00	0	N	
6695	82415		CHLORAMPHENICOL	1.07	63.72	0.00	0	N	
6696	82435		CHLORIDE BLD	0.34	20.05	0.00	0	N	
6697	82436		CHLORIDE URINE	0.4	23.68	0.00	0	N	
6698	82438		CHLORIDE OTH SRC	0.49	29.16	0.00	0	N	
6699	82441		CHLORINATED HYDROCARBONS SCR	0.92	54.62	0.00	0	N	
6700	82465		CHOLESTEROL SERUM/WHL BLD TOT	0.37	21.84	0.00	0	N	
6701	82480		CHOLINESTERASE SERUM	0.73	43.67	0.00	0	N	
6702	82482		CHOLINESTERASE RBC	1.04	61.88	0.00	0	N	
6703	82485		CHONDROITIN B SULFATE QUAN	1.53	91.04	0.00	0	N	
6704	82486		CHROM QUAL COLUMN ANAL NES	1.53	91.04	0.00	0	N	
6705	82487		CHROM QUAL PAPR 1-DIMENSIONAL ANAL NES	1.35	80.09	0.00	0	N	
6706	82488		CHROM QUAL PAPR 2-DIMENSIONAL ANAL NES	1.81	107.40	0.00	0	N	
6707	82489		CHROM QUAL THIN LYR ANAL NES	1.35	80.09	0.00	0	N	
6708	82491		CHROM QUAN COLUMN 1 ANAL NES	1.29	76.46	0.00	0	N	
6709	82492		CHROM QUAN COLUMN MLT ANALS	1.47	87.41	0.00	0	N	
6710	82495		CHROMIUM	1.53	91.04	0.00	0	N	
6711	82507		CITRATE	2.23	132.92	0.00	0	N	
6712	82520		COCAINE/METABOLITE	1.47	87.41	0.00	0	N	
6713	82523		COLLAGEN CROSS LINKS ANY METH	BR	BR	0.00	0	N	
6714	82525		COPPR	1.07	63.72	0.00	0	N	
6715	82528		CORTICOSTERONE	1.74	103.77	0.00	0	N	
6716	82530		CORTISOL FR	1.62	96.51	0.00	0	N	
6717	82533		CORTISOL TOT	1.44	85.56	0.00	0	N	
6718	82540		CREATINE	0.47	28.20	0.00	0	N	
6719	82541		COL-CHR/MS QUAL 1 STATIONARY&MOBILE PHASE	1.07	63.72	0.00	0	N	
6720	82542		COL-CHR/MS QUAN 1 STATIONARY&MOBILE PHASE	1.22	72.83	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6721	82543		COL-CHR/MS STABLE ISOTOPE DIL 1 ANAL	1.22	72.83	0.00	0	N	
6722	82544		COL-CHR/MS STABLE ISOTOPE DIL MLT ANALS	1.53	91.04	0.00	0	N	
6723	82550		CREATINE KINASE TOT	0.4	23.68	0.00	0	N	
6724	82552		CREATINE KINASE ISOENZYMES	1.16	69.20	0.00	0	N	
6725	82553		CREATINE KINASE MB FXJ ONLY	0.61	36.41	0.00	0	N	
6726	82554		CREATINE KINASE ISOFORMS	1.04	61.88	0.00	0	N	
6727	82565		CREATININE BLD	0.34	20.05	0.00	0	N	
6728	82570		CREATININE OTH SRC	0.49	29.16	0.00	0	N	
6729	82575		CREATININE CLEARANCE	0.89	52.78	0.00	0	N	
6730	82585		CRYOFIBRN	0.7	41.89	0.00	0	N	
6731	82595		CRYOGLOBULIN QUAL/SEMI-QUAN	0.64	38.26	0.00	0	N	
6732	82600		CYANIDE	1.35	80.09	0.00	0	N	
6733	82607		CYANOCOBALAMIN	1.22	72.83	0.00	0	N	
6734	82608		CYANOCOBALAMIN UNSAT BNDNG CAP	1.29	76.46	0.00	0	N	
6735	82610		CYSTATIN C	0.5	30.00	0.00	XXX	N	
6736	82615		CSTINE&HOMOCSTINE URINE QUAL	0.92	54.62	0.00	0	N	
6737	82626		DEHYDROEPIANDROSTERONE	2.08	123.82	0.00	0	N	
6738	82627		DEHYDROEPIANDROSTERONE-SULFATE	1.84	109.24	0.00	0	N	
6739	82633		DESOXYCORTICOSTERONE 11-	1.99	118.35	0.00	0	N	
6740	82634		DEOXYCORTISOL 11-	1.99	118.35	0.00	0	N	
6741	82638		DIBUCAINE NUMBER	0.86	50.99	0.00	0	N	
6742	82646		DIHYDROCODEINONE	1.65	98.29	0.00	0	N	
6743	82649		DIHYDROMORPHINONE	1.53	91.04	0.00	0	N	
6744	82651		DIHYDROTSTOSTERONE	1.84	109.24	0.00	0	N	
6745	82652		DIHYDROXYVIT D 125-	2.45	145.66	0.00	0	N	
6746	82654		DIMETHADIONE	1.65	98.29	0.00	0	N	
6747	82656		ELASTASE PNCRTC FECAL QUAL/SEMI-QUAN	BR	BR	0.00	0	N	
6748	82657		NZM ACTV CELLS/TISS NONRADACT SUBSTRATE EA	BR	BR	0.00	0	N	
6749	82658		NZM ACTV CELLS/TISS RADACT SUBSTRATE EA	1.84	109.24	0.00	0	N	
6750	82664		ELECTROP TQ NES	1.41	83.78	0.00	0	N	
6751	82666		EPIANDROSTERONE	1.59	94.66	0.00	0	N	
6752	82668		ERYTHROPOIETIN	1.99	118.35	0.00	0	N	
6753	82670		ESTRADIOL	1.44	85.56	0.00	0	N	
6754	82671		STRGNS FXJATED	2.69	160.23	0.00	0	N	
6755	82672		STRGNS TOT	1.84	109.24	0.00	0	N	
6756	82677		ESTRIOL	1.32	78.30	0.00	0	N	
6757	82679		ESTRONE	1.84	109.24	0.00	0	N	
6758	82690		ETHCHLORVYNOL	1.07	63.72	0.00	0	N	
6759	82693		ETHYLENE GLYCOL	1.44	85.56	0.00	0	N	
6760	82696		ETIOCHOLANOLONE	1.84	109.24	0.00	0	N	
6761	82705		FAT/LIPIDS FECES QUAL	0.67	40.04	0.00	0	N	
6762	82710		FAT/LIPIDS FECES QUAN	1.5	89.19	0.00	0	N	
6763	82715		FAT DIFFIAL FECES QUAN	0.73	43.67	0.00	0	N	
6764	82725		FATTY ACIDS NONESTERIFIED	0.61	36.41	0.00	0	N	
6765	82726		VERY LONG CHAIN FATTY ACIDS	BR	BR	0.00	0	N	
6766	82728		FERRITIN	1.13	67.35	0.00	0	N	
6767	82731		FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	1.84	109.24	0.00	0	N	
6768	82735		FLUORIDE	1.26	74.67	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6769	82742		FLURAZEPAM	1.5	89.19	0.00	0	N	
6770	82746		FOLIC ACID SERUM	1.26	74.67	0.00	0	N	
6771	82747		FOLIC ACID RBC	1.5	89.19	0.00	0	N	
6772	82757		FRUCTOSE SEMEN	0.92	54.62	0.00	0	N	
6773	82759		GALACTOKINASE RBC	1.16	69.20	0.00	0	N	
6774	82760		GALACTOSE	0.73	43.67	0.00	0	N	
6775	82775		GALACTOSE-1-PHOSPHATE URIDYL TRASE QUAN	0.92	54.62	0.00	0	N	
6776	82776		GALACTOSE-1-PHOSPHATE URIDYL TRASE SCR	0.4	23.68	0.00	0	N	
6777	82784		GG IGA IGD IGG IGM EA	0.98	58.25	0.00	0	N	
6778	82785		GG IGE	1.26	74.67	0.00	0	N	
6779	82787		GG IG SUBCLASSES EA	2.75	163.86	0.00	0	N	
6780	82800		GASES BLD PH ONLY	0.7	41.89	0.00	0	N	
6781	82803		GASES BLD PH CALCULATED O2 SATURATION	1.41	83.78	0.00	0	N	
6782	82805		GASES BLD PH DIR MEAS XCPT PLS OXIMTRY	1.44	85.56	0.00	0	N	
6783	82810		GASES BLD O2 SATURATION ONLY DIR MEAS	0.77	45.52	0.00	0	N	
6784	82820		HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	1.04	61.88	0.00	0	N	
6785	82926		GSTR ACID FR&TOT EA SPEC	0.49	29.16	0.00	0	N	
6786	82928		GSTR ACID FR/TOT EA SPEC	0.52	30.94	0.00	0	N	
6787	82938		GASTRIN AFTER SECRETIN STIMJ	1.62	96.51	0.00	0	N	
6788	82941		GASTRIN	1.44	85.56	0.00	0	N	
6789	82943		GLUC	1.74	103.77	0.00	0	N	
6790	82945		GLUC BDY FLU OTH/THN BLD	1.16	69.20	0.00	0	N	
6791	82946		GLUC TOLERANCE TST	0.95	56.47	0.00	0	N	
6792	82947		GLUC QUAN BLD	0.4	23.68	0.00	0	N	
6793	82948		GLUC BLD RGNT STRIP	0.31	18.21	0.00	0	N	
6794	82950		GLUC POST GLUC DOSE GLUC	0.52	30.94	0.00	0	N	
6795	82951		GLUC TOLERANCE TST GTT 3 SPEC GLUC	1.1	65.57	0.00	0	N	
6796	82952		GLUC TOLERANCE TST EA > 3 SPEC	0.34	20.05	0.00	0	N	
6797	82953		GLUC TOLBUTAMIDE TOLERANCE TST	1.38	81.93	0.00	0	N	
6798	82955		GLUC-6-PHOSPHATE DEHYD QUAN	1.1	65.57	0.00	0	N	
6799	82960		GLUC-6-PHOSPHATE DEHYD SCR	0.58	34.57	0.00	0	N	
6800	82962		GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	0.31	18.21	0.00	0	N	
6801	82963		GLUCOSIDASE BETA	1.38	81.93	0.00	0	N	
6802	82965		GLUTAMATE DEHYD	0.43	25.47	0.00	0	N	
6803	82975		GLUTAMINE	1.04	61.88	0.00	0	N	
6804	82977		GLUTAMYLTRASE GAMMA	0.34	20.05	0.00	0	N	
6805	82978		GLUTATHIONE	1.01	60.10	0.00	0	N	
6806	82979		GLUTATHIONE REDUXASE RBC	0.89	52.78	0.00	0	N	
6807	82980		GLUTETHIMIDE	1.47	87.41	0.00	0	N	
6808	82985		GLYCATED PROTEIN	0.61	36.41	0.00	0	N	
6809	83001		GONAD FOLLICLE STIMULATING HORM	1.53	91.04	0.00	0	N	
6810	83002		GONAD LTNZNG HORM	1.53	91.04	0.00	0	N	
6811	83003		GROWTH HORM HUMAN	1.47	87.41	0.00	0	N	
6812	83008		GUANOSINE MONOPHOSPHATE CYCLIC	1.53	91.04	0.00	0	N	
6813	83009		HPYLORI BLD NON-RADACT ISOTOPE	BR	BR	0.00	0	N	
6814	83010		HAPTOGLOBIN QUAN	1.13	67.35	0.00	0	N	
6815	83012		HAPTOGLOBIN PHEXYP	1.38	81.93	0.00	0	N	
6816	83013		HPYLORI BRTH NON-RADACT ISOTOPE	BR	BR	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6817	83014		HPYLORI DRUG ADMN	BR	BR	0.00	0	N	
6818	83015		HEAVY METAL SCR	1.78	105.61	0.00	0	N	
6819	83018		HEAVY METAL QUAN EA	1.78	105.61	0.00	0	N	
6820	83020		HGB FXJ&QUAN ELECTROPHORESIS	1.07	63.72	0.00	0	N	
6821	83021		HGB FXJ&QUAN CHROM	1.38	81.93	0.00	0	N	
6822	83026		HGB COPPR SULFATE METH NON-AUTO	0.21	12.73	0.00	0	N	
6823	83030		HGB F CHEM	0.67	40.04	0.00	0	N	
6824	83033		HGB F QUAL	0.49	29.16	0.00	0	N	
6825	83036		HGB GLYCOSYLATED	0.83	49.15	0.00	0	N	
6826	83037		HGB GLYCOSYLATED DEV CLEARED FDA HOME USE	0.73	43.67	0.00	0	N	
6827	83045		HGB METHGB QUAL	0.4	23.68	0.00	0	N	
6828	83050		HGB METHGB QUAN	0.52	30.94	0.00	0	N	
6829	83051		HGB PLSM	0.52	30.94	0.00	0	N	
6830	83055		HGB SULFHGB QUAL	0.52	30.94	0.00	0	N	
6831	83060		HGB SULFHGB QUAN	0.77	45.52	0.00	0	N	
6832	83065		HGB THERMOLABILE	0.61	36.41	0.00	0	N	
6833	83068		HGB UNSTABLE SCR	0.52	30.94	0.00	0	N	
6834	83069		HGB URINE	0.37	21.84	0.00	0	N	
6835	83070		HEMOSIDERIN QUAL	0.43	25.47	0.00	0	N	
6836	83071		HEMOSIDERIN QUAN	0.43	25.47	0.00	0	N	
6837	83080		B-HEXOSAMINIDASE EA ASSAY	1.04	61.88	0.00	0	N	
6838	83088		HISTAM	2.08	123.82	0.00	0	N	
6839	83090		HOMOCSTEINE	1.16	69.20	0.00	0	N	
6840	83150		HOMOVANILLIC ACID	1.22	72.83	0.00	0	N	
6841	83491		HYDROXYCORTICOSTRDS 17	1.68	100.14	0.00	0	N	
6842	83497		HYDROXYINDOLACETIC ACID 5	1.35	80.09	0.00	0	N	
6843	83498		HYDROXYPROGST 17-D	1.96	116.50	0.00	0	N	
6844	83499		HYDROXYPROGST 20-	1.64	97.40	0.00	0	N	
6845	83500		HYDROXYPROLINE FR	1.5	89.19	0.00	0	N	
6846	83505		HYDROXYPROLINE TOT	1.99	118.35	0.00	0	N	
6847	83516		IA ANAL OTH/THN NFCT AGT MLT STEP METH	0.92	54.62	0.00	0	N	
6848	83518		IA ANAL OTH/THN NFCT AGT 1 STEP METH	0.61	36.41	0.00	0	N	
6849	83519		IA ANAL QUAN RP TQ	1.38	81.93	0.00	0	N	
6850	83520		IA ANAL QUAN NOS	1.04	61.88	0.00	0	N	
6851	83525		INSULIN TOT	1.16	69.20	0.00	0	N	
6852	83527		INSULIN FR	1.32	78.30	0.00	0	N	
6853	83528		INTRNSC FACTOR	1.53	91.04	0.00	0	N	
6854	83540		IRON	0.34	20.05	0.00	0	N	
6855	83550		IRON BNDNG CAP	0.52	30.94	0.00	0	N	
6856	83570		ISOCITRIC DEHYD	0.8	47.36	0.00	0	N	
6857	83582		KETOGENIC STRDS FXJ	1.22	72.83	0.00	0	N	
6858	83586		KETOSTRDS 17 TOT	1.22	72.83	0.00	0	N	
6859	83593		KETOSTRDS 17-FXJ	2.39	142.03	0.00	0	N	
6860	83605		LACTATE	0.92	54.62	0.00	0	N	
6861	83615		LACTATE DEHYD	0.34	20.05	0.00	0	N	
6862	83625		LACTATE DEHYD ISOENZYMES SEP&QUAN	1.13	67.35	0.00	0	N	
6863	83630		LACTOFERRIN FECAL QUAL	0.92	54.62	0.00	0	N	
6864	83631		LACTOFERRIN FECAL QUAN	0.92	54.62	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6865	83632		LACTOGEN HPL HUMAN CHORNC SOMAT	1.96	116.50	0.00	0	N	
6866	83633		LACTOSE URINE QUAL	0.46	27.31	0.00	0	N	
6867	83634		LACTOSE URINE QUAN	0.73	43.67	0.00	0	N	
6868	83655		LEAD	0.77	45.52	0.00	0	N	
6869	83661		FTL LNG MATRT ASSMT L/S RATIO	2.63	156.60	0.00	0	N	
6870	83662		FTL LNG MATRT ASSMT FOAM STABILITY TST	0.86	50.99	0.00	0	N	
6871	83663		FTL LNG MATRT ASSMT FLUORESCENCE POLARIZATION	0.92	54.62	0.00	0	N	
6872	83664		FTL LNG MATRT ASSMT LAMELLAR BDY DNS	0.8	47.36	0.00	0	N	
6873	83670		LEUCINE AMINOPEPTIDASE LAP	1.19	70.98	0.00	0	N	
6874	83690		LIPASE	0.67	40.04	0.00	0	N	
6875	83695		LIPOPROTEIN A	0.7	41.89	0.00	0	N	
6876	83698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	1.07	63.72	0.00	0	N	
6877	83700		LIPOPROTEIN BLD ELECTROP SEP&QUAN	0.95	56.47	0.00	0	N	
6878	83701		LIPOPROTEIN BLD HR SUBCLASSES	1.29	76.46	0.00	0	N	
6879	83704		LIPOPROTEIN BLD QUAN NUMBERS&SUBCLASSES	1.44	85.56	0.00	0	N	
6880	83718		LIPOPROTEIN DIR MEAS HI DNS CHOLESTEROL	0.58	34.57	0.00	0	N	
6881	83719		LIPOPROTEIN DIR MEAS VLDL CHOLESTEROL	0.7	41.89	0.00	0	N	
6882	83721		LIPOPROTEIN DIR MEAS LDL CHOLESTEROL	0.61	36.41	0.00	0	N	
6883	83727		LTNZNG RELEASING FACTOR	1.68	100.14	0.00	0	N	
6884	83735		MAGNESIUM	0.46	27.31	0.00	0	N	
6885	83775		MALATE DEHYD	0.7	41.89	0.00	0	N	
6886	83785		MANGANESE	1.53	91.04	0.00	0	N	
6887	83788		MASS SPECT&TANDEM MASS SPECT ANAL QUAL EA SPEC	BR	BR	0.00	0	N	
6888	83789		MASS SPECT&TANDEM MASS SPECT ANAL QUAN EA SPEC	BR	BR	0.00	0	N	
6889	83805		MEPROBAMATE	1.53	91.04	0.00	0	N	
6890	83825		MERCURY QUAN	1.38	81.93	0.00	0	N	
6891	83835		METANEPHRINES	1.78	105.61	0.00	0	N	
6892	83840		METHADONE	1.44	85.56	0.00	0	N	
6893	83857		METHEMALBUMIN	0.73	43.67	0.00	0	N	
6894	83858		METHSUXIMIDE	1.65	98.29	0.00	0	N	
6895	83864		MUCOPOLYSACS ACID QUAN	1.16	69.20	0.00	0	N	
6896	83866		MUCOPOLYSACS ACID SCR	0.77	45.52	0.00	0	N	
6897	83872		MUCIN SYNVAL FLU ROPES TST	0.49	29.16	0.00	0	N	
6898	83873		MYELIN BASIC PROTEIN CEREBSP FLU	1.68	100.14	0.00	0	N	
6899	83874		MYOGLOBIN	1.29	76.46	0.00	0	N	
6900	83876		MYELOPEROXIDASE MPO	1.53	91.04	0.00		N	
6901	83880		NATRIURETIC PEPTIDE	1.84	109.24	0.00	0	N	
6902	83883		NEPHELOMETRY EA ANAL NES	1.19	70.98	0.00	0	N	
6903	83885		NICKEL	1.29	76.46	0.00	0	N	
6904	83887		NICOTINE	1.47	87.41	0.00	0	N	
6905	83890		MOLEC MOLEC ISOL/XTRJ	0.58	34.57	0.00	0	N	
6906	83891		MOLEC ISOL/XTRJ HP NUCLEIC ACID	0.52	30.94	0.00	0	N	
6907	83892		MOLEC ENZYMATIC DIGESTION	0.61	36.41	0.00	0	N	
6908	83893		MOLEC DOT/SLOT BLOT PRODUXION	0.52	30.94	0.00	0	N	
6909	83894		MOLEC SEP GEL ELECTROPHORESIS	0.52	30.94	0.00	0	N	
6910	83896		MOLEC NUCLEIC ACID PRB EA	0.52	30.94	0.00	0	N	
6911	83897		MOLEC NUCLEIC ACID TR	0.7	41.89	0.00	0	N	
6912	83898		MOLEC AMP NUCLEIC ACID EA SEQUENCE	1.99	118.35	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6913	83900		MOLEC AMP NUCLEIC ACID MLTX 1ST 2 SEQ	1.9	112.87	0.00	0	N	
6914	83901		MOLEC AMP NUCLEIC ACID MLTX EA SEQUENCE	1.9	112.87	0.00	0	N	
6915	83902		MOLEC REVERSE TRANSCRIPTION	1.9	112.87	0.00	0	N	
6916	83903		MOLEC MUTATION SCANNING PROPERTIES 1 SGM EACH	1.9	112.87	0.00	0	N	
6917	83904		MOLEC MUTATION ID SEQUENCING 1 SGM EA SGM	1.9	112.87	0.00	0	N	
6918	83905		MOLEC MUTATION ALLELE TRANSCRIPTION 1 SGM EA	1.9	112.87	0.00	0	N	
6919	83906		MOLEC MUTATION ALLELE SPEC TRANSLATION 1 SGM EA	1.9	112.87	0.00	0	N	
6920	83907		MOLEC LSS CELLS PRIOR NUCLEIC ACID XTRJ	0.77	45.52	0.00	0	N	
6921	83908		MOLEC SIGNAL AMP NUCLEIC ACID EA SEQUENCE	1.9	112.87	0.00	0	N	
6922	83909		MOLEC SEP&ID HR TQ	1.9	112.87	0.00	0	N	
6923	83912		MOLEC DX I&R	0.77	45.52		0	N	
6924	83913		MOLECULAR DIAGNOSTICS RNA STABILIZATION	1.9	112.87	0.00	0	N	
6925	83914		MUTATION ID ENZYMATIC LIG/PRIMER XTN 1 SGM EA	1.9	112.87	0.00	0	N	
6926	83915		NUCLEOTIDASE 5'-	0.98	58.25	0.00	0	N	
6927	83916		OLIGOCLONAL IMMUNE	1.59	94.66	0.00	0	N	
6928	83918		ORGANIC ACIDS TOT QUAN EA SPEC	2.08	123.82	0.00	0	N	
6929	83919		ORGANIC ACIDS QUAL EA SPEC	1.53	91.04	0.00	0	N	
6930	83921		ORGANIC ACID 1 QUAN	1.32	78.30	0.00	0	N	
6931	83925		OPIATES	1.53	91.04	0.00	0	N	
6932	83930		OSMOLALITY BLD	0.58	34.57	0.00	0	N	
6933	83935		OSMOLALITY URINE	0.77	45.52	0.00	0	N	
6934	83937		OSTEOCALCIN	2.3	136.55	0.00	0	N	
6935	83945		OXALATE	1.1	65.57	0.00	0	N	
6936	83950		ONCOPROTEIN HER-2/NEU	1.78	105.61	0.00	0	N	
6937	83951		ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	6.11	363.55	0.00		N	
6938	83970		PARATHORM	2.6	154.76	0.00	0	N	
6939	83986		PH BDY FLU XCPT BLD	0.34	20.05	0.00	0	N	
6940	83987		PH EXHALED BREATH CONDENSATE	0.38	22.61	0.00		N	
6941	83992		PHENCYCLIDINE	1.53	91.04	0.00	0	N	
6942	83993		CALPROTECTIN FECAL	0.72	43.20	0.00	XXX	N	
6943	84022		PHEXHIAZINE	1.26	74.67	0.00	0	N	
6944	84030		PHENYLALA9 BLD	0.43	25.47	0.00	0	N	
6945	84035		PHENYLKETONES QUAL	0.34	20.05	0.00	0	N	
6946	84060		PHOSPHATASE ACID TOT	0.86	50.99	0.00	0	N	
6947	84061		PHOSPHATASE ACID FORENSIC XM	0.92	54.62	0.00	0	N	
6948	84066		PHOSPHATASE ACID PROSTATIC	1.01	60.10	0.00	0	N	
6949	84075		PHOSPHATASE ALKALINE	0.34	20.05	0.00	0	N	
6950	84078		PHOSPHATASE ALKALINE HEAT STABLE TOT X W/	0.8	47.36	0.00	0	N	
6951	84080		PHOSPHATASE ALKALINE ISOENZYMES	1.32	78.30	0.00	0	N	
6952	84081		PHOSPHATIDYLGLYCEROL	1.9	112.87	0.00	0	N	
6953	84085		PHOSPHOGLUCONATE 6-DEHYD RBC	0.77	45.52	0.00	0	N	
6954	84087		PHOSPHOHEXOSE ISOMERASE	1.22	72.83	0.00	0	N	
6955	84100		PHOSPHORUS INORGANIC	0.31	18.21	0.00	0	N	
6956	84105		PHOSPHORUS INORGANIC URINE	0.49	29.16	0.00	0	N	
6957	84106		PORPHOBILINOGEN URINE QUAL	0.67	40.04	0.00	0	N	
6958	84110		PORPHOBILINOGEN URINE QUAN	0.83	49.15	0.00	0	N	
6959	84119		PORPHYRINS URINE QUAL	0.8	47.36	0.00	0	N	
6960	84120		PORPHYRINS URINE QUAN&FXJ	1.56	92.88	0.00	0	N	

	A	B	C	D	E	F	G	H	I
6961	84126		PORPHYRINS FECES QUAN	1.56	92.88	0.00	0	N	
6962	84127		PORPHYRINS FECES QUAL	0.4	23.68	0.00	0	N	
6963	84132		POTASSIUM SERUM	0.37	21.84	0.00	0	N	
6964	84133		POTASSIUM URINE	0.43	25.47	0.00	0	N	
6965	84134		PREALBUMIN	1.04	61.88	0.00	0	N	
6966	84135		PREGNANEDIOL	1.29	76.46	0.00	0	N	
6967	84138		PREGNANETRIOL	1.38	81.93	0.00	0	N	
6968	84140		PREGNENOLONE	1.9	112.87	0.00	0	N	
6969	84143		17-HYDROXYPREGNENOLONE	1.9	112.87	0.00	0	N	
6970	84144		PROGST	1.59	94.66	0.00	0	N	
6971	84145		PROCALCITONIN (PCT)	BR	BR			N	
6972	84146		PROLACTIN	1.59	94.66	0.00	0	N	
6973	84150		PROSTAGLNDIN EA	1.22	72.83	0.00	0	N	
6974	84152		PRST8 SPEC AG CPLXED DIR MEAS	1.22	72.83	0.00	0	N	
6975	84153		PRST8 SPEC AG TOT	1.59	94.66	0.00	0	N	
6976	84154		PRST8 SPEC AG FR	1.47	87.41	0.00	0	N	
6977	84155		PROTEIN TOT XCPT REFRACTOMETRY SERUM	0.34	20.05	0.00	0	N	
6978	84156		PROTEIN TOT XCPT REFRACTOMETRY URINE	0.43	25.47	0.00	0	N	
6979	84157		PROTEIN TOT XCPT REFRACTOMETRY OTH SRC	0.4	23.68	0.00	0	N	
6980	84160		PROTEIN TOT REFRACTOMETRY ANY SRC	0.25	14.58	0.00	0	N	
6981	84163		PREGNANCY-ASSOCIATED PLSM PROTEIN-A	BR	BR	0.00	0	N	
6982	84165		PROTEIN ELECTROP FXJ&QUAN SERUM	1.1	65.57	0.00	0	N	
6983	84166		PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATION	1.16	69.20	0.00	0	N	
6984	84181		PROTEIN WSTRN BLOT I&R BLD/OTH FLU	1.59	94.66	0.00	0	N	
6985	84182		PROTEIN WSTRN BLOT BLD/OTH FLU IMMUNOLOGICAL	2.57	152.92	0.00	0	N	
6986	84202		PROTOPORPHYRIN RBC QUAN	1.07	63.72	0.00	0	N	
6987	84203		PROTOPORPHYRIN RBC SCR	0.58	34.57	0.00	0	N	
6988	84206		PROINSULIN	2.36	140.18	0.00	0	N	
6989	84207		PYRIDOXAL PHOSPHATE	2.3	136.55	0.00	0	N	
6990	84210		PYRUVATE	1.01	60.10	0.00	0	N	
6991	84220		PYRUVATE KINASE	0.8	47.36	0.00	0	N	
6992	84228		QUININE	1.22	72.83	0.00	0	N	
6993	84233		RCPTR ASSAY STRGN	2.3	136.55	0.00	0	N	
6994	84234		RCPTR ASSAY PROGST	2.3	136.55	0.00	0	N	
6995	84235		RCPTR ASSAY ENDOC OTH/THN STRGN/PROGST	2.3	136.55	0.00	0	N	
6996	84238		RCPTR ASSAY NON-ENDOC SPEC RCPTR	3.37	200.28	0.00	0	N	
6997	84244		RENIN	2.11	125.60	0.00	0	N	
6998	84252		RIBOFLAVIN	1.38	81.93	0.00	0	N	
6999	84255		SELENIUM	1.38	81.93	0.00	0	N	
7000	84260		SEROTONIN	2.6	154.76	0.00	0	N	
7001	84270		SEX HORM BNDNG GLOBULIN	1.78	105.61	0.00	0	N	
7002	84275		SIALIC ACID	1.07	63.72	0.00	0	N	
7003	84285		SILICA	1.68	100.14	0.00	0	N	
7004	84295		SODIUM SERUM	0.31	18.21	0.00	0	N	
7005	84300		SODIUM URINE	0.43	25.47	0.00	0	N	
7006	84302		SODIUM OTH SRC	0.43	25.47	0.00	0	N	
7007	84305		SOMATOMEDIN	2.45	145.66	0.00	0	N	
7008	84307		SOMATOSTATIN	1.9	112.87	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7009	84311		SPECTROPHOTOMETRY ANAL NES	0.64	38.26	0.00	0	N	
7010	84315		SPEC GRAVITY XCPT URINE	0.28	16.36	0.00	0	N	
7011	84375		SUGARS CHROMATOGRAPIC TLC/PAPR CHROM	1.16	69.20	0.00	0	N	
7012	84376		SUGARS MONO DI&OLIGOS 1 QUAL EA SPEC	BR	BR	0.00	0	N	
7013	84377		SUGARS MONO DI&OLIGOS MLT QUAL EA SPEC	BR	BR	0.00	0	N	
7014	84378		SUGARS MONO DI&OLIGOS 1 QUAN EA SPEC	BR	BR	0.00	0	N	
7015	84379		SUGARS MONO DI&OLIGOS MLT QUAN EA SPEC	BR	BR	0.00	0	N	
7016	84392		SULFATE URINE	BR	BR	0.00	0	N	
7017	84402		TSTOSTERONE FR	1.74	103.77	0.00	0	N	
7018	84403		TSTOSTERONE TOT	1.44	85.56	0.00	0	N	
7019	84425		THIAMINE	1.65	98.29	0.00	0	N	
7020	84430		THIOCYANATE	1.01	60.10	0.00	0	N	
7021	84431		THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	BR	BR			N	
7022	84432		THYROGLOBULIN	1.47	87.41	0.00	0	N	
7023	84436		THYROXINE TOT	0.55	32.78	0.00	0	N	
7024	84437		THYROXINE REQ ELUTION	0.55	32.78	0.00	0	N	
7025	84439		THYROXINE FR	0.92	54.62	0.00	0	N	
7026	84442		THYROXINE BNDNG GLOBULIN	1.07	63.72	0.00	0	N	
7027	84443		THYR STIMULATING HORM	1.29	76.46	0.00	0	N	
7028	84445		THYR STIMULATING IGS	3.83	227.59	0.00	0	N	
7029	84446		TOCOPHEROL ALPHA	1.16	69.20	0.00	0	N	
7030	84449		TRANSCORTIN	1.53	91.04	0.00	0	N	
7031	84450		TRANSFERASE ASPARTATE AMINO	0.34	20.05	0.00	0	N	
7032	84460		TRANSFERASE ALANINE AMINO	0.34	20.05	0.00	0	N	
7033	84466		TRANSFERRIN	1.16	69.20	0.00	0	N	
7034	84478		TRIGLYCERIDES	0.34	20.05	0.00	0	N	
7035	84479		THYR HORM UPTK/THYR HORM BNDNG RATIO	0.55	32.78	0.00	0	N	
7036	84480		TRIIODOTHYRO9 T3 TOT	1.22	72.83	0.00	0	N	
7037	84481		TRIIODOTHYRO9 T3 FR	1.62	96.51	0.00	0	N	
7038	84482		TRIIODOTHYRO9 T3 REVERSE	1.53	91.04	0.00	0	N	
7039	84484		TROPONIN QUAN	BR	BR	0.00	0	N	
7040	84485		TRYPSIN DUOL FLU	0.92	54.62	0.00	0	N	
7041	84488		TRYPSIN FECES QUAL	0.92	54.62	0.00	0	N	
7042	84490		TRYPSIN FECES QUAN 24-HR COLLJ	0.55	32.78	0.00	0	N	
7043	84510		TYROSINE	0.61	36.41	0.00	0	N	
7044	84512		TROPONIN QUAL	BR	BR	0.00	0	N	
7045	84520		UREA N QUAN	0.34	20.05	0.00	0	N	
7046	84525		UREA N SEMIQUAN	0.37	21.84	0.00	0	N	
7047	84540		UREA N URINE	0.52	30.94	0.00	0	N	
7048	84545		UREA N CLEARANCE	0.64	38.26	0.00	0	N	
7049	84550		URIC ACID BLD	0.34	20.05	0.00	0	N	
7050	84560		URIC ACID OTH SRC	0.49	29.16	0.00	0	N	
7051	84577		UROBILINOGEN FECES QUAN	0.55	32.78	0.00	0	N	
7052	84578		UROBILINOGEN URINE QUAL	0.37	21.84	0.00	0	N	
7053	84580		UROBILINOGEN URINE QUAN TMD SPEC	0.55	32.78	0.00	0	N	
7054	84583		UROBILINOGEN URINE SEMIQUAN	0.37	21.84	0.00	0	N	
7055	84585		VANILLYLMANDELIC ACID URINE	1.38	81.93	0.00	0	N	
7056	84586		VASOACTIVE INTSTINAL PEPTIDE	2.36	140.18	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7057	84588		VASOPRESSIN	2.45	145.66	0.00	0	N	
7058	84590		VIT	1.38	81.93	0.00	0	N	
7059	84591		VIT NOS	1.32	78.30	0.00	0	N	
7060	84597		VIT K	1.78	105.61	0.00	0	N	
7061	84600		VOLATILES	0.95	56.47	0.00	0	N	
7062	84620		XYLOSE ABSRPJ TST BLD&/URINE	1.26	74.67	0.00	0	N	
7063	84630		ZINC	1.16	69.20	0.00	0	N	
7064	84681		C-PEPTIDE	1.74	103.77	0.00	0	N	
7065	84702		GONAD CHORNC QUAN	1.16	69.20	0.00	0	N	
7066	84703		GONAD CHORNC QUAL	0.7	41.89	0.00	0	N	
7067	84704		GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	0.55	33.00	0.00	XXX	N	
7068	84830		OVUL TSTS VIS COLOR CMPRSN METHS	0.61	36.41	0.00	0	N	
7069	84999		UNLIS CHEMISTRY	BR	BR		0	N	
7070	85002		BLEEDING TM	0.61	36.41	0.00	0	N	
7071	85004		BLD# AUTO DIFFIAL WBC CNT	0.4	23.68	0.00	0	N	
7072	85007		BLD# BLD SMR MCRSCP XM MNL DIFFIAL WBC CNT	0.37	21.84	0.00	0	N	
7073	85008		BLD# BLD SMR MCRSCP XM W/O MNL DIFFIAL WBC CNT	0.31	18.21	0.00	0	N	
7074	85009		BLD# MNL DIFFIAL WBC CNT BUFFY COAT	0.37	21.84	0.00	0	N	
7075	85013		BLD# SPUN MICROHEMATOCRIT	0.28	16.36	0.00	0	N	
7076	85014		BLD# HEMATOCRIT	0.28	16.36	0.00	0	N	
7077	85018		BLD# HGB	0.28	16.36	0.00	0	N	
7078	85025		BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	0.57	33.68	0.00	0	N	
7079	85027		BLD# COMPL AUTO HHRWP	0.54	31.89	0.00	0	N	
7080	85032		BLD# MNL C-CNT RBC WBC/PLTLT EA	0.43	25.47	0.00	0	N	
7081	85041		BLD# RED BLD CELL AUTO	0.37	21.84	0.00	0	N	
7082	85044		BLD# RETICULOCYTE MNL	0.43	25.47	0.00	0	N	
7083	85045		BLD# RETICULOCYTE AUTO	0.46	27.31	0.00	0	N	
7084	85046		BLD# RETICULOCYTES AUTO 1 CELL MEAS	BR	BR	0.00	0	N	
7085	85048		BLD# WBC AUTO	0.37	21.84	0.00	0	N	
7086	85049		BLD# PLTLT AUTO	0.37	21.84	0.00	0	N	
7087	85055		RETICULATED PLTLT ASSAY	BR	BR		0	N	
7088	85060		BLD SMR PRPH INTERPJ PHYS WRTTN REPRT	0.59	35.11		0	N	
7089	85097		B1 MARROW SMR INTERPJ	2.65	157.68		0	N	48.34
7090	85130		CHROMOGENIC SUBSTRATE ASSAY	1.16	69.20	0.00	0	N	
7091	85170		CLOT RETRCJ	0.37	21.84	0.00	0	N	
7092	85175		CLOT LSS TM WHL BLD DIL	0.67	40.04	0.00	0	N	
7093	85210		CLTNG FACTOR II PROTHROMBIN SPEC	0.86	50.99	0.00	0	N	
7094	85220		CLTNG FACTOR V ACG/PROACCELERIN LABILE FACTOR	1.84	109.24	0.00	0	N	
7095	85230		CLTNG FACTOR VII PROCONVERTIN STABLE FACTOR	1.84	109.24	0.00	0	N	
7096	85240		CLTNG FACTOR VIII AHG 1 STG	1.99	118.35	0.00	0	N	
7097	85244		CLTNG FACTOR VIII RELATED AG	2.3	136.55	0.00	0	N	
7098	85245		CLTNG FACTOR VIII VW FACTOR RISTOCETIN COFACTOR	1.65	98.29	0.00	0	N	
7099	85246		CLTNG FACTOR VIII VW FACTOR AG	2.45	145.66	0.00	0	N	
7100	85247		CLTNG FACTOR VIII MULTMTRIC ALYS	2.51	149.29	0.00	0	N	
7101	85250		CLTNG FACTOR IX PTC/CHRISTMAS	1.99	118.35	0.00	0	N	
7102	85260		CLTNG FACTOR X STUART-PROWER	1.99	118.35	0.00	0	N	
7103	85270		CLTNG FACTOR XI PTA	1.96	116.50	0.00	0	N	
7104	85280		CLTNG FACTOR XII HAGEMAN	1.99	118.35	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7105	85290		CLTNG FACTOR XIII FIBRIN STABILIZING	1.84	109.24	0.00	0	N	
7106	85291		CLTNG FACTOR XIII FIBRIN STABILIZING SCR SOLUB	1.22	72.83	0.00	0	N	
7107	85292		CLTNG PREKALLIKREIN ASSAY FLETCHER FACTOR ASSAY	1.9	112.87	0.00	0	N	
7108	85293		CLTNG HI MOLEC WEIGHT KININOGEN ASSAY	1.84	109.24	0.00	0	N	
7109	85300		CLTNG NHBTORS ANTITHROMBIN III ACTV	1.62	96.51	0.00	0	N	
7110	85301		CLTNG NHBTORS ANTITHROMBIN III AG ASSAY	1.59	94.66	0.00	0	N	
7111	85302		CLTNG NHBTORS PROTEIN C AG	1.68	100.14	0.00	0	N	
7112	85303		CLTNG NHBTORS PROTEIN C ACTV	1.9	112.87	0.00	0	N	
7113	85305		CLTNG NHBTORS PROTEIN S TOT	1.93	114.72	0.00	0	N	
7114	85306		CLTNG NHBTORS PROTEIN S FR	1.99	118.35	0.00	0	N	
7115	85307		ACTIVATED PROTEIN C APC RESISTANCE ASSAY	1.74	103.77	0.00	0	N	
7116	85335		FACTOR NHBTOR TST	1.22	72.83	0.00	0	N	
7117	85337		THROMBOMODULIN	1.47	87.41	0.00	0	N	
7118	85345		COAGJ TM LEE&WHITE	0.77	45.52	0.00	0	N	
7119	85347		COAGJ TM ACTIVATED	0.46	27.31	0.00	0	N	
7120	85348		COAGJ TM OTH METHS	0.49	29.16	0.00	0	N	
7121	85360		EUGLOBULIN LSS	1.04	61.88	0.00	0	N	
7122	85362		FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	0.67	40.04	0.00	0	N	
7123	85366		FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	1.01	60.10	0.00	0	N	
7124	85370		FIBRIN DGRADJ SPLT PRODUXS QUAN	1.04	61.88	0.00	0	N	
7125	85378		FIBRIN DGRADJ PRODUXS D-DIMER QUAL/SEMIQUAN	0.8	47.36	0.00	0	N	
7126	85379		FIBRIN DGRADJ PRODUXS D-DIMER QUAN	1.01	60.10	0.00	0	N	
7127	85380		FIBRIN DGRADJ PRODUXS D-DIMER ULTRSENS	1.01	60.10	0.00	0	N	
7128	85384		FIBRN ACTV	0.73	43.67	0.00	0	N	
7129	85385		FIBRN AG	0.89	52.78	0.00	0	N	
7130	85390		FIBRINOLYSINS/COAGULOPATHY SCR I&R	0.73	43.67	0.00	0	N	
7131	85396		COAGJ/FBRNLYS ASSAY WHL BLD USE ADDITIVE PR D	0.5	29.75		0	N	
7132	85397		COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	1.53	91.04	0.00		N	
7133	85400		FBRNLYC FACTORS&NHBTORS PLASMIN	1.38	81.93	0.00	0	N	
7134	85410		FBRNLYC FACTORS&NHBTORS ALPHA-2 ANTIPLASMIN	1.68	100.14	0.00	0	N	
7135	85415		FBRNLYC FACTORS&NHBTORS PLSMNG ACTIVATOR	1.38	81.93	0.00	0	N	
7136	85420		FBRNLYC FACTORS&NHBTORS PLSMNG XCPT AGIC ASSAY	1.53	91.04	0.00	0	N	
7137	85421		FBRNLYC FACTORS&NHBTORS PLSMNG AGIC ASSAY	1.84	109.24	0.00	0	N	
7138	85441		HEINZ BODIES DIR	0.61	36.41	0.00	0	N	
7139	85445		HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	0.52	30.94	0.00	0	N	
7140	85460		HGB/RBCS FTL F&MAT HEMRRG DIFFIAL LSS	0.89	52.78	0.00	0	N	
7141	85461		HGB/RBCS FTL F&MAT HEMRRG ROSETTE	0.73	43.67	0.00	0	N	
7142	85475		HEMOLYSIN ACID	1.1	65.57	0.00	0	N	
7143	85520		HEPARIN ASSAY	1.41	83.78	0.00	0	N	
7144	85525		HEPARIN NEUTRALIZATION	1.13	67.35	0.00	0	N	
7145	85530		HEPARIN-PROTAMINE TOLERANCE TST	1.07	63.72	0.00	0	N	
7146	85536		IRON STAIN PRPH BLD	0.58	34.57	0.00	0	N	
7147	85540		WBC ALKALINE PHOSPHATASE CNT	0.83	49.15	0.00	0	N	
7148	85547		MCHNL FRAGILITY RBC	0.64	38.26	0.00	0	N	
7149	85549		MURAMIDASE	1.38	81.93	0.00	0	N	
7150	85555		OSMOTIC FRAGILITY RBC UNINCUBATED	1.07	63.72	0.00	0	N	
7151	85557		OSMOTIC FRAGILITY RBC INCUBATED	1.47	87.41	0.00	0	N	
7152	85576		PLTLT AGGREGATION EA AGT	1.53	91.04	27.31	0	N	

	A	B	C	D	E	F	G	H	I
7153	85597		PLTLT NEUTRALIZATION	1.19	70.98	0.00	0	N	
7154	85610		PROTHROMBIN TM	0.4	23.68	0.00	0	N	
7155	85611		PROTHROMBIN TM SUBJ PLSM FXJS EA	0.49	29.16	0.00	0	N	
7156	85612		RUSSELL VIPR VENOM TM UNDILD	0.83	49.15	0.00	0	N	
7157	85613		RUSSELL VIPR VENOM TM DILD	1.01	60.10	0.00	0	N	
7158	85635		REPTILASE TST	0.92	54.62	0.00	0	N	
7159	85651		SEDIMENTATION RATE RBC NON-AUTO	0.38	22.79	0.00	0	N	
7160	85652		SEDIMENTATION RATE RBC AUTO	0.38	22.79	0.00	0	N	
7161	85660		SICKLING RBC RDCTJ	0.52	30.94	0.00	0	N	
7162	85670		THROMBIN TM PLSM	0.64	38.26	0.00	0	N	
7163	85675		THROMBIN TM TITER	0.7	41.89	0.00	0	N	
7164	85705		THROMBOPLASTIN NHBTION TISS	1.22	72.83	0.00	0	N	
7165	85730		THROMBOPLASTIN TM PRTL PLSM/WHL BLD	0.52	30.94	0.00	0	N	
7166	85732		THROMBOPLASTIN TM PRTL SUBJ PLSM FXJS EA	0.67	40.04	0.00	0	N	
7167	85810		VISCOSITY	0.77	45.52	0.00	0	N	
7168	85999		UNLIS HEMATOLOGY&COAGJ	BR	BR		0	N	
7169	86000		AGGLUTININS FEBRILE EA AG	0.64	38.26	0.00	0	N	
7170	86001		ALLG SPEC IGG QUAN/SEMIQUAN EA ALLG	0.34	20.05	0.00	0	N	
7171	86003		ALLG SPEC IGE QUAN/SEMIQUAN EA ALLG	0.34	20.05	0.00	0	N	
7172	86005		ALLG SPEC IGE QUAL MULTIALLG SCR	1.22	72.83	0.00	0	N	
7173	86021		ANTB ID WBC ANTIBODIES	1.84	109.24	0.00	0	N	
7174	86022		ANTB ID PLTLT ANTIBODIES	2.6	154.76	0.00	0	N	
7175	86023		ANTB ID PLTLT ASSOCIATED IG ASSAY	1.68	100.14	0.00	0	N	
7176	86038		ANA	1.07	63.72	0.00	0	N	
7177	86039		ANA TITER	1.07	63.72	0.00	0	N	
7178	86060		ANTISTREPTOLYSIN 0 TITER	0.73	43.67	0.00	0	N	
7179	86063		ANTISTREPTOLYSIN 0 SCR	0.52	30.94	0.00	0	N	
7180	86077		BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REPRT	1.27	75.57		0	N	22.63
7181	86078		BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	1.32	78.54		0	N	48.34
7182	86079		BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	1.31	77.95		0	N	22.63
7183	86140		C-REACTIVE PROTEIN	0.61	36.41	0.00	0	N	
7184	86141		C-REACTIVE PROTEIN HI SENSITIVITY	0.8	47.36	0.00	0	N	
7185	86146		BETA 2 GLYCOPROTEIN I ANTB EA	1.99	118.35	0.00	0	N	
7186	86147		CARDIOLIPIN ANTB EA IG CLASS	1.99	118.35	0.00	0	N	
7187	86148		ANTI-PHOSPHATIDYLSERINE ANTB	BR	BR	0.00	0	N	
7188	86155		CHEMOTAXIS ASSAY SPEC METH	0.95	56.47	0.00	0	N	
7189	86156		COLD AGGLUTININ SCR	0.58	34.57	0.00	0	N	
7190	86157		COLD AGGLUTININ TITER	0.7	41.89	0.00	0	N	
7191	86160		COMPLEMENT AG EA COMPONENT	1.26	74.67	0.00	0	N	
7192	86161		COMPLEMENT FUNCJAL ACTV EA COMPONENT	1.41	83.78	0.00	0	N	
7193	86162		COMPLEMENT TOT HEMOLYTIC	1.9	112.87	0.00	0	N	
7194	86171		COMPLEMENT FIXJ TSTS EA AG	0.89	52.78	0.00	0	N	
7195	86185		CNTERIMMUNOELECTROPHORESIS EA AG	0.77	45.52	0.00	0	N	
7196	86200		CYCLIC CITRULLINATED PEPTIDE ANTB	1.29	76.46	0.00	0	N	
7197	86215		DEOXYRIBONUCLEASE ANTB	1.19	70.98	0.00	0	N	
7198	86225		DNA ANTB NATIVE/2 STRANDED	1.32	78.30	0.00	0	N	
7199	86226		DNA ANTB 1 STRANDED	1.16	69.20	0.00	0	N	
7200	86235		XTRCABLE NUC AG ANTB ANY METH EA ANTB	1.16	69.20	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7201	86243		FC RCPTR	1.22	72.83	0.00	0	N	
7202	86255		FLUORESCENT NONNFCT AGT ANTB SCR EA ANTB	1.07	63.72	35.05	0	N	
7203	86256		FLUORESCENT NONNFCT AGT ANTB TITER EA ANTB	0.98	58.25	32.04	0	N	
7204	86277		GROWTH HORM HUMAN ANTB	1.13	67.35	0.00	0	N	
7205	86280		HEMAGGLUJ NHBTION TST	0.89	52.78	0.00	0	N	
7206	86294		IA TUM AG QUAL/SEMIQUAN	1.59	94.66	0.00	0	N	
7207	86300		IA TUM AG QUAN CA 15-3	1.59	94.66	0.00	0	N	
7208	86301		IA TUM AG QUAN CA 19-9	1.59	94.66	0.00	0	N	
7209	86304		IA TUM AG QUAN CA 125	1.59	94.66	0.00	0	N	
7210	86305		HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	BR	BR			N	
7211	86308		HTROPHL ANTIBODIES SCR	0.55	32.78	0.00	0	N	
7212	86309		HTROPHL ANTIBODIES TITER	0.77	45.52	0.00	0	N	
7213	86310		HTROPHL ANTIBODIES TIT AFTER ABSRPJ	0.77	45.52	0.00	0	N	
7214	86316		IA TUM AG OTH AG QUAN EA	1.59	94.66	0.00	0	N	
7215	86317		IA NFCT AGT ANTB QUAN NOS	0.73	43.67	0.00	0	N	
7216	86318		IA NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP METH	0.73	43.67	0.00	0	N	
7217	86320		IMMUNOELECTROPHORESIS SERUM	1.87	111.09	0.00	0	N	
7218	86325		IMMUNOELECTROPHORESIS OTH FLUS CONCENTRATION	1.99	118.35	23.67	0	N	
7219	86327		IMMUNOELECTROPHORESIS CROSSED	1.53	91.04	18.21	0	N	
7220	86329		IMMUNODIFFUSION NES	1.26	74.67	0.00	0	N	
7221	86331		IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTB	1.26	74.67	0.00	0	N	
7222	86332		IMMUNE CPLX ASSAY	1.68	100.14	0.00	0	N	
7223	86334		IMMUNOFIXJ ELECTROPHORESIS SERUM	1.65	98.29	19.66	0	N	
7224	86335		IMMUNOFIXJ ELECTROPHORESIS OTH FLU	1.65	98.29	19.66	0	N	
7225	86336		INHIBIN	1.53	91.04	0.00	0	N	
7226	86337		INSULIN ANTIBODIES	1.93	114.72	0.00	0	N	
7227	86340		INTRNSC FACTOR ANTIBODIES	1.35	80.09	0.00	0	N	
7228	86341		ISLET CELL ANTB	1.07	63.72	0.00	0	N	
7229	86343		WBC HISTAM RLS TST	1.38	81.93	0.00	0	N	
7230	86344		WBC PHAGOCYTOSIS	1.22	72.83	0.00	0	N	
7231	86352		CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKER	BR	BR			N	
7232	86353		LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	3.83	227.59	0.00	0	N	
7233	86355		B CELLS TOT CNT	1.93	114.72	0.00	0	N	
7234	86356		MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	0.98	58.80	0.00	XXX	N	
7235	86357		NATURAL KILLER CELLS TOT CNT	1.93	114.72	0.00	0	N	
7236	86359		T CELLS TOT CNT	1.93	114.72	0.00	0	N	
7237	86360		T CELLS ABSOLUTE CD4&CD8 CNT RATIO	2.51	149.29	0.00	0	N	
7238	86361		T CELLS ABSOLUTE CD4 CNT	1.93	114.72	0.00	0	N	
7239	86367		STEM CELLS TOT CNT	1.93	114.72	0.00	0	N	
7240	86376		MICROSOMAL ANTIBODIES EA	1.29	76.46	0.00	0	N	
7241	86378		MIGRATION NHBTORY FACTOR TST MIF	1.29	76.46	0.00	0	N	
7242	86382		NEUTRALIZATION TST VIRAL	1.53	91.04	0.00	0	N	
7243	86384		NITROBLUE TETRAZOLIUM DYE TST NTD	1.07	63.72	0.00	0	N	
7244	86403		PART AGGLUJ SCR EA ANTB	0.49	29.16	0.00	0	N	
7245	86406		PART AGGLUJ TITER EA ANTB	0.61	36.41	0.00	0	N	
7246	86430		RHEUMATOID FACTOR QUAL	0.58	34.57	0.00	0	N	
7247	86431		RHEUMATOID FACTOR QUAN	0.61	36.41	0.00	0	N	
7248	86480		TUBERCULOSIS TST CELL MEDIATED IMMUNITY	0.55	32.78	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7249	86485		SKN TST CANDIDA	0.49	29.16	0.00	0	N	7.29
7250	86486		SKIN TEST UNLISTED ANTIGEN EACH	0.15	9.00	0.00	XXX	N	7.29
7251	86490		SKN TST COCCIDIOIDOMYCOSIS	0.27	16.07	0.00	0	N	7.29
7252	86510		SKN TST HISTOPLASMOSIS	0.3	17.85	0.00	0	N	7.29
7253	86580		SKN TST TUBERCULOSIS ID	0.25	14.88	0.00	0	N	7.29
7254	86590		STREPTOKINASE ANTB	0.55	32.78	0.00	0	N	
7255	86592		SYPHILIS TST QUAL	0.4	23.68	0.00	0	N	
7256	86593		SYPHILIS TST QUAN	0.43	25.47	0.00	0	N	
7257	86602		ANTB ACTINOMYCES	1.07	63.72	0.00	0	N	
7258	86603		ANTB ADENOVIRUS	1.07	63.72	0.00	0	N	
7259	86606		ANTB ASPRGILLUS	1.07	63.72	0.00	0	N	
7260	86609		ANTB BACTERIUM NES	1.38	81.93	0.00	0	N	
7261	86611		ANTB BARTONELLA	1.38	81.93	0.00	0	N	
7262	86612		ANTB BLASTOMYCES	1.35	80.09	0.00	0	N	
7263	86615		ANTB BORDETELLA	1.53	91.04	0.00	0	N	
7264	86617		ANTB BORRELIA BURGDORFERI CONFIRMATORY TST	1.62	96.51	0.00	0	N	
7265	86618		ANTB BORRELIA BURGDORFERI LYME DISEASE	1.53	91.04	0.00	0	N	
7266	86619		ANTB BORRELIA RELAPSING FEVER	1.22	72.83	0.00	0	N	
7267	86622		ANTB BRUCELLA	0.92	54.62	0.00	0	N	
7268	86625		ANTB CAMPYLOBACTER	1.44	85.56	0.00	0	N	
7269	86628		ANTB CANDIDA	1.38	81.93	0.00	0	N	
7270	86631		ANTB CHLAMYDIA	0.95	56.47	0.00	0	N	
7271	86632		ANTB CHLAMYDIA IGM	1.07	63.72	0.00	0	N	
7272	86635		ANTB COCCIDIOIDES	1.38	81.93	0.00	0	N	
7273	86638		ANTB COXIELLA BRNETII Q FEVER	1.16	69.20	0.00	0	N	
7274	86641		ANTB CRYPTOCOCCUS	0.92	54.62	0.00	0	N	
7275	86644		ANTB CMV CMV	1.41	83.78	0.00	0	N	
7276	86645		ANTB CMV CMV IGM	1.47	87.41	0.00	0	N	
7277	86648		ANTB DIPHTHERIA	1.29	76.46	0.00	0	N	
7278	86651		ANTB ENCEPHALITIS CALIFORNIA LA CROSSE	1.1	65.57	0.00	0	N	
7279	86652		ANTB ENCEPHALITIS EASTERN EQUINE	1.1	65.57	0.00	0	N	
7280	86653		ANTB ENCEPHALITIS ST. LOUIS	1.1	65.57	0.00	0	N	
7281	86654		ANTB ENCEPHALITIS WSTRN EQUINE	1.1	65.57	0.00	0	N	
7282	86658		ANTB ENTEROVIRUS	1.1	65.57	0.00	0	N	
7283	86663		ANTB EPSTEIN-BARR EB VIRUS EARLY AG EA	1.41	83.78	0.00	0	N	
7284	86664		ANTB EPSTEIN-BARR EB VIRUS NUC AG EBNA	1.41	83.78	0.00	0	N	
7285	86665		ANTB EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	1.59	94.66	0.00	0	N	
7286	86666		ANTB EHRLICHIA	1.41	83.78	0.00	0	N	
7287	86668		ANTB FRANCISELLA TULARENSIS	1.1	65.57	0.00	0	N	
7288	86671		ANTB FUNGUS NES	1.53	91.04	0.00	0	N	
7289	86674		ANTB GIARDIA LAMBLIA	1.22	72.83	0.00	0	N	
7290	86677		ANTB HELICOBACTER PYLORI	1.53	91.04	0.00	0	N	
7291	86682		ANTB HELMINTH NES	1.53	91.04	0.00	0	N	
7292	86684		ANTB HAEMOPHILUS INF	1.53	91.04	0.00	0	N	
7293	86687		ANTB HTLV-I	1.22	72.83	0.00	0	N	
7294	86688		ANTB HTLV-II	1.16	69.20	0.00	0	N	
7295	86689		ANTB HTLV/HIV ANTB CONFIRMATORY TST	1.62	96.51	0.00	0	N	
7296	86692		ANTB HEP DELTA AGT	1.62	96.51	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7297	86694		ANTB HERPES SMPLX NON-SPEC TYP TST	1.35	80.09	0.00	0	N	
7298	86695		ANTB HERPES SMPLX TYP 1	1.35	80.09	0.00	0	N	
7299	86696		ANTB HERPES SMPLX TYP 2	1.35	80.09	0.00	0	N	
7300	86698		ANTB HISTOPLSM	1.22	72.83	0.00	0	N	
7301	86701		ANTB HIV-1	1.04	61.88	0.00	0	N	
7302	86702		ANTB HIV-2	1.41	83.78	0.00	0	N	
7303	86703		ANTB HIV-1&HIV-2 1 ASSAY	1.22	72.83	0.00	0	N	
7304	86704		HEP B CORE ANTB HBCAB TOT	1.07	63.72	0.00	0	N	
7305	86705		HEP B CORE ANTB HBCAB IGM ANTB	1.16	69.20	0.00	0	N	
7306	86706		HEP B SURF ANTB HBSAB	0.95	56.47	0.00	0	N	
7307	86707		HEP BE ANTB HBEAB	1.04	61.88	0.00	0	N	
7308	86708		HEP ANTB HAAB TOT	1.13	67.35	0.00	0	N	
7309	86709		HEP ANTB HAAB IGM ANTB	1.07	63.72	0.00	0	N	
7310	86710		ANTB INF VIRUS	1.01	60.10	0.00	0	N	
7311	86713		ANTB LEGIONELLA	1.22	72.83	0.00	0	N	
7312	86717		ANTB LEISHMANIA	1.01	60.10	0.00	0	N	
7313	86720		ANTB LEPTOSPIRA	1.01	60.10	0.00	0	N	
7314	86723		ANTB LISTERIA MONOCYTOGENES	1.01	60.10	0.00	0	N	
7315	86727		ANTB LYMPHOCYTIC CHORIOMENINGITIS	1.01	60.10	0.00	0	N	
7316	86729		ANTB LYMPHOGRANULOMA VENEREUM	1.01	60.10	0.00	0	N	
7317	86732		ANTB MUCORMYCOSIS	1.35	80.09	0.00	0	N	
7318	86735		ANTB MUMPS	1.22	72.83	0.00	0	N	
7319	86738		ANTB MYCOPLSM	1.22	72.83	0.00	0	N	
7320	86741		ANTB NEISSERIA MENINGITIDIS	1.22	72.83	0.00	0	N	
7321	86744		ANTB NOCARDIA	1.22	72.83	0.00	0	N	
7322	86747		ANTB PARVOVIRUS	1.44	85.56	0.00	0	N	
7323	86750		ANTB PLASMODIUM MALARIA	1.35	80.09	0.00	0	N	
7324	86753		ANTB PROTOZOA NES	1.53	91.04	0.00	0	N	
7325	86756		ANTB RSV	1.22	72.83	0.00	0	N	
7326	86757		ANTB RICKETTSIA	1.22	72.83	0.00	0	N	
7327	86759		ANTB ROTAVIRUS	1.22	72.83	0.00	0	N	
7328	86762		ANTB RUBELLA	0.83	49.15	0.00	0	N	
7329	86765		ANTB RUBEOLA	1.47	87.41	0.00	0	N	
7330	86768		ANTB SALMONELLA	1.07	63.72	0.00	0	N	
7331	86771		ANTB SHIGELLA	1.07	63.72	0.00	0	N	
7332	86774		ANTB TETANUS	1.38	81.93	0.00	0	N	
7333	86777		ANTB TOXOPLSM	1.1	65.57	0.00	0	N	
7334	86778		ANTB TOXOPLSM IGM	1.38	81.93	0.00	0	N	
7335	86780		ANTIBODY TREPONEMA PALLIDUM	1.3	77.35	0.00		N	
7336	86784		ANTB TRICHINELLA	1.04	61.88	0.00	0	N	
7337	86787		ANTB VARICELLA-ZOSTER	1.35	80.09	0.00	0	N	
7338	86788		ANTIBODY WEST NILE VIRUS IGM	1.38	81.93	0.00	0	N	
7339	86789		ANTIBODY WEST NILE VIRUS	1.38	81.93	0.00	0	N	
7340	86790		ANTB VIRUS NES	1.53	91.04	0.00	0	N	
7341	86793		ANTB YERSINIA	1.1	65.57	0.00	0	N	
7342	86800		THYROGLOBULIN ANTB	1.32	78.30	0.00	0	N	
7343	86803		HEP C ANTB	1.5	89.19	0.00	0	N	
7344	86804		HEP C ANTB CONFIRMATORY TST	2.39	142.03	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7345	86805		LPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRJ	3.67	218.48	0.00	0	N	
7346	86806		LPHOCYTOTOXICITY ASSAY VIS CROSSMATCH W/O TITRJ	3.67	218.48	0.00	0	N	
7347	86807		SERUM SCR % REACTIVE ANTB STANDARD METH	1.78	105.61	0.00	0	N	
7348	86808		SERUM SCR % REACTIVE ANTB PRA QUICK METH	1.68	100.14	0.00	0	N	
7349	86812		HLA TYPING B/C 1 AG	2.14	127.45	0.00	0	N	
7350	86813		HLA TYPING B/C MLT AGS	2.91	172.97	0.00	0	N	
7351	86816		HLA TYPING DR/DQ 1 AG	2.91	172.97	0.00	0	N	
7352	86817		HLA TYPING DR/DQ MLT AGS	7.65	455.18	0.00	0	N	
7353	86821		HLA TYPING LYMPHOCYTE CULTURE MIXED	5.81	345.93	0.00	0	N	
7354	86822		HLA TYPING LYMPHOCYTE CULTURE PRIMED	2.14	127.45	0.00	0	N	
7355	86825		HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	BR	BR			N	
7356	86826		HLA CROSSMATCH NONCYTOTOXIC EA+ SERUM/DILUTION	BR	BR			N	
7357	86849		UNLIS IMMUNOLOGY	BR	BR	0.00	0	N	
7358	86850		ANTB SCR RBC EA SERUM TQ	0.61	36.41	0.00	0	N	20.02
7359	86860		ANTB ELUTION EA ELUTION	0.73	43.67	0.00	0	N	34.05
7360	86870		ANTB ID RBC ANTIBODIES EA PANEL EA SERUM TQ	1.13	67.35	0.00	0	N	34.05
7361	86880		ANTIHUMAN GLOBULIN DIR EA ANTISERUM	0.43	25.47	0.00	0	N	10.59
7362	86885		ANTIHUMAN GLOBULIN INDIR QUAL EA ANTISERUM	0.43	25.47	0.00	0	N	10.59
7363	86886		ANTIHUMAN GLOBULIN INDIR TITER EA ANTISERUM	0.61	36.41	0.00	0	N	10.59
7364	86890		AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	2.45	145.66	0.00	0	N	67.33
7365	86891		AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	3.83	227.59	0.00	0	N	20.02
7366	86900		BLD TYPING ABO	0.34	20.05	0.00	0	N	10.59
7367	86901		BLD TYPING RH D	0.34	20.05	0.00	0	N	10.59
7368	86903		BLD TYPING AG SCR UNIT RGNT SERUM SCR	0.58	34.57	0.00	0	N	20.02
7369	86904		BLD TYPING AG SCR UNIT PT SERUM SCR	0.58	34.57	0.00	0	N	20.02
7370	86905		BLD TYPING RBC AGS OTH/THN ABO/RH D EA	0.58	34.57	0.00	0	N	20.02
7371	86906		BLD TYPING RH PHEXYPING COMPL	0.52	30.94	0.00	0	N	20.02
7372	86910		BLD TYPING PATERNITY PR INDIV ABO RH&MN	0.67	40.04	0.00	0	N	2097.37
7373	86911		BLD TYPING PATERNITY PR INDIV EA AG SYS	0.58	34.57	0.00	0	N	2097.37
7374	86920		COMPATIBILITY EA UNIT IMMT SPIN	1.01	60.10	0.00	0	N	20.02
7375	86921		COMPATIBILITY EA UNIT INCUBATION	0.83	49.15	0.00	0	N	20.02
7376	86922		COMPATIBILITY EA UNIT ANTIGLOBULIN	0.92	54.62	0.00	0	N	34.05
7377	86923		COMPATIBILITY EA UNIT ELEC	0.73	43.67	0.00	0	N	20.02
7378	86927		FRSH FROZEN PLSM THAWING EA UNIT	0.4	23.68	0.00	0	N	20.02
7379	86930		FROZEN BLD EA UNIT FRZING PREPJ	3.06	182.07	0.00	0	N	67.33
7380	86931		FROZEN BLD EA UNIT THAWING	2.3	136.55	0.00	0	N	67.33
7381	86932		FROZEN BLD EA UNIT FRZING PREPJ&THAWING	3.06	182.07	0.00	0	N	67.33
7382	86940		HEMOLYSINS&AGGLUTININS AUTO SCR EA	0.64	38.26	0.00	0	N	
7383	86941		HEMOLYSINS&AGGLUTININS INCUBATED	0.73	43.67	0.00	0	N	
7384	86945		IRRADJ BLD PRODUX EA UNIT	0.86	50.99	0.00	0	N	20.02
7385	86950		WBC TRANSFUSION	1.9	112.87	0.00	0	N	20.02
7386	86960		VOL RDCTJ BLD/BLD PRODUX EA UNIT	0.86	50.99	0.00	0	N	20.02
7387	86965		PLING PLTLTS/OTH BLD PRODUXS	0.77	45.52	0.00	0	N	34.05
7388	86970		PRTX RBC ANTB CHEM AGT/DRUGS	0.61	36.41	0.00	0	N	20.02
7389	86971		PRTX RBC ANTB INCUBATION NZM EA	0.61	36.41	0.00	0	N	20.02
7390	86972		PRTX RBC ANTB DNS GRADIENT SEP	0.98	58.25	0.00	0	N	20.02
7391	86975		PRTX SRM INCUBATION DRUGS EA	0.83	49.15	0.00	0	N	34.05
7392	86976		PRTX SRM ANTB ID DIL	0.92	54.62	0.00	0	N	20.02

	A	B	C	D	E	F	G	H	I
7393	86977		PRTX SRM ANTB ID INCUBATION NHBTORS EA	0.83	49.15	0.00	0	N	67.33
7394	86978		PRTX SRM ANTB ID DIFFIAL RBC ABSRPJ	0.83	49.15	0.00	0	N	34.05
7395	86985		SPLTTING BLD/BLD PRODUXS EA UNIT	0.61	36.41	0.00	0	N	20.02
7396	86999		UNLIS TRANSFUSION MED	BR	BR		0	N	20.02
7397	87001		ANIMAL INOCULATION SM ANIMAL OBS	0.98	58.25	0.00	0	N	
7398	87003		ANIMAL INOCULATION SM ANIMAL OBS&DSJ	1.07	63.72	0.00	0	N	
7399	87015		CONCENTRATION NFCT AGT	0.64	38.26	0.00	0	N	
7400	87040		CUL BACT BLD AERC ISOL	0.86	50.99	0.00	0	N	
7401	87045		CUL BACT STL AERC ISOL SALMONELLA&SHIGELLA	0.86	50.99	0.00	0	N	
7402	87046		CUL BACT STL AERC ADDL PATHOGENS&ID EA	0.86	50.99	0.00	0	N	
7403	87070		CUL BACT XCPT URINE BLD/STL AERC ISOL	0.83	49.15	0.00	0	N	
7404	87071		CUL BACT QUAN AERC ISOL XCPT UR BLD/STOOL	0.86	50.99	0.00	0	N	
7405	87073		CUL BACT QUAN ANAERC ISOL XCPT UR BLD/STOOL	0.92	54.62	0.00	0	N	
7406	87075		CUL BACT BLD ANAERC ISOL	0.92	54.62	0.00	0	N	
7407	87076		CUL BACT ANAERC ADDL METHS DEFINITIVE EA ISOL	0.92	54.62	0.00	0	N	
7408	87077		CUL BACT AERC ADDL METHS DEFINITIVE EA ISOL	0.92	54.62	0.00	0	N	
7409	87081		CUL PRSMPTV PTHGNC ORGANISMS SCR	0.55	32.78	0.00	0	N	
7410	87084		CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	0.61	36.41	0.00	0	N	
7411	87086		CUL BACT QUAN COLONY CNT URINE	0.77	45.52	0.00	0	N	
7412	87088		CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	0.73	43.67	0.00	0	N	
7413	87101		CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	0.77	45.52	0.00	0	N	
7414	87102		CUL FNGI MOLD/YEAST PRSMPTV ID OTH XCPT BLD	0.8	47.36	0.00	0	N	
7415	87103		CUL FNGI MOLD/YEAST ISOL PRSMPTV ID ISOL BLD	0.8	47.36	0.00	0	N	
7416	87106		CUL FNGI DEFINITIVE ID EA ORGANISM YEAST	0.83	49.15	0.00	0	N	
7417	87107		CUL FNGI DEFINITIVE ID EA ORGANISM MOLD	0.83	49.15	0.00	0	N	
7418	87109		CUL MYCOPLSM ANY SRC	1.68	100.14	0.00	0	N	
7419	87110		CUL CHLAMYDIA ANY SRC	1.16	69.20	0.00	0	N	
7420	87116		CUL TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	0.92	54.62	0.00	0	N	
7421	87118		CUL MYCOBACTERIAL DEFINITIVE ID EA ISOL	0.86	50.99	0.00	0	N	
7422	87140		CULTYP IMFLUOR METH EA ANTISERUM	0.58	34.57	0.00	0	N	
7423	87143		CULTYP GAS LIQ CHROM/HI PRESS LIQ CHROM	1.13	67.35	0.00	0	N	
7424	87147		CULTYP IMMUNOLOGIC OTH/THN IMFLUOR PR ANTISERUM	0.43	25.47	0.00	0	N	
7425	87149		CULTYP ID NUCLEIC ACID PRB	1.22	72.83	0.00	0	N	
7426	87150		CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	1.53	91.04	0.00		N	
7427	87152		CULTYP ID PLS FLD GEL TYP	BR	BR	0.00	0	N	
7428	87153		CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	1.6	95.20	0.00		N	
7429	87158		CULTYP OTH METHS	0.49	29.16	0.00	0	N	
7430	87164		DARK FLD XM ANY SRC SPEC COLLJ	0.92	54.62	43.70	0	N	
7431	87166		DARK FLD XM ANY SRC W/O COLLJ	0.86	50.99	0.00	0	N	
7432	87168		MACROSCOPIC XM ARTHROPOD	0.46	27.31	0.00	0	N	
7433	87169		MACROSCOPIC XM PARASIT	0.46	27.31	0.00	0	N	
7434	87172		PINWORM XM	0.46	27.31	0.00	0	N	
7435	87176		HOMOGENIZATION TISS CUL	0.55	32.78	0.00	0	N	
7436	87177		OVA&PARASITS DIR SMRS CONCENTRATION&ID	0.83	49.15	0.00	0	N	
7437	87181		SC STD ANTMCRB AGT AGAR DIL METH PR AGT	0.46	27.31	0.00	0	N	
7438	87184		SC STD ANTMCRB AGT DISK METH PR PLATE	0.61	36.41	0.00	0	N	
7439	87185		SC STD ANTMCRB AGT ENZYME DETCJ PR NZM	0.52	30.94	0.00	0	N	
7440	87186		SC ANTMCRB MICRODIL/AGAR EA MULTI-ANTMCRB PLATE	0.7	41.89	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7441	87187		SC ANTMCRB MICRODIL/AGAR DIL MLC EA PLATE	0.7	41.89	0.00	0	N	
7442	87188		SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	0.7	41.89	0.00	0	N	
7443	87190		SC ANTMCRB MYCOBACTERIA PROPRTN EA AGT	0.49	29.16	0.00	0	N	
7444	87197		SERUM BACTERICIDAL TITER	0.98	58.25	0.00	0	N	
7445	87205		SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	0.46	27.31	0.00	0	N	
7446	87206		SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASITS	0.55	32.78	0.00	0	N	
7447	87207		SMR PRIM SRC SPEC STAIN BODIES/PARASITS	0.86	50.99	0.00	0	N	
7448	87209		SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	0.55	32.78	0.00	0	N	
7449	87210		SMR PRIM SRC WET MOUNT NFCT AGT	0.4	23.68	0.00	0	N	
7450	87220		TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	0.46	27.31	0.00	0	N	
7451	87230		TOXIN/ANTITOXIN ASSAY TISS CUL	1.38	81.93	0.00	0	N	
7452	87250		VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	1.53	91.04	0.00	0	N	
7453	87252		VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	1.53	91.04	0.00	0	N	
7454	87253		VIRUS TISS CUL ADDL STD/ID EA ISOLATE	1.53	91.04	0.00	0	N	
7455	87254		VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	1.53	91.04	0.00	0	N	
7456	87255		VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	1.53	91.04	0.00	0	N	
7457	87260		IAADI ADENOVIRUS	1.22	72.83	0.00	0	N	
7458	87265		IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	1.22	72.83	0.00	0	N	
7459	87267		IAADI ENTEROVIRUS DIR FLUORESCENT ANTB	1.22	72.83	0.00	0	N	
7460	87269		IAADI GIARDIA	1.22	72.83	0.00	0	N	
7461	87270		IAADI CHLAMYDIA TRACHOMATIS	1.22	72.83	0.00	0	N	
7462	87271		IAADICMV DIR FLUORESCENT ANTB	1.47	87.41	0.00	0	N	
7463	87272		IAADI CRYPTOSPORIDIUM	1.22	72.83	0.00	0	N	
7464	87273		IAADI HERPES SMPLX VIRUS TYP 2	1.22	72.83	0.00	0	N	
7465	87274		IAADI HERPES SMPLX VIRUS TYP 1	1.22	72.83	0.00	0	N	
7466	87275		IAADI INF B VIRUS	1.22	72.83	0.00	0	N	
7467	87276		IAADI INF VIRUS	1.22	72.83	0.00	0	N	
7468	87277		IAADI LEGIONELLA MICDADEI	1.07	63.72	0.00	0	N	
7469	87278		IAADI LEGIONELLA PNEUMOPHILA	1.22	72.83	0.00	0	N	
7470	87279		IAADI PARAINF VIRUS EA TYP	1.22	72.83	0.00	0	N	
7471	87280		IAADI RSV	1.22	72.83	0.00	0	N	
7472	87281		IAADI PNEUMOCSTIS CARINII	1.22	72.83	0.00	0	N	
7473	87283		IAADI RUBEOLA	1.22	72.83	0.00	0	N	
7474	87285		IAADI TREPONEMA PALLIDUM	1.38	81.93	0.00	0	N	
7475	87290		IAADI VARICELLA ZOSTER VIRUS	1.22	72.83	0.00	0	N	
7476	87299		IAADI NOS EA ORGANISM	1.35	80.09	0.00	0	N	
7477	87300		IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	0.98	58.25	0.00	0	N	
7478	87301		IAAD EIA ADENOVIRUS ENTERIC TYP 40/41	0.98	58.25	0.00	0	N	
7479	87305		IAAD EIA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS	0.98	58.25	0.00	0	N	
7480	87320		IAAD EIA CHLAMYDIA TRACHOMATIS	0.98	58.25	0.00	0	N	
7481	87324		IAAD EIA CLOSTRIDIUM DIFFICILE TOXIN	0.98	58.25	0.00	0	N	
7482	87327		IAAD EIA CRYPTOCOCCUS NEOFORMANS	0.98	58.25	0.00	0	N	
7483	87328		IAAD EIA CRYPTOSPORIDIUM	0.98	58.25	0.00	0	N	
7484	87329		IAAD EIA GIARDIA	0.98	58.25	0.00	0	N	
7485	87332		IAAD EIA CMV	0.98	58.25	0.00	0	N	
7486	87335		IAAD EIA ESCHERICHIA COLI 0157	0.98	58.25	0.00	0	N	
7487	87336		IAAD EIA ENTAMOEBA HISTOLYTICA DISPAR GRP	0.98	58.25	0.00	0	N	
7488	87337		IAAD EIA ENTAMOEBA HISTOLYTICA GRP	0.98	58.25	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7489	87338		IAAD EIA HPYLORI STOOL	0.98	58.25	0.00	0	N	
7490	87339		IAAD EIA HPYLORI	0.98	58.25	0.00	0	N	
7491	87340		IAAD EIA HEP B SURF AG	0.98	58.25	0.00	0	N	
7492	87341		IAAD EIA HEP B SURF AG NEUTRALIZATION	0.98	58.25	0.00	0	N	
7493	87350		IAAD EIA HEP BE AG	1.04	61.88	0.00	0	N	
7494	87380		IAAD EIA HEP DELTA AGT	1.38	81.93	0.00	0	N	
7495	87385		IAAD EIA HISTOPLSM CAPSULATUM	0.98	58.25	0.00	0	N	
7496	87390		IAAD EIA HIV-1	1.53	91.04	0.00	0	N	
7497	87391		IAAD EIA HIV-2	1.44	85.56	0.00	0	N	
7498	87400		IAAD EIA INF/B EA	0.98	58.25	0.00	0	N	
7499	87420		IAAD EIA RSV	0.98	58.25	0.00	0	N	
7500	87425		IAAD EIA ROTAVIRUS	0.98	58.25	0.00	0	N	
7501	87427		IAAD EIA SHIGA-LIKE TOXIN	0.98	58.25	0.00	0	N	
7502	87430		IAAD EIA STREPTOCOCCUS GRP	0.73	43.67	0.00	0	N	
7503	87449		IAAD EIA NOS EA ORGANISM	0.98	58.25	0.00	0	N	
7504	87450		IAAD EIA NOS EA ORGANISM	0.98	58.25	0.00	0	N	
7505	87451		IAAD EIA POLYV MLT ORGANISMS EA POLYV ANTISERUM	0.98	58.25	0.00	0	N	
7506	87470		IADNA BARTONELLA DIR PRB	1.22	72.83	0.00	0	N	
7507	87471		IADNA BARTONELLA AMP PRB	2.75	163.86	0.00	0	N	
7508	87472		IADNA BARTONELLA QUAN	2.45	145.66	0.00	0	N	
7509	87475		IADNA BORRELIA BURGDORFERI DIR PRB	1.53	91.04	0.00	0	N	
7510	87476		IADNA BORRELIA BURGDORFERI AMP PRB	2.75	163.86	0.00	0	N	
7511	87477		IADNA BORRELIA BURGDORFERI QUAN	2.46	146.55	0.00	0	N	
7512	87480		IADNA CANDIDA SPECIES DIR PRB	1.5	89.19	0.00	0	N	
7513	87481		IADNA CANDIDA SPECIES AMP PRB	2.45	145.66	0.00	0	N	
7514	87482		IADNA CANDIDA SPECIES QUAN	2.46	146.55	0.00	0	N	
7515	87485		IADNA CHLAMYDIA PNEUMONIAE DIR PRB	1.22	72.83	0.00	0	N	
7516	87486		IADNA CHLAMYDIA PNEUMONIAE AMP PRB	2.45	145.66	0.00	0	N	
7517	87487		IADNA CHLAMYDIA PNEUMONIAE QUAN	2.46	146.55	0.00	0	N	
7518	87490		IADNA CHLAMYDIA TRACHOMATIS DIR PRB	1.22	72.83	0.00	0	N	
7519	87491		IADNA CHLAMYDIA TRACHOMATIS AMP PRB	2.45	145.66	0.00	0	N	
7520	87492		IADNA CHLAMYDIA TRACHOMATIS QUAN	2.3	136.55	0.00	0	N	
7521	87493		INF AGENT DET NUC ACID CLOSTRIDIUM AMP PROBE	2.75	163.63	0.00		N	
7522	87495		IADNA CMV DIR PRB	1.53	91.04	0.00	0	N	
7523	87496		IADNA CMV AMP PRB	2.75	163.86	0.00	0	N	
7524	87497		IADNA CMV QUAN	2.75	163.86	0.00	0	N	
7525	87498		IADNA ENTEROVIRUS AMPLIFIED PROBE TECHNIQUE	2.75	163.86	0.00	0	N	
7526	87500		INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	1.29	77.40	0.00	XXX	N	
7527	87510		IADNA GARDNERELLA VAGIS DIR PRB	1.22	72.83	0.00	0	N	
7528	87511		IADNA GARDNERELLA VAGIS AMP PRB	2.45	145.66	0.00	0	N	
7529	87512		IADNA GARDNERELLA VAGIS QUAN	2.3	136.55	0.00	0	N	
7530	87515		IADNA HEP B VIRUS DIR PRB	1.53	91.04	0.00	0	N	
7531	87516		IADNA HEP B VIRUS AMP PRB	2.75	163.86	0.00	0	N	
7532	87517		IADNA HEP B VIRUS QUAN	2.75	163.86	0.00	0	N	
7533	87520		IADNA HEP C DIR PRB	1.53	91.04	0.00	0	N	
7534	87521		IADNA HEP C AMP PRB	2.75	163.86	0.00	0	N	
7535	87522		IADNA HEP C QUAN	2.75	163.86	0.00	0	N	
7536	87525		IADNA HEP G DIR PRB	1.53	91.04	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7537	87526		IADNA HEP G AMP PRB	2.75	163.86	0.00	0	N	
7538	87527		IADNA HEP G QUAN	2.75	163.86	0.00	0	N	
7539	87528		IADNA HERPES SMPLX VIRUS DIR PRB	1.53	91.04	0.00	0	N	
7540	87529		IADNA HERPES SMPLX VIRUS AMP PRB	2.75	163.86	0.00	0	N	
7541	87530		IADNA HERPES SMPLX VIRUS QUAN	2.75	163.86	0.00	0	N	
7542	87531		IADNA HERPES VIRUS-6 DIR PRB	1.53	91.04	0.00	0	N	
7543	87532		IADNA HERPES VIRUS-6 AMP PRB	2.75	163.86	0.00	0	N	
7544	87533		IADNA HERPES VIRUS-6 QUAN	2.75	163.86	0.00	0	N	
7545	87534		IADNA HIV-1 DIR PRB	1.53	91.04	0.00	0	N	
7546	87535		IADNA HIV-1 AMP PRB	2.75	163.86	0.00	0	N	
7547	87536		IADNA HIV-1 QUAN	2.75	163.86	0.00	0	N	
7548	87537		IADNA HIV-2 DIR PRB	1.53	91.04	0.00	0	N	
7549	87538		IADNA HIV-2 AMP PRB	2.75	163.86	0.00	0	N	
7550	87539		IADNA HIV-2 QUAN	2.75	163.86	0.00	0	N	
7551	87540		IADNA LEGIONELLA PNEUMOPHILA DIR PRB	1.22	72.83	0.00	0	N	
7552	87541		IADNA LEGIONELLA PNEUMOPHILA AMP PRB	2.45	145.66	0.00	0	N	
7553	87542		IADNA LEGIONELLA PNEUMOPHILA QUAN	2.45	145.66	0.00	0	N	
7554	87550		IADNA MYCOBACTERIA SPECIES DIR PRB	1.22	72.83	0.00	0	N	
7555	87551		IADNA MYCOBACTERIA SPECIES AMP PRB	2.45	145.66	0.00	0	N	
7556	87552		IADNA MYCOBACTERIA SPECIES QUAN	2.75	163.86	0.00	0	N	
7557	87555		IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	1.53	91.04	0.00	0	N	
7558	87556		IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	2.75	163.86	0.00	0	N	
7559	87557		IADNA MYCOBACTERIA TUBERCULOSIS QUAN	2.46	146.55	0.00	0	N	
7560	87560		IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	1.22	72.83	0.00	0	N	
7561	87561		IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	2.75	163.86	0.00	0	N	
7562	87562		IADNA MYCOBACTERIA AVIUM-INTRACLRE QUAN	2.75	163.86	0.00	0	N	
7563	87580		IADNA MYCOPLSM PNEUMONIAE DIR PRB	1.22	72.83	0.00	0	N	
7564	87581		IADNA MYCOPLSM PNEUMONIAE AMP PRB	2.75	163.86	0.00	0	N	
7565	87582		IADNA MYCOPLSM PNEUMONIAE QUAN	2.45	145.66	0.00	0	N	
7566	87590		IADNA NEISSERIA GONORRHOEAE DIR PRB	1.22	72.83	0.00	0	N	
7567	87591		IADNA NEISSERIA GONORRHOEAE AMP PRB	2.45	145.66	0.00	0	N	
7568	87592		IADNA NEISSERIA GONORRHOEAE QUAN	2.46	146.55	0.00	0	N	
7569	87620		IADNA PAPLMVIRUS HUMAN DIR PRB	1.53	91.04	0.00	0	N	
7570	87621		IADNA PAPLMVIRUS HUMAN AMP PRB	2.45	145.66	0.00	0	N	
7571	87622		IADNA PAPLMVIRUS HUMAN QUAN	2.46	146.55	0.00	0	N	
7572	87640		IADNA S. AUREUS AMP PRB TQ	2.45	145.66	0.00	0	N	
7573	87641		IADNA S. AUREUS METHICILLIN RESISTANT AMP PRB TQ	2.45	145.66	0.00	0	N	
7574	87650		IADNA STREPTOCOCCUS GRP DIR PRB	1.22	72.83	0.00	0	N	
7575	87651		IADNA STREPTOCOCCUS GRP AMP PRB	2.45	145.66	0.00	0	N	
7576	87652		IADNA STREPTOCOCCUS GRP QUAN	2.46	146.55	0.00	0	N	
7577	87653		IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	2.45	145.66	0.00	0	N	
7578	87660		IADNA TRICHOMONAS VAGIS DIR PRB	1.22	72.83	0.00	0	N	
7579	87797		IADNA NOS DIR PRB EA ORGANISM	1.22	72.83	0.00	0	N	
7580	87798		IADNA NOS AMP PRB EA ORGANISM	2.45	145.66	0.00	0	N	
7581	87799		IADNA NOS QUAN EA ORGANISM	2.75	163.86	0.00	0	N	
7582	87800		IADNA MLT ORGANISMS DIR PRB	BR	BR	0.00	0	N	
7583	87801		IADNA MLT ORGANISMS AMP PRB	BR	BR	0.00	0	N	
7584	87802		IAADIADOO STREPTOCOCCUS GRP B	1.07	63.72	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7585	87803		IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	1.07	63.72	0.00	0	N	
7586	87804		IAADIADOO INF	1.07	63.72	0.00	0	N	
7587	87807		IAADIADOO RSV	1.07	63.72	0.00	0	N	
7588	87808		IAADIADOO TRICHOMONAS VAGINALIS	1.07	63.72	0.00	0	N	
7589	87809		INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	0.44	26.40	0.00	XXX	N	
7590	87810		IAADIADOO CHLAMYDIA TRACHOMATIS	1.07	63.72	0.00	0	N	
7591	87850		IAADIADOO NEISSERIA GONORRHOEAE	1.07	63.72	0.00	0	N	
7592	87880		IAADIADOO STREPTOCOCCUS GRP	1.07	63.72	0.00	0	N	
7593	87899		IAADIADOO NOS	1.07	63.72	0.00	0	N	
7594	87900		NFCT AGT DRUG SC PHEXYP PREDICT	BR	BR	0.00	0	N	
7595	87901		NFCT AGT GEXYP HIV 1	13.59	808.37	0.00	0	N	
7596	87902		NFCT AGT GEXYP HEP C VIRUS	13.59	808.37	0.00	0	N	
7597	87903		NFCT AGT PHEXYP RESISTANCE TISS CUL HIV 1 1-10	25.77	1533.02	0.00	0	N	
7598	87904		NFCT AGT PHEXYP RESISTANCE TISS CUL HIV 1 EA 1-5	6.85	407.81	0.00	0	N	
7599	87905		INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	BR	BR	0.00		N	
7600	87999		UNLIS MICROBIOLOGY	BR	BR		0	N	
7601	88000		NECROPSY GROSS XM W/O CNS	6.12	364.14		0	N	2097.37
7602	88005		NECROPSY GROSS XM BRN	7.04	418.76		0	N	2097.37
7603	88007		NECROPSY GROSS XM BRN&SPI CORD	7.65	455.18		0	N	2097.37
7604	88012		NECROPSY GROSS XM INFT BRN	5.51	327.73		0	N	2097.37
7605	88014		NECROPSY GROSS XM STILLBORN/NB BRN	5.51	327.73		0	N	2097.37
7606	88016		NECROPSY GROSS XM MACERATED STILLBORN	7.04	418.76		0	N	2097.37
7607	88020		NECROPSY GROSS&MCRSCP W/O CNS	9.49	564.42		0	N	2097.37
7608	88025		NECROPSY GROSS&MCRSCP BRN	10.4	619.04		0	N	2097.37
7609	88027		NECROPSY GROSS&MCRSCP BRN&SPI CORD	11.32	673.66		0	N	2097.37
7610	88028		NECROPSY GROSS&MCRSCP INFT BRN	5.51	327.73		0	N	2097.37
7611	88029		NECROPSY GROSS&MCRSCP STILLBORN/NB BRN	5.51	327.73		0	N	2097.37
7612	88036		NECROPSY LMTD GROSS&/MCRSCP REGIONAL	3.06	182.07		0	N	2097.37
7613	88037		NECROPSY LMTD GROSS&/MCRSCP 1 ORGAN	2.45	145.66		0	N	2097.37
7614	88040		NECROPSY FORENSIC XM	15.3	910.35		0	N	2097.37
7615	88045		NECROPSY CORONER'S CALL	1.53	91.04		0	N	2097.37
7616	88099		UNLIS NECROPSY	BR	BR		0	N	2097.37
7617	88104		CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	1.47	87.47	49.86	0	N	22.63
7618	88106		CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	1.93	114.84	48.23	0	N	22.63
7619	88107		CYTP FLU BR/WA XCPT C/V SMRS&FILTER INTERPJ	2.39	142.21	68.26	0	N	48.34
7620	88108		CYTP CONCENTRATION SMRS&INTERPJ	1.81	107.70	48.47	0	N	22.63
7621	88112		CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	2.95	175.53	94.79	0	N	48.34
7622	88125		CYTP FORENSIC	0.52	30.94	21.35	0	N	22.63
7623	88130		SEX CHROMATIN ID BARR BODIES	0.77	45.52	0.00	0	N	
7624	88140		SEX CHROMATIN ID PRPH BLD SMR	0.46	27.31	0.00	0	N	
7625	88141		CYTP C/V REQ INTERPJ PHYS	0.61	36.30		0	N	
7626	88142		CYTP C/V FLU AUTO THIN MNL PHYS	0.52	30.94	0.00	0	N	
7627	88143		CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	0.57	33.68	0.00	0	N	
7628	88147		CYTP SMRS C/V SCR AUTO SYS PHYS	0.54	32.31	0.00	0	N	
7629	88148		CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	0.57	34.15	0.00	0	N	
7630	88150		CYTP SLIDES C/V MNL SCR UNDER PHYS	0.49	29.16	0.00	0	N	
7631	88152		CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	0.58	34.57	0.00	0	N	
7632	88153		CYTP SLIDES C/V MNL SCR&RESCR PHYS	0.58	34.57	0.00	0	N	

	A	B	C	D	E	F	G	H	I
7633	88154		CYTP SLIDES C/V MNL SCR&CPTR-RESCR CELL S&R PHYS	0.6	35.52	0.00	0	N	
7634	88155		CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	0.37	21.84	0.00	0	N	
7635	88160		CYTP SMRS ANY OTH SRC SCR&INTERPJ	1.34	79.73	42.26	0	N	22.63
7636	88161		CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	1.48	88.06	43.15	0	N	22.63
7637	88162		CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	1.78	105.91	64.61	0	N	48.34
7638	88164		CYTP SLIDES C/V MNL SCR PHYS	0.52	30.94	0.00	0	N	
7639	88165		CYTP SLIDES C/V MNL SCR&RESCR PHYS	0.57	34.15	0.00	0	N	
7640	88166		CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	0.52	30.94	0.00	0	N	
7641	88167		CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&R PHYS	0.67	40.04	0.00	0	N	
7642	88172		CYTP FINE NDL ASPIRATE IMMT CYTOHISTOLOGIC STD	1.34	79.73	51.03	0	N	48.34
7643	88173		CYTP FINE NDL ASPIRATE I&R	3.5	208.25	116.62	0	N	48.34
7644	88174		CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	0.58	34.57	0.00	0	N	
7645	88175		CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	0.6	35.52	0.00	0	N	
7646	88182		FLO CYTOMETRY CELL CYCLE/DNA ALYS	2.73	162.44	64.98	0	N	48.34
7647	88184		FLO CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	1.62	96.39	0.00	0	N	22.63
7648	88185		FLO CYTOMETRY CELL SURF MARKER TECHL ONLY EA	0.87	51.77	0.00	0	N	22.63
7649	88187		FLO CYTOMETRY INTERPJ 2-8 MARKERS	1.67	99.37		0	N	14.10
7650	88188		FLO CYTOMETRY INTERPJ 9-15 MARKERS	2.07	123.17		0	N	48.34
7651	88189		FLO CYTOMETRY INTERPJ 16/> MARKERS	2.7	160.65		0	N	48.34
7652	88199		UNLIS CYTP	BR	BR		0	N	14.10
7653	88230		TISS CUL NON-NEO DISORDERS LYMPHOCYTE	3.52	209.38	0.00	0	N	
7654	88233		TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	3.52	209.38	0.00	0	N	
7655	88235		TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	6.12	364.14	0.00	0	N	
7656	88237		TISS CUL NEO DISORDERS B1 MARROW BLD CELLS	5.51	327.73	0.00	0	N	
7657	88239		TISS CUL NEO DISORDERS SOLID TUM	3.52	209.38	0.00	0	N	
7658	88240		CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	3.06	182.07	0.00	0	N	
7659	88241		THAWING&XPNSJ FROZEN CELLS EA ALIQUOT	2.3	136.55	0.00	0	N	
7660	88245		CHRMSM BRKG BASELINE SISTER 20-25 CLL	4.13	245.79	0.00	0	N	
7661	88248		CHRMSM BRKG BASELINE BRKG 50-100 CLL	7.34	436.97	0.00	0	N	
7662	88249		CHRMSM BRKG SYNDS SCORE 100 CLL	8.26	491.59	0.00	0	N	
7663	88261		CHRMSM CNT 5 CLL 1KARYOTYP BANDING	7.19	427.86	0.00	0	N	
7664	88262		CHRMSM CNT 15-20 CLL 2KARYOTYP BANDING	9.64	573.52	0.00	0	N	
7665	88263		CHRMSM CNT 45 CLL MOSAICISM 2KARYOTYP	9.91	589.88	0.00	0	N	
7666	88264		CHRMSM ANALYZE 20-25 CELLS	9.18	546.21	0.00	0	N	
7667	88267		CHRMSM ALYS AMNIOTIC/VILLUS 15 CLL 1KARYOTYP	10.86	646.35	0.00	0	N	
7668	88269		CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	9.55	568.05	0.00	0	N	
7669	88271		MOLEC CYTOGENETICS DNA PRB EA	BR	BR	0.00	0	N	
7670	88272		MOLEC CYTG CHRMOML ISH 3-5 CLL	BR	BR	0.00	0	N	
7671	88273		MOLEC CYTG CHRMOML ISH 10-30 CLL	BR	BR	0.00	0	N	
7672	88274		MOLEC CYTG INTERPHASE ISH 25-99 CLL	BR	BR	0.00	0	N	
7673	88275		MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	BR	BR	0.00	0	N	
7674	88280		CHRMSM ALYS ADDL KARYOTYP EA STD	3.15	187.54	0.00	0	N	
7675	88283		CHRMSM ALYS ADDL SPECIZED BANDING	2.75	163.86	0.00	0	N	
7676	88285		CHRMSM ALYS ADDL CELLS CNTED EA STD	2.75	163.86	0.00	0	N	
7677	88289		CHRMSM ALYS ADDL HR STD	2.3	136.55	0.00	0	N	
7678	88291		CYTOGENETICS&MOLEC CYTOGENETICS I&R	0.69	41.06		0	N	
7679	88299		UNLIS CYTOGENETIC STD	BR	BR		0	N	14.10
7680	88300		LVL I-SURG PATH GROSS XM ONLY	0.58	34.51	7.59	0	N	22.63

	A	B	C	D	E	F	G	H	I
7681	88302		LVL II-SURG PATH GROSS&MCRSCP XM	1.25	74.38	12.64	0	N	22.63
7682	88304		LEVEL III-SURG PATH GROSS&MICROSCOPIC XM	1.6	95.20	19.04	0	N	48.34
7683	88305		LVL IV-SURG PATH GROSS&MCRSCP XM	2.71	161.25	66.11	0	N	48.34
7684	88307		LVL V-SURG PATH GROSS&MCRSCP XM	5.03	299.29	143.66	0	N	73.21
7685	88309		LVL VI-SURG PATH GROSS&MCRSCP XM	7.52	447.44	219.25	0	N	73.21
7686	88311		DECALCIFICATION PX	0.47	27.97	19.86	0	N	14.10
7687	88312		SPEC STAINS GRP I MICROORGANISMS EA	2.28	135.66	51.55	0	N	22.63
7688	88313		SPEC STAINS GRP II STAINS EA	1.66	98.77	22.72	0	N	22.63
7689	88314		SPEC STAINS HISTOCHEM STAINING FROZEN SCTJ	2.48	147.56	38.37	0	N	22.63
7690	88318		DETERMINATIVE HISTOCHEMISTRY ID CHEM COMPONENTS	2.39	142.21	42.66	0	N	22.63
7691	88319		DETERMINATIVE HCHEM/CCHEM ID NZM EA	3.88	230.86	43.86	0	N	73.21
7692	88321		CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE	2.3	136.85		0	N	22.63
7693	88323		CONSLTJ&REPRT MATRL REQ PREPJ SLIDES	3.6	214.20	132.80	0	N	48.34
7694	88325		CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	5.08	302.26		0	N	73.21
7695	88329		PATH CONSLTJ SURG	1.28	76.16		0	N	22.63
7696	88331		PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	2.29	136.26	99.47	0	N	48.34
7697	88332		PATH CONSLTJ SURG EA BLK FROZEN SCTJ	1.03	61.29	48.42	0	N	22.63
7698	88333		PATH CONSLTJ SURG CYTOLOGIC XM 1ST SIT	2.31	137.45	103.09	0	N	22.63
7699	88334		PATH CONSLTJ SURG CYTOLOGIC XM EA SIT	1.35	80.33	57.03	0	N	22.63
7700	88342		IMCYTCHM TISS IMMUNOPROXIDASE EA ANTB	2.41	143.40	76.00	0	N	48.34
7701	88346		IMFLUOR STD EA ANTB DIR METH	2.49	148.16	74.08	0	N	48.34
7702	88347		IMFLUOR STD EA ANTB INDIR METH	2.1	124.95	71.22	0	N	48.34
7703	88348		ELECTRON MIC DX	12.97	771.72	154.34	0	N	222.96
7704	88349		ELECTRON MIC SCANNING	5.65	336.18	84.05	0	N	222.96
7705	88355		M/PHMTRC ALYS SKEL MUSC	9.2	547.40	136.85	0	N	48.34
7706	88356		M/PHMTRC ALYS NRV	7.7	458.15	270.31	0	N	73.21
7707	88358		M/PHMTRC ALYS TUM	1.93	114.84	84.98	0	N	48.34
7708	88360		M/PHMTRC ALYS TUM IMHCHEM EA ANTB MNL	2.94	174.93	97.96	0	N	48.34
7709	88361		M/PHMTRC ALYS TUM IMHCHEM EA ANTB CPTR	4.17	248.12	99.25	0	N	73.21
7710	88362		NRV TEASING PREPJS	6.93	412.34	185.55	0	N	73.21
7711	88365		SITU HYBRIDIZATION EA PRB	3.45	205.28	104.69	0	N	73.21
7712	88367		M/PHMTRC ALYS ISH EA PRB CPTR-ASST TECHNOLOGY	5.6	333.20	116.62	0	N	73.21
7713	88368		M/PHMTRC ALYS ISH EA PRB MNL	4.34	258.23	136.86	0	N	73.21
7714	88371		PROTEIN ALYS WSTRN BLOT I&R	2.66	158.39	31.68	0	N	
7715	88372		PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	2.6	154.76	30.95	0	N	
7716	88380		MICRODSJ	BR	BR	0.00	0	N	
7717	88381		MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	5.59	335.40	85.20	XXX	N	
7718	88384		RA-BASED EVAL MLT MOLEC PRBS 11 THRU 50 PRBS	BR	BR		0	N	22.63
7719	88385		RA-BASED EVAL MLT MOLEC PRBS 51 THRU 250 PRBS	10.37	617.02		0	N	48.34
7720	88386		RA-BASED EVAL MLT MOLEC PRBS 251 THRU 500 PRBS	10.69	636.06		0	N	73.21
7721	88387		MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	1.09	64.86	51.77	0	N	
7722	88388		MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SEC	0.65	38.68	32.13	0	N	
7723	88399		UNLIS SURG PATH PX	BR	BR		0	N	14.10
7724	88720		BILIRUBIN TOTAL TRANSCUTANEOUS	0.38	22.61	0.00		N	
7725	88738		HGB QUANTITATIVE TRANSCUTANEOUS	0.38	22.61			N	
7726	88740		HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	0.38	22.61	0.00		N	
7727	88741		HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	0.38	22.61	0.00		N	
7728	89049		CAFFEINE HALOTHANE CONTRCURE	4.91	292.15		0	N	14.10

	A	B	C	D	E	F	G	H	I
7729	89050		C-CNT MISC BDY FLUS XCPT BLD	0.55	32.78	0.00	0	N	
7730	89051		C-CNT MISC BDY FLUS XCPT BLD DIFFIAL CNT	0.58	34.57	0.00	0	N	
7731	89055		WBC ASSMT FECAL QUAL/SEMIQUAN	0.49	29.16	0.00	0	N	
7732	89060		CRYSTAL ID LIGHT MIC ALYS TISSUE/ANY FLU	0.61	36.41	23.67	0	N	
7733	89100		DUOL INTUBAJ&ASPIR 1 SPEC PLUS TST PX	4.15	246.93		0	N	138.64
7734	89105		DUOL INTUBAJ&ASPIR COLLJ MLT FXJAL SPEC	4.03	239.79		0	N	138.64
7735	89125		FAT STAIN FECES URINE/RESPIR SECRETIONS	0.55	32.78	0.00	0	N	
7736	89130		GSTR DX EA SPEC CHEM ANALYSES/CYTP	3.44	204.68		0	N	138.64
7737	89132		GSTR DX EA SPEC CHEM ANALYSES/CYTP AFTER STIMJ	2.96	176.12		0	N	138.64
7738	89135		GSTR INTUBAJ ASPIR&FXJAL COLLJ 1 HR	4.38	260.61		0	N	138.64
7739	89136		GSTR INTUBAJ ASPIR&FXJAL COLLJ 2 HR	3.25	193.38		0	N	138.64
7740	89140		GSTR INTUBAJ ASPIR&FXJAL COLLJ 2 HR GSTR STIMJ	4.14	246.33		0	N	138.64
7741	89141		GSTR INTUBAJ ASPIR&FXJAL COLLJ 3 HR GSTR STIMJ	4.22	251.09		0	N	138.64
7742	89160		MEAT FIBERS FECES	0.37	21.84	0.00	0	N	
7743	89190		NSL SMR EOSINOPHILS	0.43	25.47	0.00	0	N	
7744	89220		SPTM OBTG SPEC AERSL INDUCED SPX	0.43	25.59	0.00	0	N	22.63
7745	89225		STARCH GRANULES FECES	0.37	21.84	0.00	0	N	
7746	89230		SWEAT COLLJ IONTOPHORESIS	0.12	7.14	0.00	0	N	48.34
7747	89235		WATER LOAD	0.86	50.99	0.00	0	N	
7748	89240		UNLIS MISC PATH	BR	BR	0.00	0	N	14.10
7749	89250		CUL OOCYTE/EMBRYO <4 D	20.59	1225.34	0.00	0	N	73.21
7750	89251		CUL OOCYTE/EMBRYO <4 D CO-CULT OCYTE/EMBRY	21.42	1274.49	0.00	0	N	73.21
7751	89253		ASSTD EMBRYO HATCHING MICROTQS ANY METH	BR	BR	0.00	0	N	73.21
7752	89254		OOCYTE ID FROM FOLLICULAR FLU	BR	BR	0.00	0	N	73.21
7753	89255		PREPJ EMBRYO TR	BR	BR	0.00	0	N	73.21
7754	89257		SPRM ID FROM ASPIR OTH/THN SEMINAL	BR	BR	0.00	0	N	73.21
7755	89258		CRYOPRSRV EMBRYO	BR	BR	0.00	0	N	73.21
7756	89259		CRYOPRSRV SPRM	BR	BR	0.00	0	N	73.21
7757	89260		SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	BR	BR	0.00	0	N	73.21
7758	89261		SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	BR	BR	0.00	0	N	73.21
7759	89264		SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	BR	BR	0.00	0	N	73.21
7760	89268		INSEMINATION OOCYTES	BR	BR	0.00	0	N	73.21
7761	89272		EXTND CUL OOCYTE/EMBRYO 4-7 D	BR	BR	0.00	0	N	73.21
7762	89280		ASSTD FERTILIZATION MICROTQ </EQUAL 10 OOCYTES	BR	BR	0.00	0	N	73.21
7763	89281		ASSTD FERTILIZATION MICROTQ >10 OOCYTES	BR	BR	0.00	0	N	73.21
7764	89290		BX OOCYTE MICROTQ </EQUAL 5 EMBRY	BR	BR	0.00	0	N	73.21
7765	89291		BX OOCYTE MICROTQ >5 EMBRY	BR	BR	0.00	0	N	73.21
7766	89300		SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	1.07	63.72	0.00	0	N	
7767	89310		SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	1.1	65.57	0.00	0	N	
7768	89320		SEMEN ALYS COMPL	1.53	91.04	0.00	0	N	
7769	89321		SEMEN ALYS PRESENCE&/MOTILITY SPRM	0.92	54.62	0.00	0	N	
7770	89322		SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	0.57	34.20	0.00	XXX	N	
7771	89325		SPRM ANTIBODIES	2.45	145.66	0.00	0	N	
7772	89329		SPRM EVAL HAMSTER PENETRATION TST	6.12	364.14	0.00	0	N	
7773	89330		SPRM EVAL CRV MUCUS PENETRATION	1.68	100.14	0.00	0	N	
7774	89331		SPERM EVALUATION RETROGRADE EJACULATION URINE	0.72	43.20	0.00	XXX	N	
7775	89335		CRYOPRSRV REPRDTVE TISS TSTICULAR	BR	BR	0.00	0	N	73.21
7776	89342		STORAGE PR YR EMBRYO	BR	BR	0.00	0	N	73.21

	A	B	C	D	E	F	G	H	I
7777	89343		STORAGE PR YR SPRM/SEMEN	BR	BR	0.00	0	N	73.21
7778	89344		STORAGE PR YR REPRDTVE TISS TSTICULAR/OVARIAN	BR	BR	0.00	0	N	73.21
7779	89346		STORAGE PR YR OOCYTE	BR	BR	0.00	0	N	73.21
7780	89352		THAWING CRYOPRSRVD EMBRYO	BR	BR	0.00	0	N	73.21
7781	89353		THAWING CRYOPRSRVD SPRM/SEMEN EA ALIQUOT	BR	BR	0.00	0	N	73.21
7782	89354		THAWING CRYOPRSRVD TSTICULAR/OVARIAN	BR	BR	0.00	0	N	73.21
7783	89356		THAWING CRYOPRSRVD OOCYTES EA ALIQUOT	BR	BR	0.00	0	N	73.21
7784	89398		UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	BR	BR			N	14.10
7785	90281		IG HUMAN IM	BR	BR		0	N	2097.37
7786	90283		IGIV HUMAN	BR	BR		0	N	2097.37
7787	90284		IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	BR	BR		XXX	N	2097.37
7788	90287		BOTULINUM ANTITOXIN EQUINE	BR	BR		0	N	2097.37
7789	90288		BOTULISM IG HUMAN IV	BR	BR		0	N	2097.37
7790	90291		CMV-IGIV HUMAN	BR	BR		0	N	2097.37
7791	90296		DIPHTHERIA ANTITOXIN EQUINE	BR	BR		0	N	2097.37
7792	90371		HBIG HUMAN IM	1.79	105.55		0	N	
7793	90375		RABIES IG HUMAN IM&/SUBQ	2.04	120.36		0	N	
7794	90376		RABIES IG HEAT-TREATED HUMAN IM&/SUBQ	2.17	127.79		0	N	
7795	90378		RSV IG IM 50 MG EA	BR	BR		0	N	
7796	90384		RHOD IG HUMAN FULL-DOSE IM	1.46	86.26		0	N	2097.37
7797	90385		RHOD IG HUMAN MINI-DOSE IM	0.46	26.96		0	N	
7798	90386		RHOD IG HUMAN IV	1.71	100.83		0	N	2097.37
7799	90389		TETANUS IG HUMAN IM	1.58	93.40		0	N	2097.37
7800	90393		VACCINIA IG HUMAN IM	BR	BR		0	N	2097.37
7801	90396		VARICELLA-ZOSTER IG HUMAN IM	1.91	112.69		0	N	
7802	90399		UNLIS IG	BR	BR		0	N	2097.37
7803	90465		IMADM <8YR PHYS CNSL1ST NJX PR D	0.51	30.09		0	N	
7804	90466		IMADM <8YR PHYS CNSL EA NJX PR D	0.27	15.93		0	N	
7805	90467		IMADM <8YR INTRANSL/ORAL PHYS CNSL 1ST PR D	0.33	19.47		0	N	
7806	90468		IMADM <8YR INTRANSL/ORAL PHYS CNSL EA PR D	0.25	14.75		0	N	
7807	90470		IMMUNE ADMIN H1N1 IM/NASAL INCL CNSL	0.62	36.58	0.00	0	N	2097.37
7808	90471		IMADM PRQ ID SUBQ/IM NJXS 1 VACC	0.51	30.09		0	N	34.73
7809	90472		IMADM PRQ ID SUBQ/IM NJXS EA VACC	0.27	15.93		0	N	34.73
7810	90473		IMADM INTRANSL/ORAL 1 VACC	0.34	20.06		0	N	34.73
7811	90474		IMADM INTRANSL/ORAL EA VACC	0.23	13.57		0	N	34.73
7812	90476		ADENOVIRUS VACC TYP 4 LIVE ORAL	BR	BR		0	N	
7813	90477		ADENOVIRUS VACC TYP 7 LIVE ORAL	BR	BR		0	N	2097.37
7814	90581		ANTHRAX VACC SUBQ	1.67	98.71		0	N	2097.37
7815	90585		BCG TUBERCULOSIS LIVE PRQ	2.12	125.14		0	N	
7816	90586		BCG BLDR CANCER LIVE INTRAVESICAL	2.31	136.41		0	N	
7817	90632		HEP VACC ADLT DOS IM	0.88	52.16		0	N	
7818	90633		HEP VACC PED/ADOL DOS-2 DOSE SCHED IM	0.44	25.78		0	N	
7819	90634		HEP VACC PED/ADOL DOS-3 DOSE SCHED IM	0.44	25.78		0	N	
7820	90636		HEP&HEP B VACC ADLT DOS IM	1.17	68.79		0	N	
7821	90644		MENINGOCOCCAL CONJ VACCINE HIB MENCY TT	BR	BR			N	2097.37
7822	90645		HIB HBOC CONJ 4 DOSE SCHED IM	0.34	20.18		0	N	
7823	90646		HIB VACC PRP-D CONJ BOOSTER ONLY IM	BR	BR		0	N	
7824	90647		HIB VACC PRP-OMP CONJ 3 DOSE SCHED IM	0.35	20.77		0	N	

	A	B	C	D	E	F	G	H	I
7825	90648		HIB VACC PRP-T CONJ 4 DOSE SCHED IM	0.34	20.18		0	N	
7826	90649		HPV TYP 6 11 16 18 QUADRIV 3 DOSE SCHED IM	BR	BR		0	N	
7827	90650		HPV TYP 16 18 BIVALENT 3 DOSE SCHED IM	BR	BR		XXX	N	
7828	90655		INF VIRUS SPLT PRSRV FR 6-35 MO IM	BR	BR		0	N	
7829	90656		INF VIRUS SPLT PRSRV FR USE 3 YR IM	BR	BR		0	N	
7830	90657		INF VIRUS SPLT 6-35 MO AGE IM	0.19	10.97		0	N	
7831	90658		INF VIRUS SPLT 3 YR IM	0.19	10.97		0	N	
7832	90660		INF VIRUS LIVE INTRANSL	BR	BR		0	N	
7833	90661		INFLUENZA VACCINE CELL CULT PRSRV FREE IM	BR	BR		XXX	N	2097.37
7834	90662		INFLUENZA VACCINE SPLT PRSRV FREE INC ANTIGEN IM	BR	BR		XXX	N	2097.37
7835	90663		INFLUENZA VACCINE PANDEMIC FORMULATION	BR	BR		XXX	N	2097.37
7836	90665		LYME DISEASE VACC ADLT DOS IM	BR	BR		0	N	
7837	90669		PNCCAL CONJ VACC POLYV <5 YR IM	1.04	61.36		0	N	
7838	90670		PNEUMOCOCCAL CONJ VACCINE 13 VALENT IM	BR	BR			N	2097.37
7839	90675		RABIES VACC IM	2.29	135.17		0	N	
7840	90676		RABIES VACC ID	BR	BR		0	N	
7841	90680		ROTAVIRUS VACC PENTAV 3 DOSE SCHED LIVE ORAL	0.98	57.82		0	N	
7842	90681		ROTAVIRUS VACCINE PENTAV 2 DOSE SCHED LIVE ORAL	1.46	86.14		XXX	N	
7843	90690		TYPHOID VACC LIVE ORAL	0.49	28.73		0	N	
7844	90691		TYPHOID VACC VICPS IM	0.66	38.82		0	N	
7845	90692		TYPHOID VACC HEAT-&PHENOL-INACTIVATED SUBQ/ID	BR	BR		0	N	
7846	90693		TYPHOID VACC AKD SUBQ MILITARY	BR	BR		0	N	
7847	90696		DTAP-IPV VACCINE 4-6 YR IM	BR	BR		XXX	N	
7848	90698		DTAP-HIB-IPV IM	1.09	64.02		0	N	
7849	90700		DTAP < 7 YR IM	0.32	19.00		0	N	
7850	90701		DTP IM	0.33	19.29		0	N	
7851	90702		DIPHTHERIA&TETANUS TOXOIDS ADSORBED <7 YR IM	0.25	14.51		0	N	
7852	90703		TETANUS TOXOID ADSORBED IM	0.28	16.28		0	N	
7853	90704		MUMPS VIRUS VACC LIVE SUBQ	0.29	17.17		0	N	
7854	90705		MEASLES VIRUS VACC LIVE SUBQ	0.23	13.33		0	N	
7855	90706		RUBELLA VIRUS VACC LIVE SUBQ	0.25	14.81		0	N	
7856	90707		MMR LIVE SUBQ	0.66	38.82		0	N	
7857	90708		MEASLES&RUBELLA VIRUS VACC LIVE SUBQ	BR	BR		0	N	
7858	90710		MMRV LIVE SUBQ	1.81	106.73		0	N	
7859	90712		POLIOVIRUS VACC LIVE ORAL	BR	BR		0	N	
7860	90713		POLIOVIRUS VACC INACTIVATED SUBQ/IM	0.37	21.95		0	N	
7861	90714		TD ADSORBED PRSRV FR 7 YR/> IM	BR	BR		0	N	
7862	90715		TDAP VACC 7 YR/> IM	BR	BR		0	N	
7863	90716		VARICELLA VIRUS VACC LIVE SUBQ	1.01	59.30		0	N	
7864	90717		YELLOW FEVER VACC LIVE SUBQ	1.03	60.48		0	N	
7865	90718		TD ADSORBED 7 YR/> IM	BR	BR		0	N	
7866	90719		DIPHTHERIA TOXOID IM	BR	BR		0	N	
7867	90720		DTP-HIB IM	BR	BR		0	N	
7868	90721		DTAP-HIB IM	BR	BR		0	N	
7869	90723		DTAP-HEPB-IP IM	BR	BR		0	N	2097.37
7870	90725		CHOLERA VACC INJTBL	BR	BR		0	N	
7871	90727		PLAGUE VACC IM	BR	BR		0	N	2097.37
7872	90732		PNCCAL POLYSAC 23-V ADLT/IMMUNSUP SUBQ/IM	0.38	22.24		0	N	

	A	B	C	D	E	F	G	H	I
7873	90733		MENIGCCAL POLYSAC VACC SUBQ	1.29	75.87		0	N	
7874	90734		MENIGCCAL CONJ SEROG C Y&W-135 TETRAV IM	1.24	72.92		0	N	
7875	90735		JAPANESE ENCEPHALITIS VIRUS VACC SUBQ	1.37	80.65		0	N	
7876	90736		ZOSTER VACC LIVE SUBQ NJX	BR	BR		0	N	
7877	90738		JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	0.86	50.74			N	
7878	90740		HEP B VACC DIAL/IMMUNSUP PT 3 DOSE SCHED IM	2.6	153.58		0	N	
7879	90743		HEP B VACC ADOL 2 DOSE SCHED IM	0.42	24.60		0	N	
7880	90744		HEP B VACC PED/ADOL 3 DOSE SCHED IM	0.42	24.60		0	N	
7881	90746		HEP B VACC ADLT IM	0.81	48.03		0	N	
7882	90747		HEP B VACC DIAL/IMMUNSUP 4 DOSE SCHED IM	2.6	153.58		0	N	
7883	90748		HEPB-HIB IM	0.67	39.71		0	N	2097.37
7884	90749		UNLIS VACC/TOXOID	BR	BR		0	N	
7885	90801		PSYC DX INTERVIEW XM	3.83	225.97		0	N	152.20
7886	90802		IA PSYC DX INTERVIEW XM W/PLAY	4.06	239.54		0	N	152.20
7887	90804		IPI-OB-M/S OFFICE 20-30 MIN	1.63	96.17		0	N	109.05
7888	90805		IPI-OB-M/S OFFICE 20-30 MIN MEDICAL E/M	1.79	105.61		0	N	109.05
7889	90806		IPI-OB-M/S OFFICE 45-50 MIN	2.37	139.83		0	N	152.20
7890	90807		IPI-OB-M/S OFFICE 45-50 MIN MEDICAL E/M	2.57	151.63		0	N	152.20
7891	90808		IPI-OB-M/S OFFICE 75-80 MIN	3.51	207.09		0	N	152.20
7892	90809		IPI-OB-M/S OFFICE 75-80 MIN MEDICAL E/M	3.69	217.71		0	N	152.20
7893	90810		INDIV PSYCTX IA 20-30 MIN	1.74	102.66		0	N	109.05
7894	90811		INDIV PSYCTX IA 20-30 MIN MEDICAL E/M	1.98	116.82		0	N	109.05
7895	90812		INDIV PSYCTX IA 45-50 MIN	2.56	151.04		0	N	152.20
7896	90813		INDIV PSYCTX IA 45-50 MIN MEDICAL E/M	2.76	162.84		0	N	152.20
7897	90814		INDIV PSYCTX IA 75-80 MIN	3.69	217.71		0	N	152.20
7898	90815		INDIV PSYCTX IA 75-80 MIN MEDICAL E/M	3.86	227.74		0	N	152.20
7899	90816		IPI-OB-M/S I/P 20-30 MIN	1.58	93.22		0	N	
7900	90817		IPI-OB-M/S I/P 20-30 MIN MEDICAL E/M	1.74	102.66		0	N	
7901	90818		IPI-OB-M/S I/P 45-50 MIN	2.37	139.83		0	N	
7902	90819		IPI-OB-M/S I/P 45-50 MIN MEDICAL E/M	2.5	147.50		0	N	
7903	90821		IPI-OB-M/S I/P 75-80 MIN	3.52	207.68		0	N	
7904	90822		IPI-OB-M/S I/P 75-80 MIN MEDICAL E/M	3.64	214.76		0	N	
7905	90823		INDIV PSYCTX IA I/P 20-30 MIN	1.7	100.30		0	N	
7906	90824		INDIV PSYCTX IA I/P 20-30 MIN MEDICAL E/M	1.87	110.33		0	N	
7907	90826		INDIV PSYCTX IA I/P 45-50 MIN	2.52	148.68		0	N	
7908	90827		INDIV PSYCTX IA I/P 45-50 MIN MEDICAL E/M	2.62	154.58		0	N	
7909	90828		INDIV PSYCTX IA I/P 75-80 MIN	3.65	215.35		0	N	
7910	90829		INDIV PSYCTX IA I/P 75-80 MIN MEDICAL E/M	3.76	221.84		0	N	
7911	90845		PSYCHOALYS	2.18	128.62		0	N	152.20
7912	90846		FAM PSYCTX W/O PT PRESENT	2.31	136.29		0	N	201.56
7913	90847		FAM PSYCTX W/PT PRESENT	2.84	167.56		0	N	201.56
7914	90849		MLT-FAM GRP PSYCTX	0.83	48.97		0	N	81.20
7915	90853		GRP PSYCTX	0.8	47.20		0	N	81.20
7916	90857		IA GRP PSYCTX	0.89	52.51		0	N	81.20
7917	90862		PHARMACOLOGIC MGMT MIN MEDICAL PSYCTX	1.33	78.47		0	N	120.57
7918	90865		NARCOSYNTHESIS PSYC DX&THER PURPOSES	3.99	235.41		0	N	152.20
7919	90870		ELECTROCONVULSIVE THER	3.66	215.94		0	N	534.56
7920	90875		INDIV PSYCPHYSTX BFB TRAINJ 20-30 MIN	1.93	113.87		0	N	2097.37

	A	B	C	D	E	F	G	H	I
7921	90876		INDIV PSYCPHYSTX BFB TRAINJ 45-50 MIN	2.8	165.20		0	N	2097.37
7922	90880		HYPXH	2.94	173.46		0	N	152.20
7923	90882		ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	1.59	93.69		0	N	2097.37
7924	90885		PSYC EVAL HOSP RECORDS DX PURPOSES	1.22	71.98		0	N	
7925	90887		INTERPJ/EXPLNAJ RESULTS PSYC XMS FAM	2.14	126.26		0	N	
7926	90889		PREPJ REPORT PSYC STATUS	1.37	80.65		0	N	
7927	90899		UNLIS PSYC SVC/PX	BR	BR		0	N	109.05
7928	90901		BFB TRAINJ ANY MODALITY	1	59.00		0	N	
7929	90911		BFB TRAINJ PRNL MUSC	2.37	139.83		0	N	99.93
7930	90935		HEMO PX W/1 PHYS EVAL	1.78	105.02		0	N	622.03
7931	90937		HEMO REPEATED EVAL +REVJ DIAL RX	2.9	171.10		0	N	
7932	90940		HEMO ACCESS FLO STD	1.11	65.25	26.10	0	N	
7933	90945		DIAL OTH/THN HEMO 1 PHYS EVAL	1.85	109.15		0	N	226.63
7934	90947		DIAL OTH/THN HEMO REPEATED PHYS EVALS	2.95	174.05		0	N	
7935	90951		ESRD RELATED SVC MONTHLY <2 YR OLD 4/>VISITS	27.31	1611.29	0.00	0	N	
7936	90952		ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	13.08	771.72			N	
7937	90953		ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	8.72	514.48			N	
7938	90954		ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/>VISITS	22.5	1327.50	0.00	0	N	
7939	90955		ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	12.67	747.53	0.00	0	N	
7940	90956		ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	8.54	503.86	0.00	0	N	
7941	90957		ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/>VISITS	18.07	1066.13	0.00	0	N	
7942	90958		ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	12.14	716.26	0.00	0	N	
7943	90959		ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	7.92	467.28	0.00	0	N	
7944	90960		ESRD RELATED SVC MONTHLY 20&> YR OLD 4/> VISITS	7.99	471.41	0.00	0	N	
7945	90961		ESRD RELATED SVC MONTHLY 20&> YR OLD 2/3 VISITS	6.43	379.37	0.00	0	N	
7946	90962		ESRD RELATED SVC MONTHLY 20&> YR OLD 1 VISIT	4.63	273.17	0.00	0	N	
7947	90963		ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	15.28	901.52	0.00	0	N	
7948	90964		ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	12.86	758.74	0.00	0	N	
7949	90965		ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	12.26	723.34	0.00	0	N	
7950	90966		ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	6.4	377.60	0.00	0	N	
7951	90967		ESRD RELATED SVC <FULL MONTH < 2 YR OLD	0.56	33.04	0.00	0	N	
7952	90968		ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	0.44	25.96	0.00	0	N	
7953	90969		ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	0.42	24.78	0.00	0	N	
7954	90970		ESRD RELATED SVC <FULL MONTH 20&> YR OLD	0.22	12.98	0.00	0	N	
7955	90989		DIAL TRAINJ COMPLD COURSE	7.54	444.74		0	N	
7956	90993		DIAL TRAINJ COURSE X COMPLD PR SESS	1.31	77.11		0	N	
7957	90997		HEMOPRFJ	2.33	137.47		0	N	
7958	90999		UNLIS DIAL I/P/O/P	BR	BR		0	N	
7959	91000		ESOPHGL INTUBAJ&COLLJ WASHGS CYTOL SPEC SPX	1.5	88.50	81.42	0	N	372.41
7960	91010		ESOPHGL MOTILITY STD	5.46	322.14	96.64	0	N	372.41
7961	91011		ESOPHGL MOTILITY STD MECHOLYL/SIMILAR STIMULANT	6.73	397.07	123.09	0	N	372.41
7962	91012		ESOPHGL MOTILITY STD ACID PRFJ STD	7.13	420.67	117.79	0	N	372.41
7963	91020		GSTR MOTILITY STD	6.01	354.59	117.01	0	N	372.41
7964	91022		DUOL MOTILITY STD	5.51	325.09	110.53	0	N	372.41
7965	91030		ESOPH ACID PRFJ TST ESOPHAGITIS	3.43	202.37	74.88	0	N	372.41
7966	91034		ESOPH G-ESOP RFLX NCATH ELTRD PLMT	5.95	351.05	77.23	0	N	372.41
7967	91035		ESOPH G-ESOP RFLX TLMTR ELTRD PLMT	12.47	735.73	132.43	0	N	372.41
7968	91037		ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PLMT	4.03	237.77	80.84	0	N	372.41

	A	B	C	D	E	F	G	H	I
7969	91038		ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	3.47	204.73	92.13	0	N	372.41
7970	91040		ESOPHGL BALO DISTENSION PROVOCATION STD	11.66	687.94	75.67	0	N	138.64
7971	91052		GA TST NJX STIMULANT GSTR SECRETION	3.35	197.65	65.22	0	N	372.41
7972	91055		GSTR INTUBAJ WASHGS&PREPG SLIDES CYTOL SPX	3.73	220.07	70.42	0	N	138.64
7973	91065		BRTH HYDROGEN TST	1.63	96.17	16.35	0	N	138.64
7974	91105		GSTR INTUBAJ&ASPIR/LVG	2.37	139.83		0	N	138.64
7975	91110		GI TRC IMG INTRAL ESOPH THRU ILE PHYS I&R	25.2	1486.80	297.36	0	N	898.25
7976	91111		GASTROINTESTINAL TRACT IMAGING ESOPHAGUS	19.6	1156.40	92.51	0	N	797.57
7977	91120		RCT SENSATION TONE&COMPLIANCE	11.47	676.73	81.21	0	N	99.93
7978	91122		ANRCT MANO	6.56	387.04	143.20	0	N	275.52
7979	91123		PLSD IRRG FECAL IMPACTION	BR	BR		0	N	
7980	91132		EGG DX TC	0.6	35.58	23.13	0	N	138.64
7981	91133		EGG DX TC PROVOCATIVE TSTG	0.7	41.54	27.00	0	N	138.64
7982	91299		UNLIS DX GASTROENTEROLOGY	BR	BR		0	N	138.64
7983	92002		OPH MEDICAL XM&EVAL INTRM NEW PT	1.78	105.02		0	N	120.57
7984	92004		OPH MEDICAL XM&EVAL COMPRE NEW PT 1 VST	3.21	189.39		0	N	120.57
7985	92012		OPH MEDICAL XM&EVAL INTRM EST PT	1.63	96.17		0	N	78.36
7986	92014		OPH MEDICAL XM&EVAL COMPRE EST PT 1 VST	2.41	142.19		0	N	94.26
7987	92015		DETER REFRACTIVE STATE	1.49	87.91		0	N	2097.37
7988	92018		OPH XM&EVAL ANES +MNPJ GLOBE COMPL	3.36	198.24		0	N	1417.16
7989	92019		OPH XM&EVAL ANES +MNPJ GLOBE LMTD	1.74	102.66		0	N	1417.16
7990	92020		GONIOSCOPY SPX	0.66	38.94		0	N	54.21
7991	92025		COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	0.77	45.43	26.80	0	N	87.11
7992	92060		SENSIMOTR XM W/MLT MEAS OC DEVIJ W/I&R SPX	1.4	82.60		0	N	87.11
7993	92065		ORTHOPTIC&/PLEOPTIC TRAINJ	0.97	57.23		0	N	87.11
7994	92070		FITG C-LENS TX DISEASE SUPPLY LENS	1.69	99.71		0	N	
7995	92081		VIS FLD XM UNI/BI I&R LMTD XM	1.29	76.11	29.68	0	N	54.21
7996	92082		VIS FLD XM UNI/BI I&R INTRM XM	1.68	99.12	37.67	0	N	87.11
7997	92083		VIS FLD XM UNI/BI I&R EXTND XM	1.93	113.87	42.13	0	N	87.11
7998	92100		SRL TNMTRY SPX MLT MEAS IO PRESS	2.18	128.62		0	N	
7999	92120		TNGRPHY I&R REC INDENTAJ TNMTR SUCJ	1.8	106.20		0	N	87.11
8000	92130		TNGRPHY WATER PROVOCATION	2.01	118.59		0	N	54.21
8001	92135		SCANNING CPTRIZED OPH DX IMG I&R UNI	1.12	66.08	29.08	0	N	54.21
8002	92136		OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	2.17	128.03	44.81	0	N	87.11
8003	92140		PROVOCATIVE TSTS GLC I&R W/O TNGRPHY	1.43	84.37		0	N	54.21
8004	92225		OPSCPY EXTND RTA DRAWING I&R 1ST	0.58	34.22		0	N	54.21
8005	92226		OPSCPY EXTND RTA DRAWING I&R SBSQ	0.53	31.27		0	N	87.11
8006	92230		FLUORESCEIN ANGIOSCOPY I&R	1.89	111.51		0	N	178.50
8007	92235		FLUORESCEIN ANGRPH I&R	3.35	197.65	67.20	0	N	178.50
8008	92240		INDOCYA9-GREEN ANGRPH I&R	6.78	400.02	88.00	0	N	178.50
8009	92250		FUNDUS PHTGRPHY I&R	1.9	112.10	35.87	0	N	87.11
8010	92260		OPHTHALMODYNAMOMETRY	0.44	25.96		0	N	54.21
8011	92265		NDL OCULOEMG 1 EO MUSC 1/OU I&R	2.16	127.44	61.17	0	N	87.11
8012	92270		ELECTRO-OCULOGRAPY I&R	2.28	134.52	65.91	0	N	54.21
8013	92275		ELECTRORETINOGRAPY I&R	3.04	179.36	87.89	0	N	178.50
8014	92283		COLOR VIS XM EXTND ANOMALOSCOPE/EQUIV	1.06	62.54		0	N	54.21
8015	92284		DARK ADAPTATION XM I&R	1.96	115.64		0	N	87.11
8016	92285		XTRNL OC PHTGRPHY I&R PROGRESS	1.15	67.85	16.96	0	N	87.11

	A	B	C	D	E	F	G	H	I
8017	92286		SPEC ANT SGM PHTGRPHY I&R SPECLR ENDOTHELIAL	3.46	204.14	53.08	0	N	178.50
8018	92287		SPEC ANT SGM PHTGRPHY I&R FLUORESCEIN ANGRPH	3.03	178.77	46.48	0	N	178.50
8019	92310		RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	2.19	129.21		0	N	2097.37
8020	92311		RX&FITG C-LENS SUPVJ CRNL LENS APHK 1O	2.14	126.26		0	N	87.11
8021	92312		RX&FITG C-LENS SUPVJ CRNL LENS APHK OU	2.35	138.65		0	N	87.11
8022	92313		RX&FITG C-LENS SUPVJ CRNLSCLRL LENS	2.02	119.18		0	N	54.21
8023	92314		RX C-LENS SUPVJ&DIRION FITG TECH OU XCPT APHK	1.62	95.58		0	N	2097.37
8024	92315		RX C-LENS SUPVJ FITG TECH CRNL APHK 1O	1.38	81.42		0	N	54.21
8025	92316		RX C-LENS SUPVJ FITG TECH CRNL APHK OU	1.73	102.07		0	N	87.11
8026	92317		RX C-LENS SUPVJ FITG TECH CRNLSCLRL	1.48	87.32		0	N	54.21
8027	92325		MODIFICAJ C-LENS SPX SUPVJ ADAPTATION	0.52	30.68		0	N	54.21
8028	92326		RPLCMT C-LENS	1.47	86.73		0	N	87.11
8029	92340		FITG SPECTLS XCPT APHK MONOFOCAL	0.98	57.82		0	N	2097.37
8030	92341		FITG SPECTLS XCPT APHK BIFOCAL	1.1	64.90		0	N	2097.37
8031	92342		FITG SPECTLS XCPT APHK MLTFCL	1.18	69.62		0	N	2097.37
8032	92352		FITG SPECTL PROSTH APHK MONOFOCAL	0.99	58.41		0	N	87.11
8033	92353		FITG SPECTL PROSTH APHK MLTFCL	1.17	69.03		0	N	54.21
8034	92354		FITG SPECTL MOUNTED LW VIS AID 1 ELMNT	6.82	402.38		0	N	54.21
8035	92355		FITG SPECTL MOUNTED LW VIS AID TLSCP	3.37	198.83		0	N	54.21
8036	92358		PROSTH APHK TEMP DISPOSABLE/LOAN MATRLS	0.84	49.56		0	N	54.21
8037	92370		RPR&REFITG SPECTLS XCPT APHK	0.82	48.38		0	N	2097.37
8038	92371		RPR&REFITG SPECTLS SPECTL PROSTH APHK	0.55	32.45		0	N	54.21
8039	92499		UNLIS OPH SVC	BR	BR		0	N	54.21
8040	92502		OTOLARYNGOLOGIC XM ANES	2.44	143.96		0	N	312.33
8041	92504		BINOC MIC	0.68	40.12		0	N	
8042	92506		EVAL SP LANG VOICE COMUNICAJ&/AUD	3.56	210.04		0	N	
8043	92507		TX SP LANG COMUNICAJ PCX DISORDER INDIV	1.62	95.58		0	N	
8044	92508		TX SP LANG COMUNICAJ PCX DISORDER 2/>	0.75	44.25		0	N	
8045	92511		NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	4	236.00		0	N	73.02
8046	92512		NSL FUNCJ STD	1.6	94.40		0	N	82.63
8047	92516		FACIAL NRV FUNCJ STD	1.59	93.81		0	N	136.96
8048	92520		LARYN FUNCJ STD	1.3	76.70		0	N	136.96
8049	92526		TX SWLNG DYSF&/ORAL FUNCJ FEEDING	2.16	127.44		0	N	
8050	92531		SPON NYSTAGMUS GAZE	0.6	35.58		0	N	
8051	92532		POSAL NYSTAGMUS TST	0.54	32.04		0	N	
8052	92533		CALORIC VSTBLR TST EA IRRIGATION	0.86	50.98		0	N	
8053	92534		OKN TST	0.46	27.26		0	N	
8054	92540		VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRKG	2.63	155.17	128.03	0	N	136.96
8055	92541		SPON NYSTAGMUS TST	1.45	85.55	35.08	0	N	82.63
8056	92542		POSAL NYSTAGMUS TST	1.49	87.91	29.01	0	N	82.63
8057	92543		CALORIC VSTBLR TST EA IRRIGATION REC	0.7	41.30	9.50	0	N	136.96
8058	92544		OKN TST BIDIREC FOVEAL/PRPH STIMJ REC	1.19	70.21	23.17	0	N	82.63
8059	92545		OSCILLATING TRACKING TST W/REC	1.09	64.31	21.22	0	N	82.63
8060	92546		SINUSOIDAL VER AXIS ROTATIONAL TSTG	2.23	131.57	25.00	0	N	136.96
8061	92547		USE VER ELTRDS	0.15	8.85	1.77	0	N	
8062	92548		CPTRIZED DYNAMIC POSTUROGRAPY	2.7	159.30		0	N	136.96
8063	92550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	0.57	33.63	0.00	0	N	42.86
8064	92551		SCR TST PURE TONE AIR ONLY	0.26	15.34		0	N	2097.37

	A	B	C	D	E	F	G	H	I
8065	92552		PURE TONE AUDIOMTRY AIR ONLY	0.51	30.09		0	N	42.86
8066	92553		PURE TONE AUDIOMTRY AIR&B1	0.73	43.07		0	N	115.58
8067	92555		SP AUDIOMTRY THRESHOLD	0.42	24.78		0	N	42.86
8068	92556		SP AUDIOMTRY THRESHOLD SP RECOGNIJ	0.62	36.58		0	N	42.86
8069	92557		COMPRE AUDIOMTRY THRESHOLD EVAL SP RECOGNIJ	1.33	78.47		0	N	115.58
8070	92559		AUDIOMETRIC TSTG GRPS	0.6	35.58		0	N	2097.37
8071	92560		BEKESY AUDIOMTRY SCR	0.36	21.36		0	N	2097.37
8072	92561		BEKESY AUDIOMTRY DX	0.77	45.43		0	N	42.86
8073	92562		LOUDNESS BALANCE BINAURAL/MONAURAL	0.52	30.68		0	N	42.86
8074	92563		TONE DECAY	0.45	26.55		0	N	42.86
8075	92564		SHORT INCREMENT SENSITIVITY INDEX	0.51	30.09		0	N	42.86
8076	92565		STENGER TST PURE TONE	0.4	23.60		0	N	42.86
8077	92567		TYMPANOMETRY	0.57	33.63		0	N	42.86
8078	92568		ACOUS RFLX THRESHOLD	0.36	21.24		0	N	42.86
8079	92570		ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	0.87	51.33	0.00	0	N	42.86
8080	92571		FILTERED SP	0.43	25.37		0	N	42.86
8081	92572		STAGGERED SPONDAIC WORD	0.23	13.57		0	N	148.12
8082	92575		SENSORINEURAL ACUITY LVL	0.52	30.68		0	N	42.86
8083	92576		SYNTH SENTENCE ID	0.52	30.68		0	N	42.86
8084	92577		STENGER SP	0.67	39.53		0	N	148.12
8085	92579		VIS RNFCMT AUDIOMTRY	0.82	48.38		0	N	115.58
8086	92582		CONDITIONING PLAY AUDIOMTRY	0.88	51.92		0	N	115.58
8087	92583		SELECT PICTURE AUDIOMTRY	0.92	54.28		0	N	42.86
8088	92584		ELECTROCOCHLEOGRAPY	2.35	138.65		0	N	244.67
8089	92585		AEP ERA&/TSTG CNS COMPRE	2.64	155.76	42.06	0	N	244.67
8090	92586		AEP ERA&/TSTG CNS LMTD	1.88	110.92		0	N	109.11
8091	92587		EVOKED OTOACOUS EMIJS LMTD	1.43	84.37	10.12	0	N	82.63
8092	92588		EVOKED OTOACOUS EMIJS COMPRE/DX EVAL	1.94	114.46	28.62	0	N	82.63
8093	92590		HEARING AID XM&SELECTION MONAURAL	1.11	65.25		0	N	2097.37
8094	92591		HEARING AID XM&SELECTION BINAURAL	1.41	83.01		0	N	2097.37
8095	92592		HEARING AID CHECK MONAURAL	0.44	26.08		0	N	2097.37
8096	92593		HEARING AID CHECK BINAURAL	0.72	42.72		0	N	2097.37
8097	92594		ELECTROACOUS EVAL HEARING AID MONAURAL	0.42	24.90		0	N	2097.37
8098	92595		ELECTROACOUS EVAL HEARING AID BINAURAL	0.91	53.40		0	N	2097.37
8099	92596		EAR PROTECTOR ATTENUATION MEAS	0.74	43.66		0	N	42.86
8100	92597		EVAL&/FITG VOICE PROSTC DEV SUPPLEMENT O-SP	2.49	146.91		0	N	
8101	92601		ALYS COCHLEAR IMPLT PT <7 YR PRGRMG	3.91	230.69		0	N	148.12
8102	92602		ALYS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	2.69	158.71		0	N	148.12
8103	92603		ALYS COCHLEAR IMPLT 7 YR/> PRGRMG	2.47	145.73		0	N	148.12
8104	92604		ALYS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	1.61	94.99		0	N	148.12
8105	92605		EVAL RX N-SP-GENRATJ AUGMNT COMUNICAJ DEV	BR	BR		0	N	
8106	92606		THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	BR	BR		0	N	
8107	92607		RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	3.43	202.37		0	N	
8108	92608		RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	0.68	40.12		0	N	
8109	92609		THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	1.81	106.79		0	N	
8110	92610		EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	3.06	180.54		0	N	
8111	92611		MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	3.12	184.08		0	N	
8112	92612		FLX FIBOPT NDSC EVAL SWLNG C/V REC	3.92	231.28		0	N	

	A	B	C	D	E	F	G	H	I
8113	92613		FLX FIBOPT NDSC EVAL SWLNG C/V REC PHYS I&R	1.05	61.95		0	N	
8114	92614		FLX FIBOPT NDSC EVAL LARYN SENS C/V REC	3.62	213.58		0	N	
8115	92615		FLX FIBOPT NDSC EVAL LARYN SENS PHYS I&R	0.93	54.87		0	N	2097.37
8116	92616		FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS C/V REC	5.02	296.18		0	N	
8117	92617		FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS PHYS I&R	1.15	67.85		0	N	2097.37
8118	92620		EVAL CTR AUD FUNCJ W/REPRT 1ST 60 MIN	1.38	81.42		0	N	115.58
8119	92621		EVAL CTR AUD FUNCJ W/REPRT EA 15 MIN	0.35	20.65		0	N	
8120	92625		ASSMT TINNITUS	1.36	80.24		0	N	115.58
8121	92626		EVAL AUD RHAB STATUS 1ST HR	2.17	128.03		0	N	148.12
8122	92627		EVAL AUD RHAB STATUS EA 15 MIN	0.54	31.86		0	N	
8123	92630		AUD RHAB PRELNG HEARING LOSS	BR	BR		0	N	2097.37
8124	92633		AUD RHAB POST-LNGL HEARING LOSS	BR	BR		0	N	2097.37
8125	92640		ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	1.41	83.19		0	N	115.58
8126	92700		UNLIS OTORHINOLARYNGOLOGICAL SVC	BR	BR		0	N	42.86
8127	92950		CARDIOPULM RESUSCITATION	7.65	451.35		0	N	223.90
8128	92953		TEMP TC PACG	0.3	17.70		0	N	223.90
8129	92960		CARDIOVERSION ELECTIVE ARRHYT XTRNL	7.92	467.28		0	N	501.97
8130	92961		CARDIOVERSION ELECTIVE ARRHYT INT SPX	6.61	389.99		0	N	501.97
8131	92970		CARDIOASSIST-METH CRC ASSIST INT	4.52	266.68		0	N	2097.37
8132	92971		CARDIOASSIST-METH CRC ASSIST XTRNL	2.56	151.04		0	N	2097.37
8133	92973		PRQ TRLUML C THRMBC	4.6	271.40		0	N	3729.70
8134	92974		TCAT PLMT RADJ DLVR DEV SBSQ C IV BRACHYTX	4.22	248.98		0	N	1627.16
8135	92975		THROMBOLSS C INTRAC NFS SLCTV C ANGRPH	10.1	595.90		0	N	2097.37
8136	92977		THROMBOLSS C IV NFS	6.92	408.28		0	N	218.44
8137	92978		IV US C VSL DX&/THER 1ST VSL	14.07	830.13	290.55	0	N	
8138	92979		IV US C VSL DX&/THER EA VSL	7.52	443.50	204.01	0	N	
8139	92980		TCAT PLMT AN INTRAC STENT PRQ 1 VSL	21.01	1239.59		0	N	7730.84
8140	92981		TCAT PLMT INTRAC STENT PRQ EA VSL	5.83	343.97		0	N	7730.84
8141	92982		PRQ TRLUML C BALO ANGIOP 1 VSL	15.59	919.81		0	N	4621.59
8142	92984		PRQ TRLUML C BALO ANGIOP EA VSL	4.16	245.44		0	N	4621.59
8143	92986		PRQ BALO VLVP AORTIC VALVE	34.77	2051.43		90	N	4621.59
8144	92987		PRQ BALO VLVP MITRAL VALVE	35.95	2121.05		90	N	4621.59
8145	92990		PRQ BALO VLVP PULM VALVE	27.67	1632.53		90	N	4621.59
8146	92992		ATR SEPTECT/SEPTOST TRANSVNS BALO	46.81	2761.97		90	Y	2097.37
8147	92993		ATR SEPTECT/SEPTOST BLADE METH	37.02	2184.42		90	Y	2097.37
8148	92995		PRQ TRLUML C ATHRC 1 VSL	17.15	1011.85		0	N	8510.25
8149	92996		PRQ TRLUML C ATHRC EA VSL	4.44	261.96		0	N	8510.25
8150	92997		PRQ TRLUML P-ART BALO ANGIOP 1 VSL	16.1	949.90		0	N	4621.59
8151	92998		PRQ TRLUML P-ART BALO ANGIOP EA VSL	8.02	473.18		0	N	4621.59
8152	93000		ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	0.65	38.35		0	N	
8153	93005		ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	0.43	25.37	0.00	0	N	35.93
8154	93010		ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	0.22	12.98		0	N	
8155	93012		PH1 ECG RHYTHM STRIP 24-HR MNTR 30 D TRCG	5.73	338.07	0.00	0	N	
8156	93014		PH1 ECG RHYTHM STRIP 24-HR MNTR 30 D PHYS I&R	0.69	40.71		0	N	
8157	93015		CV STRS TST XERS&/OR RX CONT ECG PHYS SI&R	2.76	162.84		0	N	
8158	93016		CV STRS TST XERS&/OR RX CONT ECG PHYS SUPVJ	0.61	35.99		0	N	
8159	93017		CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	1.75	103.25	0.00	0	N	238.33
8160	93018		CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	0.4	23.60		0	N	

	A	B	C	D	E	F	G	H	I
8161	93024		ERGONOVINE PROVOCATION TST	2.96	174.64	101.29	0	N	238.33
8162	93025		MICROV T-WAVE ALTERNANS F/ASSMT VENTR ARRHYTS	7.48	441.32	57.37	0	N	238.33
8163	93040		RHYTHM ECG 1-3 LDS W/I&R	0.36	21.24		0	N	
8164	93041		RHYTHM ECG 1-3 LDS TRCG ONLY W/O I&R	0.16	9.44	0.00	0	N	21.16
8165	93042		RHYTHM ECG 1-3 LDS I&R ONLY	0.2	11.80		0	N	
8166	93224		ECG 24 HR ECG W/VIS SUPIMPOS SCAN PHYS R&I	4	236.00		0	N	
8167	93225		ECG 24 HR ECG W/VIS SUPIMPOS SCAN REC	1.28	75.52	0.00	0	N	89.80
8168	93226		ECG 24 HR ECG W/VIS SUPIMPOS SCAN A/R	2.02	119.18	0.00	0	N	89.80
8169	93227		ECG 24 HR ECG W/VIS SUPIMPOS SCAN PHYS R&I	0.7	41.30		0	N	
8170	93228		WEARABLE MOBILE CV TELEMETRY W/PHYS R&I W/REPORT	0.73	43.07	0.00	0	N	
8171	93229		WEARABLE MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	BR	BR			N	1042.44
8172	93230		ECG 24 HR ECG W/O SUPIMPOS W/MINI TRACG PHYS R&I	4.22	248.98		0	N	
8173	93231		ECG 24 HR ECG W/O SUPIMPOS W/MINI TRACG W/REC	1.48	87.32	0.00	0	N	89.80
8174	93232		ECG 24 HR ECG W/O SUPIMPOS W/MINI TRACG W/REPRT	2.05	120.95	0.00	0	N	89.80
8175	93233		ECG 24 HR ECG W/O SUPIMPOS WMINI TRACG PHYS R&I	0.69	40.71		0	N	
8176	93235		ECG 24 HR FULL-SIZE TRCG W/MNTR/A/PHYS R&I	3.62	213.46		0	N	
8177	93236		ECG 24 HR FULL-SIZE TRACG W/REPRT	2.87	169.57	0.00	0	N	89.80
8178	93237		ECG 24 HR FULL SIZE TRCG PHYS R&I	0.6	35.40		0	N	
8179	93268		PT DEMAND 24 HR ECG TRANSMIS PHYS R&I	7.77	458.43		0	N	
8180	93270		PT DEMAND 24 HR ECG REC	1.08	63.72	0.00	0	N	89.80
8181	93271		PT DEMAND 24 HR ECGR RECEIPT TRANSMISS&ALYS	6	354.00	0.00	0	N	145.90
8182	93272		PT DEMAND 24 HR ECG PHYS R&I ONLY	0.69	40.71		0	N	
8183	93278		SAECG +ECG	1.43	84.37	18.56	0	N	21.16
8184	93279		PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	1.48	87.32	57.82	0	N	31.97
8185	93280		PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	1.75	103.25	69.03	0	N	31.97
8186	93281		PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	2.04	120.36	80.83	0	N	31.97
8187	93282		PROGRAM EVAL IMPLANTABLE IN PERSN 1 LD CARD/DFB	1.87	110.33	74.93	0	N	51.80
8188	93283		PROGRM EVAL IMPLANTABLE IN PRSN DUAL L CARD/DFB	2.4	141.60	100.89	0	N	51.80
8189	93284		PROGRM EVAL IMPLANTABLE IN PRSN MLT LD CARD/DFB	2.7	159.30	112.69	0	N	51.80
8190	93285		PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	1.25	73.75	46.61	0	N	31.97
8191	93286		PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	0.74	43.66	24.19	0	N	
8192	93287		PERI-PX EVAL&PROGRAM CARDIOVERTER/DEFIBRILLATOR	0.98	57.82	36.58	0	N	
8193	93288		INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	1.12	66.08	38.35	0	N	31.97
8194	93289		INTERROGATION EVAL F2F 1/DUAL/MLT LEADS CVDFB	1.91	112.69	78.47	0	N	51.80
8195	93290		INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	0.86	50.74	34.81	0	N	31.97
8196	93291		INTERROGATION EVALUATION IN PERSON ILR SYSTEM	1.08	63.72	38.35	0	N	31.97
8197	93292		INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	0.97	57.23	38.35	0	N	51.80
8198	93293		TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	1.52	89.68	27.14	0	N	51.80
8199	93294		INTERROGATION EVAL REMOTE </90 D 1/2/MLT LEAD PM	0.99	58.41	0.00	0	N	
8200	93295		INTERROGATION EVAL REMOTE </90 D 1/2/> LD CVDFB	1.94	114.46	0.00	0	N	
8201	93296		INTERROGATION REMOTE </90 D TECHNICIAN REVIEW	0.95	56.05	0.00	0	N	51.80
8202	93297		INTERROGATION EVAL REMOTE </30 D CV MNTR SYS	0.73	43.07	0.00	0	N	
8203	93298		INTERROGATION EVALUATION REMOTE </30 D ILR SYS	0.81	47.79	0.00	0	N	
8204	93299		INTERROGATION EVAL REMOTE </30 D TECH REVIEW	BR	BR			N	51.80
8205	93303		TTE F/CGEN CAR ANOMAL COMPL	5.85	345.15	107.00	0	N	806.35
8206	93304		TTE F/CGEN CAR ANOMAL F-UP/LMTD STD	3.28	193.52	65.80	0	N	610.09
8207	93306		ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP	6.62	390.58	115.05	0	N	610.09
8208	93307		TEE R-T IMG 2D +M-MODE REC COMPL	5.19	306.21	73.49	0	N	357.67

	A	B	C	D	E	F	G	H	I
8209	93308		TEE R-T IMG 2D +M-MODE REC F-UP/LMTD	2.89	170.51	46.04	0	N	357.67
8210	93312		TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	7.66	451.94	194.33	0	N	806.35
8211	93313		TEE R-T IMG 2D W/PROBE PLMT ONLY	1.1	64.90		0	N	610.09
8212	93314		TEE R-T IMG 2D IMG ACQUISJ I&R ONLY	6.44	379.96	113.99	0	N	
8213	93315		TEE CGEN CAR ANOML PRB ACQUISJ I&R	8.44	498.08	249.04	0	N	806.35
8214	93316		TEE CGEN CAR ANOML PLMT PRB ONLY	1.15	67.85		0	N	806.35
8215	93317		TEE CGEN CAR ANOML IMG ACQUISJ I&R	5.83	343.91	171.96	0	N	
8216	93318		TEE W/PROB F/MNTR PURPOSES W/ASSMT CA PUMP FUNCJ	6.43	379.49	189.75	0	N	806.35
8217	93320		DOP ECHO COMPL	2.29	135.11	31.08	0	N	
8218	93321		DOP ECHO P-W&/OR CONT W/SPECTRAL F-UP/LMTD STD	1.26	74.34	11.89	0	N	
8219	93325		DOP ECHO COLOR FLO VEL MAPG	2.64	155.76	4.67	0	N	
8220	93350		TEE R-T 2D +M-MODE REST&STRS I&R	4.54	267.86	139.29	0	N	610.09
8221	93351		ECHO TTHRC R-T 2D -+M-MODE REST&STRS CONT ECG	6.73	397.07	156.35	0	N	806.35
8222	93352		USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	1	59.00	0.00	0	N	
8223	93501		R HRT CATHJ	11.88	700.86	140.17	0	N	3630.26
8224	93503		INSJ&PLMT FLO DIRED CATH F/MNTR PURPOSES	2.21	130.45		0	N	1627.16
8225	93505		ENDOMYOCRD BX	4.52	266.86	200.15	0	N	1627.16
8226	93508		CATH PLMT C ART CONDUIT&/VEN C BPG F/C ANGRPH	10.25	604.81	199.59	0	N	3630.26
8227	93510		L HRT CATHJ RTRGR F/BRACH ART AX ART/FEM ART PRQ	24.12	1423.08	213.46	0	N	3630.26
8228	93511		L HRT CATHJ RTRGR F/BRACH ART AX ART/FEM ART CD	24.12	1423.08	241.92	0	N	3630.26
8229	93514		L HRT CATHJ L VENTR PNXR	25.91	1528.63	336.30	0	N	3630.26
8230	93524		CMBN T-SEPTAL&RTRGR L HRT CATHJ	31.16	1838.15	312.49	0	N	3630.26
8231	93526		CMBN R HRT CATHJ&RTRGR L HRT CATHJ	30.15	1778.85	266.83	0	N	3630.26
8232	93527		CMBN R HRT CATHJ T-SEPTAL L HRT CATHJ NTC SEPTUM	31.96	1885.58	339.40	0	N	3630.26
8233	93528		CMBN R HRT CATHJ W/L VENTR PNXR	32.16	1897.44	398.46	0	N	3630.26
8234	93529		CMBN R HRT CATHJ L HRT CATHJ THRU SEPTAL OPNG	29.15	1719.56	223.54	0	N	3630.26
8235	93530		R HRT CATHJ F/CGEN CAR ANOMAL	12.98	766.12	199.19	0	N	3630.26
8236	93531		CMBN R HRT CATHJ&RTRGR L HRT CATHJ CGEN ANOML	33.97	2004.17	400.83	0	N	3630.26
8237	93532		CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN	36.18	2134.62	490.96	0	N	3630.26
8238	93533		CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	34.17	2016.03	322.56	0	N	3630.26
8239	93539		NJX PX DURING C-CATHJ SLCTV OPACIFICJ CONDUITS	0.68	40.30		0	N	
8240	93540		NJX PX C-CATHJ SLCTV OPACIFICJ BPG 1 C ART	0.7	41.54		0	N	
8241	93541		NJX PX C-CATHJ F/PULM ANGRPH	0.66	39.12		0	N	
8242	93542		NJX PX C-CATHJ F/SLCTV R VENTR/R ATR ANGRPH	0.66	39.12		0	N	
8243	93543		NJX PX C-CATHJ F/SLCTV L VENTR/L ATR ANGRPH	0.66	39.12		0	N	
8244	93544		NJX PX C-CATHJ F/AORTOGRAPY	0.64	37.94		0	N	
8245	93545		NJX PX C-CATHJ F/SLCTV C ANGRPH	0.68	40.30		0	N	
8246	93555		I SI&R F/NJX PX DURING C-CATHJ VENTR&/ATR ANGRPH	4.22	249.04	37.36	0	N	
8247	93556		I SI&R F/NJX PX DURING C-CATHJ PULM&/OR SELECT	7.04	415.07	41.51	0	N	
8248	93561		INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS	1.01	59.30	32.02	0	N	
8249	93562		INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEAS	0.48	28.44	10.81	0	N	
8250	93571		IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	3.9	230.04	80.51	0	N	
8251	93572		IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	2.39	141.13	66.33	0	N	
8252	93580		PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	25.38	1497.42		0	N	13438.93
8253	93581		PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	34.05	2008.95		0	N	13438.93
8254	93600		BUNDLE OF HIS RECORDING	7.56	445.92	267.55	0	N	985.86
8255	93602		INTRA-ATRIAL RECORDING	5.03	296.48	213.47	0	N	985.86
8256	93603		R VENTRICULAR REC	4.88	288.16	181.54	0	N	985.86

	A	B	C	D	E	F	G	H	I
8257	93609		INTRA-VNTR MAPG TCHYCAR SIT W/CATH MNPJ	16.98	1002.12	721.53	0	N	
8258	93610		INTRA-ATRIAL PACING	8.04	474.36	355.77	0	N	985.86
8259	93612		INTRAVENTRICAL PACING	6.37	375.95	270.68	0	N	985.86
8260	93613		ICAR EPHYS 3-DIMENSIONAL MAPG	9.81	578.79	416.73	0	N	
8261	93615		ESOPHGL REC ATR EGRM +VENTR EGRM	1.87	110.27	87.11	0	N	985.86
8262	93616		ESOPHGL REC ATR EGRM +VENTR EGRM W/PACG	3.22	189.74	142.31	0	N	985.86
8263	93618		INDCTJ ARRHYT ELEC PACG	18.09	1067.31	640.39	0	N	985.86
8264	93619		COMPRE ELECTROPHYSIOLOGIC W/O INDCTJ OF ARRHYT	29.47	1738.55	990.97	0	N	4777.28
8265	93620		COMPRE ELECTROPHYSIOLOGIC W/INDCTJ OF ARRHYT	34.83	2055.15	1541.36	0	N	4777.28
8266	93621		COMPRE ELECTROPHYSIOLOGIC W/L ATR PAC/REC	8.56	505.22	378.92	0	N	
8267	93622		COMPRE ELECTROPHYSIOLOGIC W/L VENTR PAC/REC	7.36	434.06	325.55	0	N	
8268	93623		PROGRAMMED STIMJ&PACG AFTER IV DRUG NFS	7.24	426.92	320.19	0	N	
8269	93624		EPHYS F-UP W/PAC/REC W/ARRHYT	16.08	948.72	740.00	0	N	4777.28
8270	93631		INTRAOP EPICAR&ENDOCAR PACG&MAPG	25.45	1501.37	1126.03	0	N	
8271	93640		EPHYS EVAL PACG CVDFB LDS INITIAL IMPL OR RPLCMT	21.41	1263.01	505.20	0	N	
8272	93641		EPHYS EVAL PACG CVDFB LDS W/TSTG OF PLS GEN	24.62	1452.76	769.96	0	N	
8273	93642		EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	13.86	817.74	400.69	0	N	985.86
8274	93650		ICAR CATH ABLTJ ATRIOVENTR NODE FUNCJ	15	885.00		0	N	4777.28
8275	93651		ICAR CATH ABLTJ ARRHYTGNIC FOC SUPVENTR TCHYCAR	22.69	1338.71		0	N	9757.13
8276	93652		ICAR CATH ABLTJ ARRHYTGNIC FOC F/VENTR TCHYCAR	24.68	1456.12		0	N	9757.13
8277	93660		CV FUNCJ W/TLT TBL W/CONT ECG&BLD PRESS MNTR	4.36	257.24	156.92	0	N	398.55
8278	93662		ICE DURING THER/DX IVNTJ INCL IMG S&I	10.71	632.07	474.05	0	N	
8279	93668		PRPH ARTL DISEASE RHAB PR SESS	0.41	24.19	0.00	0	N	2097.37
8280	93701		BIOIMPD THRC ELEC	1.08	63.72		0	N	35.93
8281	93720		PLETHYSMOGRAPY TOT BDY W/I&R	1.09	64.31	25.72	0	N	
8282	93721		PLETHYSMOGRAPY TOT BDY TRCG ONLY W/O I&R	0.88	51.92	0.00	0	N	77.47
8283	93722		PLETHYSMOGRAPY TOT BDY I&R ONLY	0.21	12.39		0	N	
8284	93724		ELEC ALYS ANTITACHYCARDIA PM SYSTEM	10.07	594.13	368.36	0	N	31.97
8285	93740		TEMPRATURE GRADIENT STD	0.31	18.29	10.43	0	N	77.47
8286	93745		1ST SET-UP&PRGRMG BY PHYS OF WEARABLE CVDFB	BR	BR	0.00	0	N	51.80
8287	93750		INTERROGATION VAD IN PRSON W/PHYSICIAN ANALYSIS	1.44	84.96	0.00	0	N	145.90
8288	93770		DETER VEN PRESS	0.23	13.57	11.53	0	N	
8289	93784		AMBL BLD PRESS W/TAPE&/DISK 24 HR ALYS I&R	1.91	112.69		0	N	2097.37
8290	93786		AMBL BLD PRESS W/TAPE&/DISK 24 HR REC ONLY	0.91	53.69	0.00	0	N	89.80
8291	93788		AMBL BLD PRESS W/TAPE/DISK 24 HR ALYS W/REPRT	0.52	30.68	0.00	0	N	89.80
8292	93790		AMBL BLD PRESS TAPE&/DISK 24 HR PHYS REV W/I&R	0.48	28.32		0	N	
8293	93797		PHYS SVCS F/O/P CAR RHAB W/O CONT ECG MNTR	0.48	28.32		0	N	51.90
8294	93798		PHYS SVCS F/O/P CAR RHAB W/CONT ECG MNTR	0.72	42.48		0	N	51.90
8295	93799		UNLIS CV SVC/PX	BR	BR		0	N	89.80
8296	93875		N-INVAS PHYSIOLOGIC STD XTRC ART COMPL BI STD	2.7	159.30	19.12	0	N	146.59
8297	93880		DUP-SCAN XTRC ART COMPL BI STD	6.6	389.40	50.62	0	N	209.78
8298	93882		DUP-SCAN XTRC ART UNI/LMTD STD	4.25	250.75	35.11	0	N	209.78
8299	93886		TCD STD ICRA ART COMPL STD	8.07	476.13	80.94	0	N	209.78
8300	93888		TCD STD ICRA ART LMTD STD	5.24	309.16	52.56	0	N	84.51
8301	93890		TCD STD ICRA ART VASOREACTV STD	6.55	386.45	88.88	0	N	131.62
8302	93892		TCD STD ICRA ART EMBOLI DETCJ W/O IV MBUBB NJX	7	413.00	103.25	0	N	131.62
8303	93893		TCD STD ICRA ART EMBOLI DETCJ W/IV MBUBB NJX	6.82	402.38	100.60	0	N	131.62
8304	93922		N-INVAS PHYSIOLOGIC STD UPR/LXTR ART 1 LVL BI	3.15	185.85	20.44	0	N	89.80

	A	B	C	D	E	F	G	H	I
8305	93923		N-INVAS PHYSIOLOGIC STD UPR/LXTR BLAT MLT LVL BI	4.84	285.56	37.12	0	N	146.59
8306	93924		N-INVAS PHYSIOLOGIC STD LXTR ART REST FLWG STRS	5.8	342.20	44.49	0	N	146.59
8307	93925		DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STD	7.96	469.64	51.66	0	N	209.78
8308	93926		DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STD	4.93	290.87	34.90	0	N	131.62
8309	93930		DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STD	6.36	375.24	41.28	0	N	209.78
8310	93931		DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STD	4.19	247.21	27.19	0	N	131.62
8311	93965		N-INVAS PHYSIOLOGIC STD XTR VEINS COMPL BI STD	3.28	193.52	29.03	0	N	146.59
8312	93970		DUP-SCAN XTR VEINS COMPL BI STD	6.51	384.09	57.61	0	N	209.78
8313	93971		DUP-SCAN XTR VEINS UNI/LMTD STD	4.37	257.83	36.10	0	N	131.62
8314	93975		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COMPL	9.96	587.64	146.91	0	N	209.78
8315	93976		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMTD	5.77	340.43	95.32	0	N	209.78
8316	93978		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPL	5.86	345.74	58.78	0	N	209.78
8317	93979		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	4.13	243.67	38.99	0	N	131.62
8318	93980		DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	4.56	269.04	102.24	0	N	209.78
8319	93981		DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	3.58	211.22	33.80	0	N	209.78
8320	93982		IMPLANT WIRELESS PRESS SENSOR STUDY ANEURYSM SAC	1.07	63.13		XXX	N	89.80
8321	93990		DUP-SCAN OF HEMODIALYSIS ACCESS	4.76	280.84	22.47	0	N	131.62
8322	94002		VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	2.22	130.98		0	N	281.46
8323	94003		VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DAY	1.62	95.58		0	N	281.46
8324	94004		VENTILATION ASSIST & MGMT NURSING FAC PR DAY	1.18	69.62		0	N	
8325	94005		HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	2.1	123.90		0	N	
8326	94010		SPMTRY W/VC EXPIRATORY FLO +MXML VOL VNTJ	0.87	51.33	13.35	0	N	77.47
8327	94011		MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT-2 YR	2.68	158.12	0.00	0	N	77.47
8328	94012		MEAS SPIRO FORCD EXP FLO PRE&POST BRONCH INF-2Y	4.12	243.08	0.00	0	N	77.47
8329	94013		MEAS LUNG VOLUMES INFANT OR CHILD THRU 2 YRS	0.87	51.33	0.00	0	N	239.17
8330	94014		PT-INTIT SPIROMETRIC REC 30 D PD PHYS R&I	1.27	74.93	29.97	0	N	54.42
8331	94015		PT-INTIT SPIROMETRIC REC 30 D PD RECORDING	0.62	36.58	0.00	0	N	54.42
8332	94016		PT-INTIT SPIROMETRIC REC 30-D PD PHYS R&I ONLY	0.65	38.35		0	N	
8333	94060		BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	1.48	87.32	24.45	0	N	128.96
8334	94070		BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	1.53	90.27	46.94	0	N	239.17
8335	94150		VC TOT SPX	0.56	33.04	6.61	0	N	54.42
8336	94200		MAX BRTHING CAP MXML VOL VNTJ	0.58	34.22	8.90	0	N	54.42
8337	94240		FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME	0.99	58.41	21.03	0	N	77.47
8338	94250		EXP GAS COLLJ QUAN 1 PX SPX	0.73	43.07	8.18	0	N	77.47
8339	94260		THRC GAS VOL	0.8	47.20	11.33	0	N	77.47
8340	94350		DETER MALDISTRIBJ OF INSPIRED GAS N WSHOT CURVE	1.01	59.59	19.66	0	N	77.47
8341	94360		DETER RESIST TO AIRFLO OSCILLATORY/PLETHYSMOGRAP	1.07	63.13	21.46	0	N	54.42
8342	94370		DETER AIRWY CLOSING VOL 1 BRTH TSTS	0.95	56.05	19.62	0	N	21.16
8343	94375		RESPIR FLO VOL LOOP	0.94	55.46	24.40	0	N	77.47
8344	94400		BRTHING RSPSE CO2 CO2 RSPSE CURVE	1.34	79.06	32.41	0	N	54.42
8345	94450		BRTHING RSPSE HYPOXIA HYPOXIA RSPSE CURVE	1.29	76.11	31.97	0	N	77.47
8346	94452		HAST W/PHYS I&R	1.37	80.83	25.06	0	N	77.47
8347	94453		HAST W/PHYS I&R W/SUPPL O2 TITRJ	1.93	113.87	31.88	0	N	77.47
8348	94610		INTRAPULMONARY SURFACTANT ADMINISTRATION	1.65	97.35		0	N	37.00
8349	94620		PULM STRS TSTG SMPL	2.77	163.43	44.13	0	N	77.47
8350	94621		PULM STRS TSTG CPLX	3.89	229.51	117.05	0	N	239.17
8351	94640		PRESS/N-PRESS INHLJ TX F/AAO/SPTM INDCTJ	0.34	20.06		0	N	37.00
8352	94642		AERSL INHLJ PENTAMIDINE F/PCP TX/PROPH	1.41	83.01		0	N	128.96

	A	B	C	D	E	F	G	H	I
8353	94644		CONTINUOUS INHALATION TREATMENT 1ST HR	0.94	55.46		0	N	61.03
8354	94645		CONTINUOUS INHALATION TREATMENT EA ADDL HR	0.36	21.24		0	N	61.03
8355	94660		CPAP VNTJ CPAP INITIATION&MGMT	1.41	83.19		0	N	128.96
8356	94662		CNP VNTJ CNP INITIATION&MGMT	0.93	54.87		0	N	281.46
8357	94664		DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IPPB	0.37	21.83		0	N	37.00
8358	94667		MNPJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	0.58	34.22		0	N	37.00
8359	94668		MNPJ CH FACILITATE LNG FUNCJ SBSQ	0.48	28.32		0	N	37.00
8360	94680		O2 UPTK EXP GAS ALYS REST&XERS DIR SMPL	1.97	116.23	18.60	0	N	239.17
8361	94681		O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	2.47	145.73	13.12	0	N	77.47
8362	94690		O2 UPTK EXP GAS ALYS REST INDIR SPX	1.86	109.74	5.49	0	N	54.42
8363	94720		CARBON MONOXIDE DIFFW/CAP	1.34	79.06	20.56	0	N	77.47
8364	94725		MEMB DIFFUSION CAP	2.79	164.61	18.11	0	N	77.47
8365	94750		PULM COMPLIANCE STD	1.69	99.71	18.94	0	N	54.42
8366	94760		N-INVAS EAR/PLS OXIMTRY F/O2 SAT 1 DETER	0.07	4.13	0.00	0	N	
8367	94761		N-INVAS EAR/PLS OXIMTRY F/O2 SAT MLT DETERS	0.14	8.26	0.00	0	N	
8368	94762		N-INVAS EAR/PLS OXIMTRY F/O2 SAT OVRNIT MNTR	0.66	38.94	0.00	0	N	89.80
8369	94770		CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER	0.97	57.23	11.45	0	N	54.42
8370	94772		CIRCADIAN RESPIR PATTERN REC 12-24 HR INFT	BR	BR	0.00	0	N	239.17
8371	94774		PED APNEA MONITOR ATTACHMENT PHYS I&R	BR	BR		0	N	
8372	94775		PED APNEA MONITOR ATTACHMENT	BR	BR		0	N	89.80
8373	94776		PED APNEA MONITOR ANALYSES COMPUTER	BR	BR		0	N	89.80
8374	94777		PED APNEA MONITOR PHYSICIAN REVIEW	BR	BR		0	N	
8375	94799		UNLIS PULM SVC/PX	BR	BR		0	N	54.42
8376	95004		PERQ TSTS W/ALLGIC XTRCS IMMT RXN	0.13	7.67		0	N	39.32
8377	95010		PERQ TSTS SEQL&INCRL RX/BIOLOGIC/VNM IMMT RXN	0.45	26.55		0	N	39.32
8378	95012		NITRIC OXIDE EXPIRED GAS DETERMINATION	0.49	28.91		0	N	54.42
8379	95015		IQ TSTS SEQL&INCRL RX/BIOLOGIC/VNM IMMT RXN	0.3	17.70		0	N	39.32
8380	95024		IQ TSTS W/ALLGIC XTRCS TYP RXN	0.18	10.62		0	N	39.32
8381	95027		IQ TSTS SEQL&INCRL ALLGIC XTRCS AIRBRN ALLGS	0.18	10.62		0	N	39.32
8382	95028		IQ TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	0.26	15.34		0	N	39.32
8383	95044		PATCH/APPL TST SPEC NUMBER TSTS	0.2	11.80		0	N	39.32
8384	95052		PHOTO PATCH TST SPEC NUMBER TSTS	0.24	14.16		0	N	39.32
8385	95056		PHOTO TSTS	0.44	25.96		0	N	133.12
8386	95060		OPH MUC MEMB TSTS	0.47	27.73		0	N	133.12
8387	95065		DIR NSL MUC MEMB TST	0.33	19.47		0	N	39.32
8388	95070		INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	1.93	113.87		0	N	239.17
8389	95071		INHLJ BRNCL CHALLENGE TSTG W/AGS/GASES	2.43	143.37		0	N	239.17
8390	95075		INGESTION CHALLENGE TEST	1.66	97.94		0	N	372.41
8391	95115		PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	0.37	21.83		0	N	34.73
8392	95117		PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	0.46	27.14		0	N	34.73
8393	95120		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	0.22	13.04		0	N	2097.37
8394	95125		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJXS	0.27	15.99		0	N	2097.37
8395	95130		PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	0.38	22.54		0	N	2097.37
8396	95131		PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	0.48	28.44		0	N	2097.37
8397	95132		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 3 INSECT	0.58	34.40		0	N	2097.37
8398	95133		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 4 INSECT	0.7	41.54		0	N	2097.37
8399	95134		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 5 INSECT	0.84	49.80		0	N	2097.37
8400	95144		SUPVJ OF PREPJ&PRV AGS F/ALLG IMMNTX 1 DOSE VIAL	0.27	15.93		0	N	50.66

	A	B	C	D	E	F	G	H	I
8401	95145		SUPVJ OF PREPJ&PRV AGS F/ALLG IMMNTX 1 INSECT	0.39	23.01		0	N	50.66
8402	95146		SUPVJ OF PREPJ&PRV AGS F/ALLG IMMNTX 2 INSECT	0.55	32.45		0	N	102.40
8403	95147		SUPVJ PREPJ&PRV AGS F/ALLG IMMNTX 3 INSECT	0.54	31.86		0	N	102.40
8404	95148		SUPVJ PREPJ&PRV AGS F/ALLG IMMNTX 4 INSECT	0.73	43.07		0	N	50.66
8405	95149		SUPVJ PREPJ&PRV AGS F/ALLG IMMNTX 5 INSECT	0.97	57.23		0	N	50.66
8406	95165		SUPVJ PREPJ&PRV AGS F/ALLG IMMNTX 1/MLT AGS	0.27	15.93		0	N	34.73
8407	95170		SUPVJ PREPJ&PRV AGS F/ALLG IMMNTX WHL BDY INSECT	0.21	12.39		0	N	50.66
8408	95180		RAPID DESENSITIZATION PX EA HR	3.77	222.43		0	N	133.12
8409	95199		UNLIS ALL/CLINICAL IMMUNOLOGIC SVC/PX	BR	BR		0	N	39.32
8410	95250		GLUC MNTR CONT REC FROM INTERSTITIAL TISS FLUID	3.96	233.64	0.00	0	N	153.47
8411	95251		GLUC MNTR CONT REC FROM NTRSTL TISS FLU PHYS I&R	0.99	58.41		0	N	
8412	95803		ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	3.27	192.93	80.24	0	N	109.11
8413	95805		MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	16.82	992.38	129.01	0	N	1042.44
8414	95806		SLEEP STD VNTJ RESPIR ECG/HRT RATE&O2 SAT UNATTN	5.34	315.06	132.33	0	N	219.25
8415	95807		SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	13.81	814.79	130.37	0	N	1042.44
8416	95808		POLYSM SLEEP STAGING 1-3 ADDL PARAM	16.72	986.48	226.89	0	N	1042.44
8417	95810		POLYSM SLEEP STAGING 4/> ADDL PARAM	21.3	1256.70	276.47	0	N	1042.44
8418	95811		POLYSM SLEEP STAGING 4/> ADDL PARAM W/CPAP TX	23.34	1377.06	302.95	0	N	1042.44
8419	95812		EEG EXTND MNTR 41-60 MIN	5.63	332.17	99.65	0	N	219.25
8420	95813		EEG EXTND MNTR > 1 HR	7.16	422.44	152.08	0	N	219.25
8421	95816		EEG W/REC AWAKE&DROWSY	5.23	308.57	98.74	0	N	219.25
8422	95819		EEG W/REC AWAKE&ASLEEP	4.89	288.51	109.63	0	N	219.25
8423	95822		EEG REC COMA/SLEEP ONLY	5.98	352.82	95.26	0	N	219.25
8424	95824		EEG CERE DEATH EVAL ONLY	2.71	160.13	62.45	0	N	244.67
8425	95827		EEG ALL NIGHT REC	6.05	356.95	139.21	0	N	219.25
8426	95829		ELECTROCORTICOGRAM SURG SPX	35.64	2102.76	504.66	0	N	
8427	95830		INSJ BY PHYS OF SPHENOIDAL ELTRDS F/EEG REC	4.85	286.15		0	N	
8428	95831		MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK	0.7	41.30		0	N	
8429	95832		MUSC TSTG MNL W/REPRT HAND +CMPRSN NML SIDE	0.62	36.58		0	N	
8430	95833		MUSC TSTG MNL W/REPRT TOT EVAL BDY EX HANDS	0.99	58.41		0	N	
8431	95834		MUSC TSTG MNL W/REPRT TOT EVAL BDY W/HANDS	1.18	69.62		0	N	
8432	95851		ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPINE	0.49	28.91		0	N	
8433	95852		ROM MEAS&REPRT HAND +CMPRSN NML SIDE	0.36	21.24		0	N	
8434	95857		TENSILON TST F/MYASTHENIA GRAVIS	1.1	64.90		0	N	109.11
8435	95860		NDL EMG 1 XTR +RELATED PARASPI AREAS	2.29	135.11	78.36	0	N	109.11
8436	95861		NDL EMG 2 XTR +RELATED PARASPI AREAS	3	177.00	130.98	0	N	109.11
8437	95863		NDL EMG 3 XTR +RELATED PARASPI AREAS	3.62	213.58	155.91	0	N	109.11
8438	95864		NDL EMG 3 XTR +RELATED PARASPI AREAS	4.53	267.27	163.03	0	N	109.11
8439	95865		NDL EMG LARX	2.95	174.05	134.02	0	N	109.11
8440	95866		NDL EMG HEMIDPHRM	2.12	125.08	111.32	0	N	109.11
8441	95867		NDL EMG CRNL NRV SUPPLIED MUSC UNI	1.76	103.84	67.50	0	N	109.11
8442	95868		NDL EMG CRNL NRV SUPPLIED MUSC BI	2.42	142.78	99.95	0	N	109.11
8443	95869		NDL EMG THRC PARASPI MUSC EXCLUDING T1/T12	0.9	53.10	37.70	0	N	55.95
8444	95870		NDL EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	0.9	53.10	37.70	0	N	55.95
8445	95872		NDL EMG W/1 FIBER ELTRD QUAN MEAS JITTER	4.07	240.13	184.90	0	N	109.11
8446	95873		ESTIM GDN CONJUNCT CHEMODNRVTJ	0.88	51.92	36.86	0	N	
8447	95874		NDL EMG GDN CONJUNCT CHEMODNRVTJ	0.89	52.51	37.81	0	N	
8448	95875		ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	2.51	148.09	90.33	0	N	55.95

	A	B	C	D	E	F	G	H	I
8449	95900		NRV CNDJ AMPLT&STD EA NRV MOTOR W/O F-WAVE STD	1.6	94.40	33.98	0	N	55.95
8450	95903		NRV CNDJ AMPLT&STD EA NRV MOTOR W/F-WAVE STD	1.74	102.66	49.28	0	N	55.95
8451	95904		NRV CNDJ AMPLT&STD EA NRV SENS	1.38	81.42	28.50	0	N	55.95
8452	95905		MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	2.11	124.49	4.72	0	N	55.95
8453	95920		INTRAOP NEUROPHYSIOLOGY TSTG PR HR	4.26	251.34	175.94	0	N	
8454	95921		TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	1.69	99.71		0	N	109.11
8455	95922		TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	1.93	113.87		0	N	55.95
8456	95923		TSTG ANS FUNCJ SUDOMOTOR	2.87	169.33		0	N	109.11
8457	95925		SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	2.22	130.98	58.94	0	N	244.67
8458	95926		SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	2.17	128.03	57.61	0	N	244.67
8459	95927		SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	2.22	130.98	60.25	0	N	244.67
8460	95928		CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	4.69	276.71	132.82	0	N	109.11
8461	95929		CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	4.92	290.28	133.53	0	N	109.11
8462	95930		VISUAL EP TSTG CNS CHECKERBOARD/FLASH	2.68	158.12	31.62	0	N	244.67
8463	95933		ORBICULARIS OCULI REFLEX ELECTRODX TSTG	1.67	98.53	50.25	0	N	55.95
8464	95934		H-REFLEX AMPLT&LATENCY GASTRCN/SOLEUS MUSC	1.05	61.95	47.70	0	N	55.95
8465	95936		H-REFLEX AMPLT&LATENCY OTH/THN GASTRCN/SOLEUS	1.03	60.77	47.40	0	N	55.95
8466	95937		NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	1.36	80.24	59.38	0	N	109.11
8467	95950		MNTR F/ID&LATERALIZATION CERE SEIZ FOC EEG	6.05	356.95	132.07	0	N	1042.44
8468	95951		MNTR F/LOCLZJ CERE SEIZ FOC CABLE/RADIO EEG/VID	17.59	1037.69	415.08	0	N	1042.44
8469	95953		MNTR F/LOCLZJ CERE SEIZ FOC CPTR PORTABLE EEG	11.09	654.31	261.72	0	N	1042.44
8470	95954		RX/PHYSICAL ACTIVAJ PHYS ATTN DURING EEG ACTIVAJ	6.77	399.43	211.70	0	N	109.11
8471	95955		EEG NONICRA SURG	3.56	210.04	84.02	0	N	
8472	95956		MNTR F/LOCLZJ CERE SEIZ FOC CABLE/RADIO EEG	18.83	1110.97	266.63	0	N	1042.44
8473	95957		DGTAL ALYS EEG	5.38	317.42	196.80	0	N	
8474	95958		WADA ACTIVJ TST F/HEMISPHERIC FUNCJ W/EEG MNTR	8.4	495.60	381.61	0	N	219.25
8475	95961		FUNCJAL CORT&SUBCORT MAPG ELTRDS 1 HR PHYS ATTN	5.97	352.23	274.74	0	N	244.67
8476	95962		FUNCJAL CORT&SUBCORT MAPG ELTRDS EA HR PHYS ATTN	5.87	346.33	270.14	0	N	244.67
8477	95965		MAGNETOENCEPHALOGRAPY REC&ALYS F/SPON ACTV	BR	BR	0.00	0	N	4832.08
8478	95966		MAGNETOENCEPHALOGRAPY REC&ALYS F/EVOKED FLD 1	BR	BR	0.00	0	N	1302.27
8479	95967		MAGNETOENCEPHALOGRAPY REC&ALYS F/EVOKED FLDS EA	BR	BR	0.00	0	N	1302.27
8480	95970		ELEC ALYS NSTIM PLS GEN BRN/SC/PERPH W/O REPRGRM	1.29	76.11		0	N	109.11
8481	95971		ELEC ALYS NSTIM PLS GEN SMPL SC/PERPH W/PRGRMG	1.43	84.37		0	N	145.90
8482	95972		ELEC ALYS NSTIM PLS GEN CPLX SC/PERPH 1ST HR	2.7	159.30		0	N	145.90
8483	95973		ELEC ALYS NSTIM PLS GEN CPLX SC/PERPH EA 30 MIN	1.51	89.09		0	N	145.90
8484	95974		ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV 1ST HR	4.51	266.09		0	N	145.90
8485	95975		ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV EA 30 MIN	2.51	148.09		0	N	145.90
8486	95978		ELEC ALYS NSTIM PLS GEN CPLX DP BRN 1ST HR	5.24	309.16		0	N	145.90
8487	95979		ELEC ALYS NSTIM PLS GEN CPLX DP BRN EA 30 MIN	2.4	141.60		0	N	145.90
8488	95980		ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	1.02	60.18		XXX	N	
8489	95981		ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	0.72	42.48		XXX	N	109.11
8490	95982		ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	1.09	64.31		XXX	N	145.90
8491	95990		RFL&MAIN IMPLT PMP/RSVR F/DRUG DLVR SPI/BRN	1.59	93.81		0	N	171.51
8492	95991		RFL&MAIN IMPLT PMP/RSVR RX DLVR SPI/BRN BY PHYS	2.28	134.52		0	N	171.51
8493	95992		CANALITH REPOSITIONING PROCEDURE	1.16	68.44	0.00	0	N	2097.37
8494	95999		UNLIS NEUROLOGICAL/NEUROMUSCULAR DX PX	BR	BR		0	N	55.95
8495	96000		COMPRE CPTR MTN ALYS VIDEO TAPING 3-D KINEMATICS	2.27	133.93	0.00	0	N	244.67
8496	96001		COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	2.66	156.94	0.00	0	N	244.67

	A	B	C	D	E	F	G	H	I
8497	96002		DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	0.53	31.27	0.00	0	N	109.11
8498	96003		DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	0.48	28.32	0.00	0	N	55.95
8499	96004		PHYS R&I CPTR MTN ALYS WALKG/FUNCJAL ACTV REPRT	2.87	169.33		0	N	
8500	96020		TEST SELECTION & ADMN FUNCTIONAL BRAIN MAPPING	BR	BR	0.00	0	N	
8501	96040		MEDICAL GENETICS COUNSELING EA 30 MIN	0.98	57.82		0	N	
8502	96101		PSYCL TSTG PR HR F2F TIME W/PT	2.3	135.70		0	N	243.32
8503	96102		PSYCL TSTG PR HR ADMN BY TECH PR HR	1.26	74.34		0	N	243.32
8504	96103		PSYCL TSTG PR HR ADMN BY CPTR W/PROF I&R	0.97	57.23		0	N	88.98
8505	96105		ASSMT APHASIA W/I&R PR HR	2.01	118.59		0	N	
8506	96110		DEVELOPMENTAL TSTG LMTD W/I&R	0.36	21.24		0	N	88.98
8507	96111		DEVELOPMENTAL TSTG EXTND W/I&R	3.48	205.32		0	N	88.98
8508	96116		NUBHVL STATUS XM PR HR F2F W/PT INTERPJ&PREPJ	2.61	153.99		0	N	243.32
8509	96118		NUROPSYC TSTG PR HR F2F W/PT INTERPJ TIME	3.1	182.90		0	N	243.32
8510	96119		NUROPSYC TSTG WPROF I&R ADMN BY TECH PR HR	1.82	107.38		0	N	243.32
8511	96120		NUROPSYC TSTG ADMN BY CPTR W/PROF I&R	1.52	89.68		0	N	243.32
8512	96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING	2.42	142.78		XXX	N	
8513	96150		HLTH&BEHAVIOR ASSMT EA 15 MIN F2F W/PT 1ST ASSMT	0.62	36.58		0	N	54.83
8514	96151		HLTH&BEHAVIOR ASSMT EA 15 MIN F2F W/PT RE-ASSMT	0.6	35.40		0	N	54.83
8515	96152		HLTH&BEHAVIOR IVNTJ EA 15 MIN F2F INDIV	0.57	33.63		0	N	54.83
8516	96153		HLTH&BEHAVIOR IVNTJ EA 15 MIN F2F GRP 2/> PTS	0.14	8.26		0	N	54.83
8517	96154		HLTH&BEHAVIOR IVNTJ EA 15 MIN F2F FAM W/PT	0.56	33.04		0	N	54.83
8518	96155		HLTH&BEHAVIOR IVNTJ EA 15 MIN F2F FAM W/O PT	0.58	34.22		0	N	2097.37
8519	96360		IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	1.49	87.91	0.00	0	N	102.40
8520	96361		IV INFUSION HYDRATION EACH ADDITIONAL HOUR	0.42	24.78	0.00	0	N	34.73
8521	96365		IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST >1 HOUR	1.85	109.15	0.00	0	N	171.51
8522	96366		IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	0.57	33.63	0.00	0	N	34.73
8523	96367		IV NFS THER PROPH/DX ADDL SEQUENTIAL NFS >1 HR	0.9	53.10	0.00	0	N	50.66
8524	96368		IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	0.53	31.27	0.00	0	N	
8525	96369		SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	4.04	238.36	0.00	0	N	171.51
8526	96370		SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	0.41	24.19	0.00	0	N	50.66
8527	96371		SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	2.09	123.31	0.00	0	N	34.73
8528	96372		THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	0.59	34.81	0.00	0	N	34.73
8529	96373		THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	0.5	29.50	0.00	0	N	50.66
8530	96374		THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	1.46	86.14	0.00	0	N	50.66
8531	96375		THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG	0.61	35.99	0.00	0	N	50.66
8532	96376		THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	0.26	15.34			N	
8533	96379		UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	BR	BR			N	34.73
8534	96401		CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	1.54	90.86		0	N	50.66
8535	96402		CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	1.12	66.08		0	N	50.66
8536	96405		CHEMOTX ADMN ILESN UP&W/7 <	3.21	189.39		0	N	50.66
8537	96406		CHEMOTX ADMN ILESN > 7	3.83	225.97		0	N	171.51
8538	96409		CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	3.16	186.44		0	N	171.51
8539	96411		CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	1.82	107.38		0	N	102.40
8540	96413		CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	4.38	258.42		0	N	297.57
8541	96415		CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	0.98	57.82		0	N	50.66
8542	96416		CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	4.74	279.66		0	N	297.57
8543	96417		CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	2.15	126.85		0	N	102.40
8544	96420		CHEMOTX ADMN IA PUSH TQ	2.9	171.10		0	N	102.40

	A	B	C	D	E	F	G	H	I
8545	96422		CHEMOTX ADMN IA NFS TQ UP 1 HR	4.8	283.20		0	N	297.57
8546	96423		CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	2.06	121.54		0	N	102.40
8547	96425		CHEMOTX ADMN IA NFS > 8 HR PRTBLE IMPLTBL PMP	4.71	277.89		0	N	297.57
8548	96440		CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	9.78	577.02		0	N	171.51
8549	96445		CHEMOTX ADMN PRTL CAVITY REQ&W/PRITONEOCNTS	9.5	560.50		0	N	297.57
8550	96450		CHEMOTX ADMN CNS REQ&W/SPI PNXR	7.92	467.28		0	N	297.57
8551	96521		RFL/MAIN PORTABLE PMP	3.85	227.15		0	N	171.51
8552	96522		RFL/MAIN IMPLTABLE PMP/RSVR F/DRUG DLVR SYSIC	2.91	171.69		0	N	171.51
8553	96523		IRRIGATION IMPLTED VAD F/DRUG DLVR SYSS	0.73	43.07		0	N	55.92
8554	96542		CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1 AGENTS	4.81	283.79		0	N	102.40
8555	96549		UNLIS CHEMOTX PX	BR	BR		0	N	34.73
8556	96567		PDT XTRNL APPL LIGHT DSTR LES SKN BY ACTIVJ RX	2.44	143.96		0	N	255.17
8557	96570		PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	1.48	87.32		0	N	140.54
8558	96571		PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	0.71	41.89		0	N	140.54
8559	96900		ACTIXH ULTRAVIOLET LIGHT	0.49	28.91		0	N	48.35
8560	96902		MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	0.54	31.86		0	N	
8561	96904		WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	1.85	109.15		0	N	
8562	96910		PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	1.28	75.52		0	N	48.35
8563	96912		PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	1.64	96.76		0	N	48.35
8564	96913		PHOTOCHEMOTX F/PHOTORESPONSIVE DERMATOSES	2.27	133.93		0	N	244.30
8565	96920		LASER TX F/PSORIASIS TOT AREA < 250 CM	3.85	227.15		0	N	140.54
8566	96921		LASER TX F/PSORIASIS 250-500 SQ CM	3.9	230.10		0	N	140.54
8567	96922		LASER TX F/PSORIASIS > 500 SQ CM	5.7	336.30		0	N	140.54
8568	96999		UNLIS SPEC DERMATOLOGICAL SVC/PX	BR	BR		0	N	40.45
8569	97001		PHYSICAL THER EVAL	1.86	119.04		0	N	
8570	97002		PHYSICAL THER RE-EVAL	0.99	63.36		0	N	
8571	97003		OCCUPATIONAL THER EVAL	2	128.00		0	N	
8572	97004		OCCUPATIONAL THER RE-EVAL	1.2	76.80		0	N	
8573	97005		ATHLETIC TRAINJ EVAL	0.72	46.34		0	N	2097.37
8574	97006		ATHLETIC TRAINJ RE-EVAL	0.36	23.17		0	N	2097.37
8575	97010		APPL MODALITY 1 AREAS HOT/COLD PACKS	0.12	7.68		0	N	
8576	97012		APPL MODALITY 1 AREAS TRCJ MCHNL	0.36	23.04		0	N	
8577	97014		APPL MODALITY 1 AREAS ELEC STIMJ UNATTN	0.36	23.04		0	N	2097.37
8578	97016		APPL MODALITY 1 AREAS VASOPNEUMATIC DEV	0.37	23.68		0	N	
8579	97018		APPL MODALITY 1 AREAS PARAFFIN BATH	0.18	11.52		0	N	
8580	97022		APPL MODALITY 1 AREAS WP	0.4	25.60		0	N	
8581	97024		APPL MODALITY 1 AREAS DTHRM	0.13	8.32		0	N	
8582	97026		APPL MODALITY 1 AREAS INFRARED	0.12	7.68		0	N	
8583	97028		APPL MODALITY 1 AREAS ULTRAVIOLET	0.15	9.60		0	N	
8584	97032		APPL MODALITY 1 AREAS ELEC STIMJ EA 15 MIN	0.4	25.60		0	N	
8585	97033		APPL MODALITY 1 AREAS IONTOPHORESIS EA 15 MIN	0.55	35.20		0	N	
8586	97034		APPL MODALITY 1 AREAS CNTRST BATHS EA 15 MIN	0.36	23.04		0	N	
8587	97035		APPL MODALITY 1 AREAS US EA 15 MIN	0.3	19.20		0	N	
8588	97036		APPL MODALITY 1 AREAS HUBBARD TANK EA 15 MIN	0.61	39.04		0	N	
8589	97039		UNLIS MODALITY SPEC TYP&TM IF CONSTANT ATTN	BR	BR		0	N	
8590	97110		THER PX 1 AREAS EA 15 MIN THER XERSS	0.7	44.80		0	N	
8591	97112		THER PX 1 AREAS EA 15 MIN NEUROMUSC REEDUCAJ	0.73	46.72		0	N	
8592	97113		THER PX 1 AREAS EA 15 MIN AQUATIC THER W/XERSS	0.84	53.76		0	N	

	A	B	C	D	E	F	G	H	I
8593	97116		THER PX 1 AREAS EA 15 MIN GAIT TRAINJ W/STAIR	0.62	39.68		0	N	
8594	97124		THER PX 1 AREAS EA 15 MIN MASSAGE	0.56	35.84		0	N	
8595	97139		UNLIS THER PX SPEC	BR	BR		0	N	
8596	97140		MNL THER TQS 1 REGIONS EA 15 MIN	0.66	42.24		0	N	
8597	97150		THER PX GRP 2/> INDIVS	0.44	28.16		0	N	
8598	97530		THER ACTV DIR PT CONTACT BY PROVIDER EA 15 MIN	0.75	48.00		0	N	
8599	97532		DEVELOPMENT OF COGNITIVE SKILLS EA 15 MIN	0.62	39.68		0	N	
8600	97533		SENSORY INTEGRATIVE TQS EA 15 MIN	0.66	42.24		0	N	
8601	97535		SELF-CARE/HOME MGMT TRAINING EA 15 MIN	0.75	48.00		0	N	
8602	97537		COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	0.68	43.52		0	N	
8603	97542		WHEELCHAIR MGMT EA 15 MIN	0.69	44.16		0	N	
8604	97545		WORK HARDENING/CONDITIONING 1ST 2 HR	1.69	108.03		0	N	
8605	97546		WORK HARDENING/CONDITIONING EA HR	0.67	43.07		0	N	
8606	97597		RMVL DEVITAL TISS SLCTV DBRDMT W/O ANES 20 CM	1.34	85.76		0	N	140.54
8607	97598		RMVL DEVITAL TISS SLCTV DBRDMT W/O ANES > 20 CM	1.68	107.52		0	N	140.54
8608	97602		RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	0.5	32.19		0	N	80.15
8609	97605		NEG PRESS WND THER </EQUAL 50 SQ CM	0.87	55.68		0	N	80.15
8610	97606		NEG PRESS WND THER > 50 SQ CM	0.94	60.16		0	N	140.54
8611	97750		PHYSICAL PERFORMANCE TST/MEAS W/RPRT 15 MIN	0.74	47.36		0	N	
8612	97755		ASSTV TECHN ASSMT DIR CNTCT W/REPRT 15 MIN	0.86	55.04		0	N	
8613	97760		ORTHOTIC MGMT&TRAINJ UXTR LXTR&/TRNK EA 15 MIN	0.79	50.56		0	N	
8614	97761		PROSTC TRAINJ UPR&/LXTR EA 15 MIN	0.71	45.44		0	N	
8615	97762		CHECKOUT F/ORTHOTIC/PROSTC USE EST PT EA 15 MIN	0.74	47.36		0	N	
8616	97799		UNLIS PHYSICAL MED/RHAB SVC/PX	BR	BR		0	N	
8617	97802		MED NUTR THER 1ST ASSMT&IVNTJ INDIV EA 15 MIN	0.8	51.20		0	N	
8618	97803		MED NUTR THER RE-ASSMT&IVNTJ INDIV EA 15 MIN	0.72	46.08		0	N	
8619	97804		MED NUTR THER GRP2/> INDIV EA 30 MIN	0.38	24.32		0	N	
8620	97810		ACUP 1/> NDLS W/O ELEC STIMJ 1ST 15 MIN	0.92	58.88		0	N	2097.37
8621	97811		ACUP 1/> NDLS W/O ELEC STIMJ EA 15 MIN	0.71	45.44		0	N	2097.37
8622	97813		ACUP 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	0.98	62.72		0	N	2097.37
8623	97814		ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	0.79	50.56		0	N	2097.37
8624	98925		OSTEOPATHIC MANIPULATIVE TX 1-2 BDY REGIONS	0.73	46.72		0	N	34.73
8625	98926		OSTEOPATHIC MANIPULATIVE TX 3-4 BDY REGIONS	1.01	64.64		0	N	34.73
8626	98927		OSTEOPATHIC MANIPULATIVE TX 5-6 BDY REGIONS	1.3	83.20		0	N	34.73
8627	98928		OSTEOPATHIC MANIPULATIVE TX 7-8 BDY REGIONS	1.54	98.56		0	N	34.73
8628	98929		OSTEOPATHIC MANIPULATIVE TX 9-10 BDY REGIONS	1.77	113.28		0	N	34.73
8629	98940		CMT SPI 1-2 REGIONS	0.64	40.96		0	N	34.73
8630	98941		CMT SPI 3-4 REGIONS	0.88	56.32		0	N	34.73
8631	98942		CMT SPI 5 REGIONS	1.16	74.24		0	N	34.73
8632	98943		CMT XTRSPI 1 REGIONS	0.59	37.76		0	N	2097.37
8633	98960		EDUCAJ&TRAINJ F/PT SELF-MGMT BY NONPHYS 1 PT	0.49	31.36		0	N	2097.37
8634	98961		EDUCAJ&TRAINJ F/PT SELF-MGMT BY NONPHYS 2-4 PT	0.24	15.36		0	N	2097.37
8635	98962		EDUCAJ&TRAINJ F/PT SELF-MGMT BY NONPHYS 5-8 PTS	0.18	11.52		0	N	2097.37
8636	98966		NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	0.32	18.88		XXX	N	2097.37
8637	98967		NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	0.6	35.40		XXX	N	2097.37
8638	98968		NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	0.89	52.51		XXX	N	2097.37
8639	98969		NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	BR	BR		XXX	N	2097.37
8640	99000		HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	0.12	7.14		0	N	2097.37

	A	B	C	D	E	F	G	H	I
8641	99001		HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	0.14	8.32		0	N	2097.37
8642	99002		HANDLING CONVEY/ANY OTH SVC INVG DEV FIT BY PHYS	0.16	9.50		0	N	
8643	99024		PO F-UP VST RELATED TO ORIGINAL PX	BR	BR		0	N	
8644	99026		HOSP MANDATED CALL SVC IN-HOSP EA HR	BR	BR		0	N	2097.37
8645	99027		HOSP MANDATED CALL SVC OUT-OF-HOSP EA HR	BR	BR		0	N	2097.37
8646	99050		SVCS PRV OFFICE OTH/THN REG SCHEDD HRS	0.42	24.90		0	N	
8647	99051		SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	BR	BR		0	N	
8648	99053		SVC PRV BTW 10 PM&8 AM AT 24-HR FAC	BR	BR		0	N	
8649	99056		SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	0.4	23.72		0	N	
8650	99058		SVC PRV EMER BASIS OFFICE DISRUPTS OFFICE SVCS	0.5	29.68		0	N	
8651	99060		SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	0.56	33.22		0	N	
8652	99070		SUPPLIES&MATERIALS PRV BY PHYS	BR	BR		0	N	
8653	99071		EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	BR	BR		0	N	
8654	99075		MEDICAL TSTIMONY	BR	BR		0	N	2097.37
8655	99078		PHYS EDUCATIONAL SVCS RENDERED PTS GRP SETTING	BR	BR		0	N	
8656	99080		SPEC REPORTS >USUAL MED COMUNICAJ/STAND RPRTG	BR	BR		0	N	
8657	99082		UNUSUAL TRAVEL	BR	BR		0	N	
8658	99090		ALYS CLINICAL DATA STORED CPTRS	BR	BR		0	N	
8659	99091		COLLJ&INTERPJ PHYSIO DATA DIG STRD/TRANS 30 MIN	1.28	75.52		0	N	
8660	99100		ANES F/PT EXTREME AGE UNDER 1 YR&> 70	ee page 60	BR		0	N	
8661	99116		ANES COMP UTILIZATION TOT BDY HYPOTHMIA	ee page 60	BR		0	N	
8662	99135		ANES COMP UTILIZATION CTRLLED HYPOTENSION	ee page 60	BR		0	N	
8663	99140		ANES COMP EMER CONDITIONS SPEC	ee page 60	BR		0	N	
8664	99143		M-SEDATJ BY SM PHYS PERFRMG SVC <5 YR	1.21	71.39		0	N	
8665	99144		M-SEDAJ BY SM PHYS PERFRMG SVC 5 YR	1.01	59.59		0	N	
8666	99145		M-SEDAJ BY SM PHYS PERFRMG SVC EA 15 MIN	0.4	23.60		0	N	
8667	99148		M-SEDAJ BY PHYS OTH/THN HC PROF PERFRMG <5 YR	1.11	65.25		0	N	
8668	99149		M-SEDAJ BY PHYS OTH/THN HC PROF PERFRMG 5 YRS	0.91	53.40		0	N	
8669	99150		M-SEDAJ PHYS OTH/THN HC PROF PERFRMG EA 15 MIN	0.4	23.72		0	N	
8670	99170		COLLJ/INT PHYSIO DATA DIG STRD/TRANS MINIM 30MIN	3.35	197.65		0	N	12.04
8671	99172		VSL FUNC SCRNG AUTO SEMI-AUTO BI QUAN DETERM	0.44	26.08	5.22	0	N	2097.37
8672	99173		SCREENING	0.07	4.13		0	N	2097.37
8673	99174		OCULAR PHOTOSCREENING INTERPRETATION BILATERAL	0.36	21.24		XXX	N	2097.37
8674	99175		IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	1.23	72.57		0	N	
8675	99183		PHYS ATTN&SUPVJ HYPRBARIC OXYGEN THER PR SESS	5.34	315.06		0	N	
8676	99190		ASSEM/OPRATN PMP OXTJ/HEAT EXCHNGR EA HR	10.05	592.95	0.00	0	N	2097.37
8677	99191		ASSEM/OPRATN PMP OXTJ/HEAT EXCHNGR 3/4 HR	7.04	415.07	0.00	0	N	2097.37
8678	99192		ASSEM/OPRATN PMP OXTJ/HEAT EXCHNGR 1/2 HR	5.03	296.48	0.00	0	N	2097.37
8679	99195		PHLEBOTOMY THER SPX	1	59.00		0	N	55.92
8680	99199		UNLIS SPEC SVC PX/REPRT	BR	BR		0	N	
8681	99201		OFFICE OUTPT NEW 10 MIN	0.94	47.47		0	N	78.36
8682	99202		OFFICE OUTPT NEW 20 MINUTES	1.64	82.82		0	N	94.26
8683	99203		OFFICE OUTPT NEW 30 MIN	2.43	122.72		0	N	120.57
8684	99204		OFFICE OUTPT NEW 45 MIN	3.69	186.35		0	N	153.47
8685	99205		OFFICE OUTPT NEW 60 MIN	4.63	233.82		0	N	226.63
8686	99211		OFFICE O/P EST 5 MIN	0.53	26.77		0	N	78.36
8687	99212		OFFICE OUTPT EST 10 MIN	0.97	48.99		0	N	94.26
8688	99213		OFFICE OUTPT EST15 MIN	1.57	79.29		0	N	94.26

	A	B	C	D	E	F	G	H	I
8689	99214		OFFICE OUTPT EST 25 MIN	2.38	120.19		0	N	120.57
8690	99215		OFFICE OUTPT EST 40 MIN	3.22	162.61		0	N	153.47
8691	99217		OBS CARE DSCHRG D MGMT	1.74	87.87		0	N	
8692	99218		1ST OBS CARE PR D LOW SEVERITY	1.64	82.82		0	N	
8693	99219		1ST OBS CARE PR D MODERATE SEVERITY	2.71	136.86		0	N	
8694	99220		1ST OBS CARE PR D HIGH SEVERITY	3.82	192.91		0	N	
8695	99221		1ST HOSP CARE PR D 30 MIN	2.24	113.12		0	N	
8696	99222		1ST HOSP CARE PR D 50 MIN	3.14	158.57		0	N	
8697	99223		1ST HOSP CARE PR D 70 MIN	4.58	231.29		0	N	
8698	99231		SBSQ HOSP CARE PR D 15 MIN	0.94	47.47		0	N	
8699	99232		SBSQ HOSP CARE PR D 25 MIN	1.68	84.84		0	N	
8700	99233		SBSQ HOSP CARE PR D 35 MIN	2.4	121.20		0	N	
8701	99234		OBS/I/P HOSP CARE LOW SEVERITY	3.3	166.65		0	N	
8702	99235		OBS/I/P HOSP CARE MODERATE SEVERITY	4.35	219.68		0	N	
8703	99236		OBS/I/P HOSP CARE HIGH SEVERITY	5.42	273.71		0	N	
8704	99238		HOSP DSCHRG D MGMT 30 MIN/<	1.73	87.37		0	N	
8705	99239		HOSP DSCHRG D MGMT >30 MIN	2.5	126.25		0	N	
8706	99241		OFFICE CONSLTJ 15 MIN	1.28	64.64		0	N	2097.37
8707	99242		OFFICE CONSLTJ 30 MIN	2.36	119.18		0	N	2097.37
8708	99243		OFFICE CONSLTJ 40 MIN	3.23	163.12		0	N	2097.37
8709	99244		OFFICE CONSLTJ 60 MIN	4.74	239.37		0	N	2097.37
8710	99245		OFFICE CONSLTJ 80 MIN	5.88	296.94		0	N	2097.37
8711	99251		1ST INPT CONSLTJ 20 MIN	1.21	61.11		0	N	2097.37
8712	99252		1ST INPT CONSLTJ 40 MIN	1.94	97.97		0	N	2097.37
8713	99253		1ST INPT CONSLTJ 55 MIN	2.87	144.94		0	N	2097.37
8714	99254		1ST INPT CONSLTJ 80 MIN	4.13	208.57		0	N	2097.37
8715	99255		1ST INPT CONSLTJ 110 MIN	5.15	260.08		0	N	2097.37
8716	99281		EMER DEPT SELF LIMITED/MINOR	0.51	25.76		0	N	71.91
8717	99282		EMER DEPT LOW TO MODERATE SEVERITY	0.98	49.49		0	N	118.85
8718	99283		EMER DEPT MODERATE SEVERITY	1.6	80.80		0	N	189.64
8719	99284		EMER DEPT HI SEVERITY&URGENT EVAL	2.91	146.96		0	N	301.92
8720	99285		EMER DEPT HIGH SEVERITY&THREAT FUNCJ	4.36	220.18		0	N	446.07
8721	99288		PHYS DIRION EMS ADVD LIFE SUPPORT	BR	BR		0	N	
8722	99291		CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	6.76	341.38		0	N	670.17
8723	99292		CC E/M CRITICALLY ILL/INJURED EA 30 MIN	3.02	152.51		0	N	
8724	99304		1ST NF CARE PR D E/M LW SEVERITY	1.61	81.31		0	N	
8725	99305		1ST NF CARE PR D E/M MOD SEVERITY	2.14	108.07		0	N	
8726	99306		1ST NF CARE PR D E/M HI SEVERITY	2.63	132.82		0	N	
8727	99307		SBSQ NF CARE PR D E/M STABLE	0.84	42.42		0	N	
8728	99308		SBSQ NF CARE PR D E/M MINOR COMPLCTJ	1.39	70.20		0	N	
8729	99309		SBSQ NF CARE PR D E/M NEW PROBLEM	1.95	98.48		0	N	
8730	99310		SBSQ NF CARE PR D E/M UNSTABLE/NEW PROBLEM	2.44	123.22		0	N	
8731	99315		NF DSCHRG D MGMT 30 MIN/<	1.51	76.26		0	N	
8732	99316		NF DSCHRG D MGMT >30 MIN	1.98	99.99		0	N	
8733	99318		E/M PT INVG ANNUAL NF ASSMT	1.61	81.31		0	N	
8734	99324		DOM/R-HOME LW SEVERITY	1.44	72.72		0	N	
8735	99325		DOM/R-HOME E/M NEW PT MOD SEVERITY	2.1	106.05		0	N	
8736	99326		DOM/R-HOME E/M NEW PT MOD HI SEVERITY	3.02	152.51		0	N	

	A	B	C	D	E	F	G	H	I
8737	99327		DOM/R-HOME E/M NEW PT HI SEVERITY	3.97	200.49		0	N	
8738	99328		DOM/R-HOME E/M NEW PT SIGNIFICANT NEW PROBLEM	4.91	247.96		0	N	
8739	99334		DOM/R-HOME E/M EST PT SELF-LMTD/MINOR	1.11	56.06		0	N	
8740	99335		DOM/R-HOME E/M EST PT LW MOD SEVERITY	1.75	88.38		0	N	
8741	99336		DOM/R-HOME E/M EST PT MOD HI SEVERITY	2.69	135.85		0	N	
8742	99337		DOM/R-HOME E/M EST PT SIGNIFICANT NEW PROBLEM	3.95	199.48		0	N	
8743	99339		INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 15-29 MIN	1.76	88.88		0	N	
8744	99340		INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 30 MIN/>	2.45	123.73		0	N	
8745	99341		HOME VST NEW PT LOW SEVERITY	1.43	72.22		0	N	
8746	99342		HOME VST NEW PT MOD SEVERITY	2.1	106.05		0	N	
8747	99343		HOME VST NEW PT MOD TO HI SEVERITY	3.04	153.52		0	N	
8748	99344		HOME VST NEW PT HI SEVERITY	3.98	200.99		0	N	
8749	99345		HOME VST NEW PT UNSTABLE/SIGNIFICANT NEW PROBLEM	4.91	247.96		0	N	
8750	99347		HOME VST EST PT SELF LIMITED/MINOR	1.11	56.06		0	N	
8751	99348		HOME VST EST PT LOW TO MOD SEVERITY	1.75	88.38		0	N	
8752	99349		HOME VST EST PT MOD TO HI SEVERITY	2.7	136.35		0	N	
8753	99350		HOME VST EST PT UNSTABLE/SIGNIFICANT NEW PROBLEM	3.98	200.99		0	N	
8754	99354		PROLNG PHYS SVC OFFICE O/P DIR CONTACT 1ST HR	2.41	121.71		0	N	
8755	99355		PROLNG PHYS SVC OFFICE O/P DIR CONTACT EA 30 MIN	2.39	120.70		0	N	
8756	99356		PROLNG PHYS SVC I/P DIR CONTACT 1ST HR	2.21	111.61		0	N	2097.37
8757	99357		PROLNG PHYS SVC I/P DIR CONTACT EA 30 MIN	2.22	112.11		0	N	2097.37
8758	99358		PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	2.49	125.75		0	N	
8759	99359		PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MIN	1.2	60.60		0	N	
8760	99360		PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MIN	1.13	57.07		0	N	
8761	99363		ANTICOAGULANT MGMT OUTPATIENT 1ST 90 DAYS	2.84	143.42		0	N	
8762	99364		ANTICOAGULANT MGMT OUTPATIENT EA SBSQ 90 DAYS	0.99	50.00		0	N	
8763	99366		TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	0.98	49.98				
8764	99367		TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	1.27	64.77				
8765	99368		TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	0.82	41.82				
8766	99374		PHYS SUPVJ PT HOME HLTH AGENCY MO 15-29 MINUTES	1.7	85.85		0	N	
8767	99375		PHYS SUPVJ PT HOME HLTH AGENCY MO 30 MIN/>	2.98	150.49		0	N	2097.37
8768	99377		PHYS SUPVJ HOSPICE PT MO 15-29 MIN	1.7	85.85		0	N	
8769	99378		PHYS SUPVJ HOSPICE PT MO 30 MIN/>	3.27	165.14		0	N	2097.37
8770	99379		PHYS SUPVJ NF PT MO 15-29 MIN	1.69	85.35		0	N	
8771	99380		PHYS SUPVJ NF PT MO 30 MIN/>	2.55	128.78		0	N	
8772	99381		1ST COMPRE PREV MED E/M NEW PT INFT <1 YR	2.49	125.75		0	N	2097.37
8773	99382		1ST COMPRE PREV MED E/M NEW PT 1-4	2.68	135.34		0	N	2097.37
8774	99383		1ST COMPRE PREV MED E/M NEW PT 5-11	2.64	133.32		0	N	2097.37
8775	99384		1ST COMPRE PREV MED E/M NEW PT 12-17	2.87	144.94		0	N	2097.37
8776	99385		1ST COMPRE PREV MED E/M NEW PT 18-39	2.87	144.94		0	N	2097.37
8777	99386		1ST COMPRE PREV MED E/M NEW PT 40-64	3.35	169.18		0	N	2097.37
8778	99387		1ST COMPRE PREV MED E/M NEW PT 65	3.64	183.82		0	N	2097.37
8779	99391		PDIC COMPRE PREV MED REE/M EST PT INFT <1 YR	1.94	97.97		0	N	2097.37
8780	99392		PDIC COMPRE PREV MED REE/M EST PT 1-4	2.16	109.08		0	N	2097.37
8781	99393		PDIC COMPRE PREV MED REE/M EST PT 5-11	2.14	108.07		0	N	2097.37
8782	99394		PDIC COMPRE PREV MED REE/M EST PT 12-17	2.35	118.68		0	N	2097.37
8783	99395		PDIC COMPRE PREV MED REE/M EST PT 18-39	2.37	119.69		0	N	2097.37
8784	99396		PDIC COMPRE PREV MED REE/M EST PT 40-64	2.62	132.31		0	N	2097.37

	A	B	C	D	E	F	G	H	I
8785	99397		PDIC COMPRE PREV MED REE/M EST PT 65	2.9	146.45		0	N	2097.37
8786	99401		PREV MED CNSL INDIV SPX 15 MIN	1	50.50		0	N	2097.37
8787	99402		PREV MED CNSL INDIV SPX 30 MIN	1.67	84.34		0	N	2097.37
8788	99403		PREV MED CNSL INDIV SPX 45 MIN	2.31	116.66		0	N	2097.37
8789	99404		PREV MED CNSL INDIV SPX 60 MIN	2.97	149.99		0	N	2097.37
8790	99406		TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	0.32	16.32				31.44
8791	99407		TOBACCO USE CESSATION INTENSIVE >10 MINUTES	0.63	32.13				31.44
8792	99408		ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	0.77	39.27				2097.37
8793	99409		ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN	1.51	77.01				2097.37
8794	99411		PREV MED CNSL GRP SPX 30 MIN	0.33	16.67		0	N	2097.37
8795	99412		PREV MED CNSL GRP SPX 60 MIN	0.48	24.24		0	N	2097.37
8796	99420		ADMN&INTERPJ HLTH RISK ASSMT INSTRUMENT	0.23	11.62		0	N	2097.37
8797	99429		UNLIS PREV MED SVC	BR	BR		0	N	2097.37
8798	99441		PHYSICIAN TELEPHONE EVALUATION 5-10 MIN	0.33	16.83				2097.37
8799	99442		PHYSICIAN TELEPHONE EVALUATION 11-20 MIN	0.6	30.60				2097.37
8800	99443		PHYSICIAN TELEPHONE EVALUATION 21-30 MIN	0.89	45.39				2097.37
8801	99444		PHYSICIAN ONLINE EVALUATION & MANAGEMENT SERVICE	BR	BR				2097.37
8802	99450		BASIC LIFE AND/OR DBLT XM	BR	BR		0	N	2097.37
8803	99455		WORK RELATED/MED DBLT XM TREATING PHYS	BR	BR		0	N	
8804	99456		WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	BR	BR		0	N	
8805	99460		1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	1.6	80.80	0.00	0	N	94.26
8806	99461		1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	2.4	121.20	0.00	0	N	
8807	99462		SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	0.85	42.93	0.00	0	N	2097.37
8808	99463		1ST HOSP/BIRTHING CENTER NB ADMIT&DSCHG SM DATE	2.16	109.08	0.00	0	N	94.26
8809	99464		ATTN AT DELIVERY& 1ST STABILIZATION OF NEWBORN	2.01	101.51	0.00	0	N	
8810	99465		DELIVERY/BIRTHING ROOM RESUSCITATION	4.09	206.55	0.00	0	N	223.90
8811	99466		CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	6.55	330.78	0.00	0	N	
8812	99467		CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	3.29	166.15	0.00	0	N	
8813	99468		1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	24.61	1242.81	0.00	0	N	2097.37
8814	99469		SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<	10.75	542.88	0.00	0	N	2097.37
8815	99471		INITIAL PED CRITICAL CARE 29 D THRU 24 MO	21.55	1088.28	0.00	0	N	2097.37
8816	99472		SUBSEQUENT PED CRITICAL CARE 29 D THRU 24 MO	10.78	544.39	0.00	0	N	2097.37
8817	99475		INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	14.85	749.93	0.00	0	N	2097.37
8818	99476		SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	8.91	449.96	0.00	0	N	2097.37
8819	99477		INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	8.46	431.46				2097.37
8820	99478		SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS	3.86	194.93	0.00	0	N	2097.37
8821	99479		SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	3.42	172.71	0.00	0	N	2097.37
8822	99480		SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	3.28	165.64	0.00	0	N	2097.37
8823	99499		UNLIS E/M SVC	BR	BR		0	N	
8824	99500		HOME VST PRENATAL MNTR&ASSMT	BR	BR		0	N	2097.37
8825	99501		HOME VST POSTNATAL ASSMT&F-UP CARE	BR	BR		0	N	2097.37
8826	99502		HOME VST NB CARE&ASSMT	BR	BR		0	N	2097.37
8827	99503		HOME VST RESPIR THER CARE	BR	BR		0	N	2097.37
8828	99504		HOME VST MCHNL VNTJ CARE	BR	BR		0	N	2097.37
8829	99505		HOME VST STOMA CARE&MAINT CLST&CSTOST	BR	BR		0	N	2097.37
8830	99506		HOME VST IM NJXS	BR	BR		0	N	2097.37
8831	99507		HOME VST CARE&MAINT CATH	BR	BR		0	N	2097.37
8832	99509		HOME VST ASSISTANCE DAILY LIV&PRSONAL CARE	BR	BR		0	N	2097.37

	A	B	C	D	E	F	G	H	I
8833	99510		HOME VST INDIV FAM/MARRIAGE CNSL	BR	BR		0	N	2097.37
8834	99511		HOME VST FECAL IMPACTION MGMT&ENEMA ADMN	BR	BR		0	N	2097.37
8835	99512		HOME VST HEMO	BR	BR		0	N	2097.37
8836	99600		UNLIS HOME VST SVC/PX	BR	BR		0	N	2097.37
8837	99601		HOME NFS/SPECTY DRUG ADMN PR VST <2 HR	BR	BR		0	N	2097.37
8838	99602		HOME NFS/SPECTY DRUG ADMN PR VST <2 HR EA HR	BR	BR		0	N	2097.37
8839	99605		MEDICATION THERAPY 1ST 15 MIN NEW PATIENT	BR	BR				2097.37
8840	99606		MEDICATION THERAPY F2F 1ST 15 MIN ESTABLISHED PT	BR	BR				2097.37
8841	99607		MEDICATION THERAPY F2F EA ADDITIONAL 15 MIN	BR	BR				2097.37
8842	A0021		AMB SERVICE OUTSIDE STATE PER MILE TRANSPORT		13.78				2097.37
8843	A0080		NONEMERG TRNSPRT-MILE-VEH VOLUN W/NO VESTED INT		BR				2097.37
8844	A0090		NONEMERG TRNSPRT-MILE-VEH PROV IND W/VESTED INT		BR				2097.37
8845	A0100		NONEMERGENCY TRANSPORTATION; TAXI		BR				2097.37
8846	A0110		NONEMERG TRNSPRT&BUS INTRA-/INTERSTATE CARRIER		BR				2097.37
8847	A0120		NONEMERG TRNSPRT: MINI-BUS MTN AREA/OTH SYS		BR				2097.37
8848	A0130		NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN		BR				2097.37
8849	A0140		NONEMERG TRNSPRT & AIR TRAVEL INTRA-/INTERSTATE		BR				2097.37
8850	A0160		NONEMERG TRNSPRT: PER MILE-CASE/SOCIAL WORKER		0.46				2097.37
8851	A0170		TRANSPORTATION ANCILLARY: PARKING FEES TOLLS OTH		BR				2097.37
8852	A0180		NONEMERG TRANSPORTATION: ANCILLARY: LODGNG-RECIP		BR				2097.37
8853	A0190		NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP		BR				2097.37
8854	A0200		NONEMERG TRANSPORTATION: ANCILLRY: LODGNG-ESCORT		BR				2097.37
8855	A0210		NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT		BR				2097.37
8856	A0225		AMB SRVC NEONAT TRNSPRT BASE RATE EMERG 1 WAY		663.80				2097.37
8857	A0380		BLS MILEAGE		11.48				2097.37
8858	A0382		BLS ROUTINE DISPOSABLE SUPPLIES		21.81				
8859	A0384		BLS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB		109.05				
8860	A0390		ALS MILEAGE		11.48				2097.37
8861	A0392		ALS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB		109.05				
8862	A0394		ALS SPECIALIZED SERVICE DISPBL SPL; IV DRUG TX		52.34				
8863	A0396		ALS SPCLIZED SERVICE DISPBL SPL; ESOPH INTUBAT		87.24				
8864	A0398		ALS ROUTINE DISPOSABLE SUPPLIES		21.81				
8865	A0420		AMBULANCE WAITING TIME ONE-HALF HOUR INCREMENTS		BR				
8866	A0422		AMB OXYGEN&O2 SUPPLIES LIFE SUSTAINING SITUATION		80.70				
8867	A0424		EXTRA AMBULANCE ATTENDANT GROUND OR AIR ;		BR				
8868	A0425		GROUND MILEAGE PER STATUTE MILE		11.48				
8869	A0426		AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1		503.66				
8870	A0427		AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1		529.38				
8871	A0428		AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT		443.09				
8872	A0429		AMBULANCE SERVICE BLS EMERGENCY TRANSPORT		459.68				
8873	A0430		AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY		BR				
8874	A0431		AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY		BR				
8875	A0432		PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER		BR				
8876	A0433		ADVANCED LIFE SUPPORT LEVEL 2		BR				
8877	A0434		SPECIALTY CARE TRANSPORT		BR				
8878	A0435		FIXED WING AIR MILEAGE PER STATUTE MILE		BR				
8879	A0436		ROTARY WING AIR MILEAGE PER STATUTE MILE		BR				
8880	A0888		NONCOVERED AMBULANCE MILEAGE PER MILE		BR				2097.37

	A	B	C	D	E	F	G	H	I
8881	A0998		AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT		BR				2097.37
8882	A0999		UNLISTED AMBULANCE SERVICE		BR				
8883	A4206		SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH		0.24				2097.37
8884	A4207		SYRINGE WITH NEEDLE STERILE 2 CC EACH		BR				2097.37
8885	A4208		SYRINGE WITH NEEDLE STERILE 3 CC EACH		0.22				2097.37
8886	A4209		SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH		0.35				2097.37
8887	A4210		NEEDLE-FREE INJECTION DEVICE EACH		1155.15				2097.37
8888	A4211		SUPPLIES FOR SELF-ADMINISTERED INJECTIONS		BR				2097.37
8889	A4212		NONCORING NEEDLE OR STYLET W/WO CATHETER		11.23				
8890	A4213		SYRINGE STERILE 20 CC OR GREATER EACH		1.20				2097.37
8891	A4215		NEEDLE STERILE ANY SIZE EACH		BR				2097.37
8892	A4216		STERIL WATER SALINE & OR DXT DILUENT/FLUSH 10 ML		0.54				
8893	A4217		STERILE WATER/SALINE 500 ML		3.81				
8894	A4218		STERILE SALINE/WATER METERED DOSE DISPNS 10 ML		BR				
8895	A4220		REFILL KIT FOR IMPLANTABLE INFUSION PUMP		BR				
8896	A4221		SUPPLIES MAINT DRUG INFUS CATHETER PER WEEK		27.45				
8897	A4222		INFUS SPL EXT RX INFUS PUMP CASSETTE/BAG		56.68				
8898	A4223		INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG		BR				2097.37
8899	A4230		INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE		BR				
8900	A4231		INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE		BR				
8901	A4232		SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC		BR				2097.37
8902	A4233	NU	REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT		0.96				
8903	A4233	RR	REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT		0.10				
8904	A4233	UE	REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT		0.72				
8905	A4234	NU	REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA		4.40				
8906	A4234	RR	REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA		0.43				
8907	A4234	UE	REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA		3.30				
8908	A4235	NU	REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA		2.84				
8909	A4235	RR	REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA		0.29				
8910	A4235	UE	REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA		2.13				
8911	A4236	NU	REPL BATT SILVER OXIDE HOM BG MON OWND PT EA		2.04				
8912	A4236	RR	REPL BATT SILVER OXIDE HOM BG MON OWND PT EA		0.20				
8913	A4236	UE	REPL BATT SILVER OXIDE HOM BG MON OWND PT EA		1.54				
8914	A4244		ALCOHOL OR PEROXIDE PER PINT		1.22				2097.37
8915	A4245		ALCOHOL WIPES PER BOX		3.75				2097.37
8916	A4246		BETADINE OR PHISOHEX SOLUTION PER PINT		4.14				2097.37
8917	A4247		BETADINE OR IODINE SWABS/WIPES PER BOX		6.32				2097.37
8918	A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML		BR				
8919	A4250		URINE TEST OR REAGENT STRIPS OR TABLETS		23.37				2097.37
8920	A4252		BLOOD KETONE TEST OR REAGENT STRIP EACH		BR				2097.37
8921	A4253		BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50		44.49				
8922	A4255		PLATFORMS HOME BLOOD GLUCOSE MONITOR 50 PER BOX		4.99				
8923	A4256		NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS		13.88				
8924	A4257		REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC		15.47				
8925	A4258		SPRING-POWERED DEVICE FOR LANCET EACH		21.89				
8926	A4259		LANCETS PER BOX OF 100		BR				
8927	A4261		CERVICAL CAP FOR CONTRACEPTIVE USE		BR				2097.37
8928	A4262		TEMPORARY ABSORBABLE LACRIMAL DUCT IMPLANT EACH		0.68				

	A	B	C	D	E	F	G	H	I
8929	A4263		PERM LONG-TERM NONDISSOLVABLE LAC DUCT IMPL EA		53.45				
8930	A4264		PERM IMPL CONTRACEPTIVE TUBAL OCCL DEV & DEL SYS		BR				2097.37
8931	A4265		PARAFFIN PER POUND		4.12				
8932	A4266		DIAPHRAGM FOR CONTRACEPTIVE USE		BR				2097.37
8933	A4267		CONTRACEPTIVE SUPPLY CONDOM MALE EACH		0.43				2097.37
8934	A4268		CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH		BR				2097.37
8935	A4269		CONTRACEPTIVE SUPPLY SPERMICIDE EACH		1.36				2097.37
8936	A4270		DISPOSABLE ENDOSCOPE SHEATH EACH		BR				
8937	A4280		ADHES SKN SUPPORT ATTCH USE W/EXT BRST PROSTH EA		6.81				
8938	A4281		TUBING FOR BREAST PUMP REPLACEMENT		BR				2097.37
8939	A4282		ADAPTER FOR BREAST PUMP REPLACEMENT		BR				2097.37
8940	A4283		CAP FOR BREAST PUMP BOTTLE REPLACEMENT		BR				2097.37
8941	A4284		BREAST SHIELD&SPLASH PROTECTR W/BREAST PUMP REPL		23.76				2097.37
8942	A4285		POLYCARBONATE BOTTLE USE W/BREAST PUMP REPL		BR				2097.37
8943	A4286		LOCKING RING FOR BREAST PUMP REPLACEMENT		BR				2097.37
8944	A4290		SACRAL NERVE STIMULATION TEST LEAD EACH		BR				
8945	A4300		IMPLANTABLE ACCESS CATHETER EXTERNAL ACCESS		BR				
8946	A4301		IMPLANTABLE ACCESS TOTAL CATHETER PORT/RESERVOIR		BR				
8947	A4305		DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML/>-HOUR		17.60				
8948	A4306		DISPOSABL DRUG DEL SYS FLOW RATE <50 ML PER HOUR		24.14				
8949	A4310		INSERTION TRAY W/O DRAIN BAG&W/O CATHETER		9.36				
8950	A4311		INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX		17.99				
8951	A4312		INSRTION TRAY W/O DRN BAG W/CATH 2-WAY SILCON		21.88				
8952	A4313		INSRT TRAY W/O DRN BAG W/CATH 3-WAY CONT IRRIG		22.46				
8953	A4314		INSRTION TRAY W/DRN BAG W/CATH 2-WAY LATX W/COAT		30.67				
8954	A4315		INSRTION TRAY W/DRN BAG W/CATH2-WAY ALL SILCON		32.00				
8955	A4316		INSRTION TRAY W/DRN BAG W/CATH 3-WAY CONT IRRIG		34.45				
8956	A4320		IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS		6.47				
8957	A4321		THERAPEUTIC AGENT URINARY CATHETER IRRIGATION		BR				
8958	A4322		IRRIGATION SYRINGE BULB OR PISTON EACH		3.68				
8959	A4326		MALE EXT CATH W/INTEGRAL CLCT CHAMB ANY TYPE EA		13.09				
8960	A4327		FE EXTERNAL URIN COLLECTION DEVICE; METAL CUP EA		54.12				
8961	A4328		FE EXTERNAL URINARY COLLECTION DEVICE; POUCH EA		12.67				
8962	A4330		PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH		8.67				
8963	A4331		EXT DRN TUBING W/CNCTOR/ADAPTR FOR LEG BAG EA		3.86				
8964	A4332		LUBRICANT INDIVIDUAL STERILE PACKET EACH		0.15				
8965	A4333		URIN CATHETER ANCHR DEVICE ADHES SKIN ATTCH EA		2.66				
8966	A4334		URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH		5.98				
8967	A4335		INCONTINENCE SUPPLY; MISCELLANEOUS		BR				
8968	A4336		INCONTINENCE SUPPLY URETHRAL INSERT ANY TYPE EA		BR				
8969	A4338		INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W/COAT EA		14.87				
8970	A4340		INDWELLING CATHETER; SPECIALTY TYPE EACH		38.51				
8971	A4344		INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA		19.43				
8972	A4346		INDWELL CATH; FOLY TYPE 3-WAY CONT IRRIGATION EA		23.76				
8973	A4349		MALE EXTERNAL CATHETER W/WO ADHES DISPOSABLE EA		2.45				
8974	A4351		INTERMIT URIN CATH; STRAIGHT TIP W/WO COAT EA		2.20				
8975	A4352		INTERMITTENT URINARY CATHETER; COUDE TIP EACH		7.79				
8976	A4353		INTERMIT URINARY CATHETER W/INSERTION SUPPLIES		8.49				

	A	B	C	D	E	F	G	H	I
8977	A4354		INSERTION TRAY W/DRAIN BAG BUT WITHOUT CATHETER		14.31				
8978	A4355		IRRIG TUBING CONT BLADD IRRIG 3-WAY CATH EA		10.82				
8979	A4356		EXTERNAL URETHRAL CLAMP/COMPRESSION DEVICE EACH		55.34				
8980	A4357		BEDSID DRN BAG DAY/NGT W/WO ANTI-REFLX DEVC EA		11.77				
8981	A4358		URINARY LEG BAG; VINYL W/WO TUBE EACH		8.05				
8982	A4360		DISPSBL EXT URETHRAL CLAMP/COMP DEV PAD POUCH EA		BR				
8983	A4361		OSTOMY FACEPLATE EACH		22.29				
8984	A4362		SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH		4.20				
8985	A4363		OSTOMY CLAMP ANY TYPE REPLACEMENT ONLY EACH		2.87				
8986	A4364		ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE		3.56				
8987	A4366		OSTOMY VENT ANY TYPE EACH		1.58				
8988	A4367		OSTOMY BELT EACH		8.92				
8989	A4368		OSTOMY FILTER ANY TYPE EACH		0.31				
8990	A4369		OSTOMY SKIN BARRIER LIQUID PER OZ		2.94				
8991	A4371		OSTOMY SKIN BARRIER POWDER PER OZ		4.43				
8992	A4372		OST SKIN BARR SOL 4X4/EQUV STD WEAR CONVXITY EA		5.07				
8993	A4373		OST SKN BARR W/FLNGE W/BUILT-IN CONVXITY SZ EA		7.61				
8994	A4375		OSTOMY POUCH DRAINABLE W/FCEPLATE ATTCH PLSTC EA		20.83				
8995	A4376		OSTOMY POUCH DRAINABLE W/FACEPLATE ATTCH RUBR EA		57.72				
8996	A4377		OSTOMY POUCH DRAINABLE USE FACEPLATE PLASTIC EA		5.20				
8997	A4378		OSTOMY POUCH DRAINABLE USE FACEPLATE RUBBER EACH		37.30				
8998	A4379		OSTOMY POUCH URINARY W/FACEPLATE ATTCH PLSTC EA		18.21				
8999	A4380		OSTOMY POUCH URINARY W/FACEPLATE ATTCH RUBBER EA		45.28				
9000	A4381		OSTOMY POUCH URINARY USE FACEPLATE PLASTIC EACH		5.59				
9001	A4382		OSTOMY POUCH URIN USE FACEPLATE HEAVY PLSTC EA		29.86				
9002	A4383		OSTOMY POUCH URINARY USE FACEPLATE RUBBER EACH		34.19				
9003	A4384		OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH		11.67				
9004	A4385		OST SKN BARRIER SOLID 4X4 EXT W/O CONVXITY EA		6.20				
9005	A4387		OSTOMY POUCH CLOSED W/BARR BUILT-IN CONVEXITY EA		BR				
9006	A4388		OST POUCH DRAINABLE W/EXT WEAR BARRIER ATTCH EA		5.29				
9007	A4389		OST POUCH DRNABLE W/BARR W/BUILT-IN CONVXITY EA		7.54				
9008	A4390		OST POUCH DRNABLE W/EXT BARRIER W/CONVXITY EA		11.66				
9009	A4391		OSTOMY POUCH URINARY W/EXT WEAR BARRIER ATTCH EA		8.58				
9010	A4392		OST POUCH URIN W/STD WEAR BARRIER W/CONVXITY EA		9.92				
9011	A4393		OST POUCH URIN W/EXT WEAR BARRIER W/CONVXITY EA		10.97				
9012	A4394		OSTOMY DEODORANT W/WO LUBRICANT POUCH PER FL OZ		3.13				
9013	A4395		OSTOMY DEODORANT USE OSTOMY POUCH SOLID PER TAB		0.05				
9014	A4396		PERISTOMAL HERNIA SUPPORT BELT		49.10				
9015	A4397		IRRIGATION SUPPLY; SLEEVE EACH		5.82				
9016	A4398		OSTOMY IRRIGATION SUPPLY; BAG EACH		16.76				
9017	A4399		OSTOMY IRRIGATION SUPPLY; CONE/CATH INCL BRUSH		14.87				
9018	A4400		OSTOMY IRRIGATION SET		59.27				
9019	A4402		LUBRICANT PER OUNCE		1.94				
9020	A4404		OSTOMY RING EACH		2.04				
9021	A4405		OSTOMY SKIN BARRIER NONPECTIN-BASED PASTE-OZ		4.12				
9022	A4406		OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE		6.97				
9023	A4407		OST SKN BARRIER W/BUILT-IN CONVXITY 4X4 IN/< EA		10.63				
9024	A4408		OST SKN BARRIER W/BUILT-IN CONVXITY > 4X4 IN EA		11.97				

	A	B	C	D	E	F	G	H	I
9025	A4409		OST SKN BARR EXT W/O BUILT-IN CONVXTY 4X4 IN/<EA		7.54				
9026	A4410		OST SKN BARR EXT W/O BUILT-IN CONVXITY>4X4 IN EA		10.97				
9027	A4411		OST SKN BARRIER SOLID 4X4/EQ W/BUILT-IN CONVXITY		6.20				
9028	A4412		OST POUCH DRNABLE BARRIER W/FLNGE W/O FLTR EA		3.28				
9029	A4413		OST POUCH DRNABLE HI OP BARRIER W/FLNGE/FLTR EA		6.67				
9030	A4414		OST SKN BARRIER W/O BUILT-IN CONVXITY 4X4 IN/<EA		5.98				
9031	A4415		OST SKN BARRIER W/O BUILT-IN CONVXITY >4X4 IN EA		7.28				
9032	A4416		OSTOMY POUCH CLOSED W/BARRIER ATTCH W/FILTER EA		3.34				
9033	A4417		OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVXIT		4.51				
9034	A4418		OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTER EA		2.20				
9035	A4419		OST POUCH CLOS; BARRIER W/NON-LOCK FLNGE W/FLTR		2.12				
9036	A4420		OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA		BR				
9037	A4421		OSTOMY SUPPLY; MISCELLANEOUS		BR				2097.37
9038	A4422		OST ABSORBNT MATL POUCH THICKEN LQD STOMAL OP EA		0.15				
9039	A4423		OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA		2.26				
9040	A4424		OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA		5.76				
9041	A4425		OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA		4.35				
9042	A4426		OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA		3.32				
9043	A4427		OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA		3.37				
9044	A4428		OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE		7.90				
9045	A4429		OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE		10.00				
9046	A4430		OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA		10.34				
9047	A4431		OST POUCH URIN; W/BARR W/FAUCET TAP W/VALVE EA		7.54				
9048	A4432		OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV		4.35				
9049	A4433		OST POUCH URIN; FOR BARR W/LOCKING FLANGE EA		4.05				
9050	A4434		OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE		4.57				
9051	A4450		TAPE NON-WATERPROOF PER 18 SQUARE INCHES		0.11				
9052	A4452		TAPE WATERPROOF PER 18 SQUARE INCHES		0.43				
9053	A4455		ADHESIVE REMOVER OR SOLVENT PER OUNCE		1.74				
9054	A4456		ADHESIVE REMOVER WIPES ANY TYPE EACH		BR				
9055	A4458		ENEMA BAG WITH TUBING REUSABLE		BR				2097.37
9056	A4461		SURGICAL DRESSING HOLDER NON-REUSABLE EACH		3.98				
9057	A4463		SURGICAL DRESSING HOLDER REUSABLE EACH		16.14				
9058	A4465		NONELASTIC BINDER FOR EXTREMITY		12.35				
9059	A4466		GARMENT BELT SLEEVE OR OTH COVERING ELASTIC EACH		BR				2097.37
9060	A4470		GRAVLEE JET WASHER		8.43				
9061	A4480		VABRA ASPIRATOR		6.74				
9062	A4481		TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH		0.46				
9063	A4483		MOISTR EXCHGR DISPBL USE W/INVASV MECH VENT		BR				
9064	A4490		SURGICAL STOCKING ABOVE KNEE LENGTH EACH		9.02				2097.37
9065	A4495		SURGICAL STOCKING THIGH LENGTH EACH		9.02				2097.37
9066	A4500		SURGICAL STOCKING BELOW KNEE LENGTH EACH		6.73				2097.37
9067	A4510		SURGICAL STOCKING FULL-LENGTH EACH		16.31				2097.37
9068	A4520		INCONTINENCE GARMENT ANY TYPE EACH		BR				2097.37
9069	A4550		SURGICAL TRAYS		39.41				
9070	A4554		DISPOSABLE UNDERPADS ALL SIZES		4.08				2097.37
9071	A4556		ELECTRODES PER PAIR		14.73				
9072	A4557		LEAD WIRES PER PAIR		25.60				

	A	B	C	D	E	F	G	H	I
9073	A4558		CONDUCTIVE GEL/PASTE FOR USE W/ELECTRICAL DEVICE		6.60				
9074	A4559		COUPLING GEL/PASTE USE W/US DEVICE PER OZ		0.12				
9075	A4561		PESSAR RUBBER ANY TYPE		26.08				
9076	A4562		PESSARY NON RUBBER ANY TYPE		64.89				
9077	A4565		SLINGS		9.51				
9078	A4570		SPLINTS		23.10				2097.37
9079	A4575		TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE		BR				2097.37
9080	A4580		CAST SUPPLIES		BR				2097.37
9081	A4590		SPECIAL CASTING MATERIAL		51.98				2097.37
9082	A4595		ELECTRICAL STIMULATOR SUPPLIES 2 LEAD PER MONTH		34.94				
9083	A4600		SLEEVE INTERMITTENT LIMB COMPRS DEVC REPL EA		BR				
9084	A4601		LITHIUM ION BATTERY NONPROSTHETIC USE REPLACMENT		BR				
9085	A4604	NU	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC		69.84				
9086	A4604	RR	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC		6.99				
9087	A4604	UE	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC		52.38				
9088	A4605		TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH		19.90				
9089	A4606		OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT		BR				
9090	A4608		TRANSTRACHEAL OXYGEN CATHETER EACH		60.80				
9091	A4611	NU	BATTRY HEAVY DUTY; REPL PT-OWNED VENTILATOR		238.27				
9092	A4611	RR	BATTRY HEAVY DUTY; REPL PT-OWNED VENTILATOR		24.71				
9093	A4611	UE	BATTRY HEAVY DUTY; REPL PT-OWNED VENTILATOR		178.71				
9094	A4612	NU	BATTRY CABLES; REPLACEMENT PT-OWNED VENTILATOR		96.95				
9095	A4612	RR	BATTRY CABLES; REPLACEMENT PT-OWNED VENTILATOR		9.88				
9096	A4612	UE	BATTRY CABLES; REPLACEMENT PT-OWNED VENTILATOR		73.93				
9097	A4613	NU	BATTRY CHARGER; REPLACEMENT PT-OWNED VENTILATOR		174.92				
9098	A4613	RR	BATTRY CHARGER; REPLACEMENT PT-OWNED VENTILATOR		17.50				
9099	A4613	UE	BATTRY CHARGER; REPLACEMENT PT-OWNED VENTILATOR		126.50				
9100	A4614		PEAK EXPIRATORY FLOW RATE METER HAND HELD		28.84				
9101	A4615		CANNULA NASAL		0.87				
9102	A4616		TUBING PER FOOT		0.08				
9103	A4617		MOUTHPIECE		3.75				
9104	A4618	NU	BREATHING CIRCUITS		10.78				
9105	A4618	RR	BREATHING CIRCUITS		1.24				
9106	A4618	UE	BREATHING CIRCUITS		8.09				
9107	A4619		FACE TENT		1.47				
9108	A4620		VARIABLE CONCENTRATION MASK		0.75				
9109	A4623		TRACHEOSTOMY INNER CANNULA		7.95				
9110	A4624		TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA		3.19				
9111	A4625		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		8.41				
9112	A4626		TRACHEOSTOMY CLEANING BRUSH EACH		3.87				
9113	A4627		SPACR BAG/RESRVOR W/WO MASK W/METRD DOSE INHAL		22.46				2097.37
9114	A4628		OROPHARYNGEAL SUCTION CATHETER EACH		4.54				
9115	A4629		TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY		5.61				
9116	A4630		REPLCMT BATTRY MED NECES TRNSQ ELEC STIM OWND PT		7.58				
9117	A4633		REPLCMT BULB/LAMP ULTRAVIOLET LIGHT TX SYSTEM EA		49.78				
9118	A4634		REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL		BR				
9119	A4635	NU	UNDERARM PAD CRUTCH REPLACEMENT EACH		6.21				
9120	A4635	RR	UNDERARM PAD CRUTCH REPLACEMENT EACH		0.83				

	A	B	C	D	E	F	G	H	I
9121	A4635	UE	UNDERARM PAD CRUTCH REPLACEMENT EACH		4.12				
9122	A4636	NU	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH		4.40				
9123	A4636	RR	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH		0.45				
9124	A4636	UE	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH		3.21				
9125	A4637	NU	REPLACEMENT TIP CANE CRUTCH WALKER EACH		2.23				
9126	A4637	RR	REPLACEMENT TIP CANE CRUTCH WALKER EACH		0.31				
9127	A4637	UE	REPLACEMENT TIP CANE CRUTCH WALKER EACH		1.69				
9128	A4638	NU	REPLACEMENT BATTRY PT-OWNED EAR PULSE GEN EA		BR				
9129	A4638	RR	REPLACEMENT BATTRY PT-OWNED EAR PULSE GEN EA		BR				
9130	A4638	UE	REPLACEMENT BATTRY PT-OWNED EAR PULSE GEN EA		BR				
9131	A4639		REPLACEMENT PAD INFRARED HEATING PAD SYSTEM EACH		348.35				
9132	A4640	NU	REPLCMT PAD W/MED NECES ALTRNAT PRSS PAD OWND PT		76.81				
9133	A4640	RR	REPLCMT PAD W/MED NECES ALTRNAT PRSS PAD OWND PT		7.81				
9134	A4640	UE	REPLCMT PAD W/MED NECES ALTRNAT PRSS PAD OWND PT		54.41				
9135	A4641		RADIOPHARMACEUTICAL DIAGNOSTIC NOC		BR				
9136	A4642		INDIUM IN-111 SATUMOMAB PENDETIDE DX UP TO 6 MCI		BR				
9137	A4648		TISSUE MARKER IMPLANTABLE ANY TYPE EACH		BR				
9138	A4649		SURGICAL SUPPLY; MISCELLANEOUS		BR				
9139	A4650		IMPLANTABLE RADIATION DOSIMETER EACH		BR				
9140	A4651		CALIBRATED MICROCAPILLARY TUBE EACH		BR				
9141	A4652		MICROCAPILLARY TUBE SEALANT		BR				
9142	A4653		PERITON DIALYSIS CATHETER ANCHR DEVICE BELT EA		BR				
9143	A4657		SYRINGE WITH OR WITHOUT NEEDLE EACH		BR				
9144	A4660		SPHYGMOMANOMETER/BP APPARATUS W/CUFF&STETHOSCOPE		17.73				
9145	A4663		BLOOD PRESSURE CUFF ONLY		33.98				
9146	A4670		AUTOMATIC BLOOD PRESSURE MONITOR		86.98				2097.37
9147	A4671		DISPBL CYCLER SET USED W/CYCLER DIALYSIS MACH EA		BR				
9148	A4672		DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH		BR				
9149	A4673		EXT LINE W/EASY LOCK CONNECTORS USED W/DIALYSIS		BR				
9150	A4674		CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ		BR				
9151	A4680		ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH		88.34				
9152	A4690		DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH		875.92				
9153	A4706		BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON		BR				
9154	A4707		BICARBONATE CONCENTRATE POWDER HEMODIAL-PACKET		BR				
9155	A4708		ACTAT CONCENTRATE SOLUTION HEMODIAL PER GALLON		BR				
9156	A4709		ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON		BR				
9157	A4714		TREATED WATER FOR PERITONEAL DIALYSIS PER GALLON		BR				
9158	A4719		Y SET TUBING FOR PERITONEAL DIALYSIS		BR				
9159	A4720		DIALYSATE DXTROS FL >249</=999 CC PERITON DIALYS		BR				
9160	A4721		DIALYSATE DXTROS FL >999</=1999CC PERITON DIALYS		BR				
9161	A4722		DIALYSATE DXTROS FL>1999</=2999CC PERITON DIALYS		BR				
9162	A4723		DIALYSATE DXTROS FL>2999</=3999CC PERITON DIALYS		BR				
9163	A4724		DIALYSATE DXTROS FL>3999</=4999CC PERITON DIALYS		BR				
9164	A4725		DIALYSATE DXTROS FL>4999</=5999CC PERITON DIALYS		BR				
9165	A4726		DIALYSATE DEXTROSE FLUID > 5999 CC PD		BR				
9166	A4728		DIALYSATE SOLUTION NON-DXTROS CONTAINING 500 ML		BR				
9167	A4730		FISTULA CANNULATION SET FOR HEMODIALYSIS EACH		BR				
9168	A4736		TOPICAL ANESTHETIC FOR DIALYSIS PER GRAM		BR				

	A	B	C	D	E	F	G	H	I
9169	A4737		INJECTABLE ANESTHETIC FOR DIALYSIS PER 10 ML		BR				
9170	A4740		SHUNT ACCESSORY HEMODIALYSIS ANY TYPE EACH		BR				
9171	A4750		BLOOD TUBING ARTERIAL/VENOUS HEMODIALYSIS EACH		16.85				
9172	A4755		BLOOD TUBING ART&VENOUS COMBINED HEMODIALYSIS EA		BR				
9173	A4760		DIALYSATE SOL TST KIT PERITON DIALYSIS TYPE EA		BR				
9174	A4765		DIALYSATE CONC POWDER ADD PERITON DIALYSIS-PCKET		BR				
9175	A4766		DIALYSATE CONC SOL ADD PERITON DIALYSIS-10 ML		BR				
9176	A4770		BLOOD COLLECTION TUBE VACUUM FOR DIALYSIS PER 50		BR				
9177	A4771		SERUM CLOTTING TIME TUBE FOR DIALYSIS PER 50		BR				
9178	A4772		BLOOD GLUCOSE TEST STRIPS FOR DIALYSIS PER 50		35.33				
9179	A4773		OCCULT BLOOD TEST STRIPS FOR DIALYSIS PER 50		22.41				
9180	A4774		AMMONIA TEST STRIPS FOR DIALYSIS PER 50		BR				
9181	A4802		PROTAMINE SULFATE FOR HEMODIALYSIS PER 50 MG		6.37				
9182	A4860		DISPBL CATHETER TIPS PERITONEAL DIALYSIS PER 10		BR				
9183	A4870		PLUMBING &OR ELEC WORK HOME HEMODIAL EQUIPMENT		BR				
9184	A4890		CONTRACTS REPAIR&MAINTENANCE HEMODIAL EQUIPMENT		BR				
9185	A4911		DRAIN BAG/BOTTLE FOR DIALYSIS EACH		BR				
9186	A4913		MISCELLANEOUS DIALYSIS SUPPLIES NOS		BR				
9187	A4918		VENOUS PRESSURE CLAMP FOR HEMODIALYSIS EACH		BR				
9188	A4927		GLOVES NON-STERILE PER 100		5.44				
9189	A4928		SURGICAL MASK PER 20		BR				
9190	A4929		TOURNIQUET FOR DIALYSIS EACH		0.19				
9191	A4930		GLOVES STERILE PER PAIR		1.14				
9192	A4931		ORAL THERMOMETER REUSABLE ANY TYPE EACH		BR				
9193	A4932		RECTAL THERMOMETER REUSABLE ANY TYPE EACH		BR				2097.37
9194	A5051		OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH		2.50				
9195	A5052		OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA		1.81				
9196	A5053		OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH		2.12				
9197	A5054		OSTOMY POUCH CLOSED; USE BARRIER W/FLANGE EACH		2.17				
9198	A5055		STOMA CAP		1.74				
9199	A5061		OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH		4.28				
9200	A5062		OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA		2.69				
9201	A5063		OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA		3.28				
9202	A5071		OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH		7.28				
9203	A5072		OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA		4.28				
9204	A5073		OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH		3.86				
9205	A5081		CONTINENT DEVICE; PLUG FOR CONTINENT STOMA		4.01				
9206	A5082		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA		14.42				
9207	A5083		CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA		0.76				
9208	A5093		OSTOMY ACCESSORY; CONVEX INSERT		2.36				
9209	A5102		BEDSID DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE EA		27.38				
9210	A5105		URINARY SUSPENSORY WITH LEG BAG W/WO TUBE EACH		49.44				
9211	A5112		URINARY LEG BAG; LATEX		41.99				
9212	A5113		LEG STRAP; LATEX REPLACEMENT ONLY PER SET		5.71				
9213	A5114		LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET		10.84				
9214	A5120		SKIN BARRIER WIPES OR SWABS EACH		0.30				
9215	A5121		SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH		9.05				
9216	A5122		SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH		15.59				

	A	B	C	D	E	F	G	H	I
9217	A5126		ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD		1.60				
9218	A5131		APPLINC CLNR INCONT&OSTOMY APPLINCS PER 16 OZ		19.23				
9219	A5200		PERCUT CATH/TUBE ANCHR DEVICE ADHES SKIN ATTCH		13.71				
9220	A5500		DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT		81.65				
9221	A5501		DIAB ONLY FIT CSTM PREP&SPL SHOE MOLD PTS FT		244.93				
9222	A5503		DIAB ONLY MOD SHOE/CSTM MOLD ROLLER/ROCKR BOTTOM		36.31				
9223	A5504		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/WEDGE SHOE		36.31				
9224	A5505		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/MT BAR SHOE		36.31				
9225	A5506		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/OFF SET HEEL		36.31				
9226	A5507		DIAB ONLY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE		36.31				
9227	A5508		DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE		BR				
9228	A5510		DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT		BR				2097.37
9229	A5512		FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA		33.32				
9230	A5513		FOR DIAB ONLY MX DNSITY INSRT CSTM MOLD CSTM EA		49.73				
9231	A6000		NON-CNTC WND WARMING WND COVR W/DEVC&CARD		BR				2097.37
9232	A6010		COLLAGEN BASED WND FILLER DRY FORM STERL PER GM		37.55				
9233	A6011		COLL BASED WND FIL GEL/PASTE STERL PER GM COLL		2.76				
9234	A6021		COLLAGEN DRESS STERILE PAD SIZE 16 SQ IN/LESS EA		25.49				
9235	A6022		COLL DRESS STERL PAD SIZE>16 SQ IN BUT/=48 SQ EA		25.49				
9236	A6023		COLLAGEN DRESSING STERL PAD SIZE > 48 SQ IN EACH		230.83				
9237	A6024		COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN		7.52				
9238	A6025		GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH		32.62				2097.37
9239	A6154		WOUND POUCH EACH		17.45				
9240	A6196		ALGINAT/OTH FIBER GELL DRESS STERIL PAD 16 SQ/<		8.92				
9241	A6197		ALGINATE/OTH FIBER GELL DRESS PAD >16</=48 SQ EA		19.94				
9242	A6198		ALGINATE/OTH FIBER GELL DRESS WND PAD > 48 SQ EA		BR				
9243	A6199		ALGINATE/OTH FIBER GEL DRESS WND FIL STERL 6 IN		6.41				
9244	A6203		COMPOS DRESS STERL PAD 16 SQ/< W/ADHES BORDR EA		4.06				
9245	A6204		COMPOS DRESS >16SQ BUT </=48 SQ W/ADHES BORDR EA		7.56				
9246	A6205		COMPOS DRESS STERL PAD > 48 SQ W/ADHES BORDR		BR				
9247	A6206		CONTACT LAYER STERL 16 SQ IN/LESS EA DRESSING		5.95				
9248	A6207		CNTC LAYER > 16 SQ BUT </EQUAL 48 SQ EA DRESSING		8.90				
9249	A6208		CONTACT LAYER STERL > 48 SQ IN EACH DRESSING		BR				
9250	A6209		FOAM DRESS STERL PAD 16 SQ/< NO ADHES BORDR EA		9.06				
9251	A6210		FOAM DRESS > 16 BUT </= 48 SQ W/O ADHES BORDR EA		24.16				
9252	A6211		FOAM DRESS STERL PAD >48 SQ NO ADHES BORDR EA		35.62				
9253	A6212		FOAM DRESS STERL PAD SZ 16 SQ/> W/ADHES BORDR EA		11.77				
9254	A6213		FOAM DRESS >16 SQ BUT </= 48 SQ W/ADHES BORDR EA		28.54				
9255	A6214		FOAM DRESS STERL PAD SZ > 48 SQ W/ADHES BORDR EA		12.48				
9256	A6215		FOAM DRESSING WOUND FILLER STERILE PER GRAM		BR				
9257	A6216		GAUZE NON-IMPREG NONSTERL 16 SQ/< W/O ADHES EA		0.05				
9258	A6217		GAUZE NON-IMPREG NONSTERL >16 </=48 SQ W/O ADHES		BR				
9259	A6218		GAUZE NON-IMPREG NONSTERL > 48 SQ W/O ADHES EA		0.54				
9260	A6219		GAUZE NON-IMPREG STERL 16 SQ/LESS W/ADHES BORDR		1.16				
9261	A6220		GAUZE NON-IMPREG >16 </= 48 SQ W/ADHES BORDR EA		3.13				
9262	A6221		GAUZE NON-IMPREG STERL > 48 SQ W/ADHES BORDR EA		BR				
9263	A6222		GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL 16 SQ/<		2.58				
9264	A6223		GAUZE IMPREG NOT H2O SALINE/HYDRGEL >16 </=48 SQ		2.94				

	A	B	C	D	E	F	G	H	I
9265	A6224		GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL > 48 SQ		4.38				
9266	A6228		GAUZE IMPREG H2O/NL SALINE STERL >16 SQ NO ADHES		2.55				
9267	A6229		GAUZE IMPREG H2O/NL SALINE STERL>16 BUT</=48 SQ		4.38				
9268	A6230		GAUZE IMPREG H2O/NL SALINE STERL> 48 SQ NO ADHES		4.21				
9269	A6231		GAUZE IMPREG HYDROGEL DIR WND CNTC STERL 16 SQ/<		5.67				
9270	A6232		GAUZE IMPREG HYDROGEL DIR WND CNTC >16 </= 48 SQ		8.34				
9271	A6233		GAUZE IMPREG HYDROGEL DIR WND CNTC STERL>48 SQ		23.28				
9272	A6234		HYDROCOLLOID DRESS STERL 16 SQ/< NO ADHES BORDR		7.94				
9273	A6235		HYDROCOLLOID DRESS >16 BUT </=48 SQ W/O ADHES EA		20.40				
9274	A6236		HYDROCOLLOID DRESS STERL >48 SQ NO ADHES BORDR		33.05				
9275	A6237		HYDROCOLLOID DRESS STERL 16 SQ/< ADHES BORDR		9.59				
9276	A6238		HYDROCOLLOID DRESS > 16 BUT </= 48 SQ W/ADHES EA		27.64				
9277	A6239		HYDROCOLLOID DRESS STERL >48 SQ W/ADHES BORDR		BR				
9278	A6240		HYDROCOLLOID DRESSING WND FIL PASTE STERL PER OZ		14.84				
9279	A6241		HYDROCOLLOID DRESS WND FIL DRY FORM STERL PER GM		3.13				
9280	A6242		HYDROGEL DRESS STERL PAD 16 SQ/< NO ADHES BORDR		7.35				
9281	A6243		HYDROGEL DRESS >16 SQ BUT </= 48 SQ W/O ADHES EA		14.94				
9282	A6244		HYDROGEL DRESS STERL PAD > 48 SQ NO ADHES BORDR		47.63				
9283	A6245		HYDROGEL DRESS STERL PAD 16 SQ/< ADHES BORDR		8.82				
9284	A6246		HYDROGEL DRESS > 16 SQ BUT </= 48 SQ W/ADHES EA		12.04				
9285	A6247		HYDROGEL DRESS STERL PAD > 48 SQ ADHES BORDR		28.84				
9286	A6248		HYDROGEL DRESSING WND FILLER GEL STERL PER FL OZ		19.69				
9287	A6250		SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ		BR				
9288	A6251		SPCLTY ABSORB DRESS STERL 16 SQ/<NO ADHES BORDR		2.42				
9289	A6252		SPCLTY ABSORB DRESS >16 </=48 SQ W/O ADHES BORDR		3.94				
9290	A6253		SPCLTY ABSORB DRESS STERL >48 SQ NO ADHES BORDR		7.69				
9291	A6254		SPCLTY ABSORB DRESS STERL 16 SQ/< ADHES BORDR EA		1.47				
9292	A6255		SPCLTY ABSORB DRESS STERL >16 </= 48 SQ W/ADHES		3.67				
9293	A6256		SPCLTY ABSORB DRESS STERL > 48 SQ ADHES BORDR		BR				
9294	A6257		TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS		1.86				
9295	A6258		TRNSPRT FILM STERL >16 SQ BUT</= 48 SQ EA DRESS		5.22				
9296	A6259		TRANSPARENT FILM STERL > 48 SQ IN EA DRESSING		13.28				
9297	A6260		WOUND CLEANSERS STERILE ANY TYPE ANY SIZE		1.43				
9298	A6261		WOUND FILLER GEL/PASTE STERLE PER FLUID OZ NOS		5.41				
9299	A6262		WOUND FILLER DRY FORM STERILE PER GRAM NOS		1.36				
9300	A6266		GAUZE IMPREG NOT H2O SALINE/ZINC PASTE LINR YD		2.34				
9301	A6402		GAUZE NON-IMPREG STERL 16 SQ/< W/O ADHES BORDR		0.15				
9302	A6403		GAUZE NON-IMPREG STERL > 16 </= 48 SQ W/O ADHES		0.52				
9303	A6404		GAUZE NON-IMPREG STERL > 48 SQ W/O ADHES BORDR		0.71				
9304	A6407		PACK STRIPS NON-IMPREGNTD UP 2 IN WDTH-LINR YARD		2.27				
9305	A6410		EYE PAD STERILE EACH		0.48				
9306	A6411		EYE PAD NON-STERILE EACH		BR				
9307	A6412		EYE PATCH OCCLUSIVE EACH		0.34				2097.37
9308	A6413		ADHESIVE BANDAGE FIRST-AID TYPE ANY SIZE EACH		BR				2097.37
9309	A6441		PADD BANDGE NON-ELAST NON-WOVEN/NON-KNITTED WDTH		0.82				
9310	A6442		CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST		0.20				
9311	A6443		CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST		0.35				
9312	A6444		CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST		0.68				

	A	B	C	D	E	F	G	H	I
9313	A6445		CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL		0.39				
9314	A6446		CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL		0.50				
9315	A6447		CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL		0.82				
9316	A6448		LT COMPRS BANDGE ELAST WDTH < 3 IN PER YARD		1.41				
9317	A6449		LT COMPRS BANDGE ELAST WDTH >/= 3 & <5 IN PER YD		2.12				
9318	A6450		LT COMPRS BANDGE ELAST WDTH >/= 5 IN PER YARD		BR				
9319	A6451		MOD COMPRS BANDGE LOAD RESIST WDTH >/= 3 & <5 IN		BR				
9320	A6452		HI COMPRS BANDGE LOAD RESIST WDTH >/= 3 & <5 IN		7.18				
9321	A6453		SELF-ADHERENT BANDGE WDTH </= 3 IN PER YARD		0.73				
9322	A6454		SELF-ADHERENT BANDGE WDTH >/= 3 & < 5 IN PER YD		0.94				
9323	A6455		SELF-ADHERENT BANDGE WDTH >/= 5 IN PER YARD		1.69				
9324	A6456		ZINC PASTE IMPREGNTD BANDGE WDTH >/= 3 & <5 IN		1.55				
9325	A6457		TUBULAR DRSG W/WO ELASTIC ANY WDTH PER LINEAR YD		1.39				
9326	A6501		COMPRS BURN GARMENT BODYSUIT CUSTOM FABRICATED		BR				
9327	A6502		COMPRS BURN GARMENT CHIN STRAP CUSTOM FABRICATED		BR				
9328	A6503		COMPRS BURN GARMENT FACIAL HOOD CUSTOM FAB		BR				
9329	A6504		COMPRS BURN GARMENT GLOVE WRIST CUSTOM FAB		BR				
9330	A6505		COMPRS BURN GARMENT GLOVE ELB CUSTOM FABRICATED		BR				
9331	A6506		COMPRS BURN GARMENT GLOVE AXILLA CUSTOM FAB		BR				
9332	A6507		COMPRS BURN GARMENT FT KNEE LENGTH CUSTOM FAB		BR				
9333	A6508		COMPRS BURN GARMENT FT THIGH LENGTH CUSTOM FAB		BR				
9334	A6509		COMPRS BRN GARMNT UP TRNK WAIST ARM OPENING CSTM		BR				
9335	A6510		COMPRS BRN GARMNT TRNK ARMS TO LEG OPENING CSTM		BR				
9336	A6511		COMPRS BRN GARMNT LW TRNK W/LEG OPENING CSTM FAB		BR				
9337	A6512		COMPRESSION BURN GARMENT NOC		BR				
9338	A6513		COMPRS BRN MASK FCE & OR NCK PLSTC/EQUL CSTM FAB		BR				
9339	A6530		GRADIENT COMPRESSION STK BELW KNEE 18-30 MMHG EA		BR				2097.37
9340	A6531		GRADIENT COMPRESSION STK BELW KNEE 30-40 MMHG EA		52.48				
9341	A6532		GRADIENT COMPRESSION STK BELW KNEE 40-50 MMHG EA		73.94				
9342	A6533		GRADIENT COMPRESSION STK THIGH LEN 18-30 MMHG EA		BR				2097.37
9343	A6534		GRADIENT COMPRESSION STK THIGH LEN 30-40 MMHG EA		BR				2097.37
9344	A6535		GRADIENT COMPRESSION STK THIGH LEN 40-50 MMHG EA		BR				2097.37
9345	A6536		GRADIENT COMPRS STK FULL LEN/CHAP 18-30 MMHG EA		BR				2097.37
9346	A6537		GRADIENT COMPRS STK FULL LEN/CHAP 30-40 MMHG EA		BR				2097.37
9347	A6538		GRADIENT COMPRS STK FULL LEN/CHAP 40-50 MMHG EA		BR				2097.37
9348	A6539		GRADIENT COMPRESSION STK WAIST LEN 18-30 MMHG EA		BR				2097.37
9349	A6540		GRADIENT COMPRESSION STK WAIST LEN 30-40 MMHG EA		BR				2097.37
9350	A6541		GRADIENT COMPRESSION STK WAIST LEN 40-50 MMHG EA		BR				2097.37
9351	A6544		GRADIENT COMPRESSION STOCKING GARTER BELT		BR				2097.37
9352	A6545		GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA		BR				
9353	A6549		GRADIENT COMPRESSION STOCKING/SLEEVE NOS		BR				2097.37
9354	A6550		WND CARE SET NEG PRSS WND TX ELEC PUMP SPL		28.67				
9355	A7000		CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH		9.98				
9356	A7001		CANISTER NON-DISPOSABLE USED W/SUCTION PUMP EACH		40.12				
9357	A7002		TUBING USED WITH SUCTION PUMP EACH		4.65				
9358	A7003		ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL		3.33				
9359	A7004		SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL		2.19				
9360	A7005		ADMN SET W/SM VOL NONFILTR NEBULIZR NON-DISPBL		37.39				

	A	B	C	D	E	F	G	H	I
9361	A7006		ADMIN SET W/SMALL VOLUME FILTR PNEUMAT NEBULIZR		11.58				
9362	A7007		LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS		5.59				
9363	A7008		LG VOL NEBULIZR DISPBL PREFIL W/AROSL COMPRS		13.35				
9364	A7009		RESRVOR BOTTLE NON-DISPBL W/LG VOL US NEBULIZR		50.99				
9365	A7010		CORUGATD TUBING DISPBL W/LG VOL NEBULIZR 100 FT		28.61				
9366	A7011		CORRG TUBING NON-DISP/NEB USE 10 FT		27.15				
9367	A7012		WATER COLLEC DEV USE W/LG VOL NEB		4.58				
9368	A7013		FLTR DISP USED W/ AREO COMPRES		1.01				
9369	A7014		FILTER NON-DISPBL USED W/AROSL COMPRS/US GEN		5.44				
9370	A7015		AREO MASK USED W/ DME NEB		2.27				
9371	A7016		DOME&MOUTHPIECE USED W/SMALL VOLUME US NEBULIZR		8.79				
9372	A7017	NU	NEB GLASS/AUTOCLAV NOT USE W/O2		162.58				
9373	A7017	RR	NEB GLASS/AUTOCLAV NOT USE W/O2		16.25				
9374	A7017	UE	NEB GLASS/AUTOCLAV NOT USE W/O2		121.93				
9375	A7018		H2O DIST USE W/LG VOL NEB 1000 ML		0.46				
9376	A7025		HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND		527.55				
9377	A7026		HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND		34.87				
9378	A7027		COMB ORAL/NASAL MASK USED W/CPAP DEVICE EACH		226.23				
9379	A7028		ORAL CUSHION COMB ORAL/NASAL MASK REPL ONLY EACH		60.09				
9380	A7029		NASAL PILLOWS COMB ORAL/NASL MASK REPL ONLY PAIR		24.54				
9381	A7030		FULL FACE MASK USED W/POS ARWAY PRESS DEVICE EA		197.20				
9382	A7031		FACE MASK INTERFACE REPLCMT FULL FACE MASK EA		72.94				
9383	A7032		CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH		42.37				
9384	A7033		PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR		29.69				
9385	A7034		NASL INTRFCE POS ARWAY PRSS DEVC W/WO HEAD STRAP		122.98				
9386	A7035		HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE		41.54				
9387	A7036		CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE		19.03				
9388	A7037		TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		42.88				
9389	A7038		FILTER DISPBL USED W/POS ARWAY PRESSURE DEVICE		5.64				
9390	A7039		FILTER NON DISPBL USED W/POS ARWAY PRESS DEVICE		16.02				
9391	A7040		ONE WAY CHEST DRAIN VALVE		51.57				
9392	A7041		WATER SEAL DRAINAGE CONTAINER & TUBING		96.92				
9393	A7042		IMPLANTED PLEURAL CATHETER EACH		233.97				
9394	A7043		VACUUM DRAIN BOTTLE&TUBING USE W/IMPL CATHETER		36.71				
9395	A7044		ORAL INTERFACE USED W/POS ARWAY PRESS DEVICE EA		126.40				
9396	A7045	NU	EXHALATION PORT W/WO SWIVEL REPLACEMENT ONLY		20.36				
9397	A7045	RR	EXHALATION PORT W/WO SWIVEL REPLACEMENT ONLY		2.04				
9398	A7045	UE	EXHALATION PORT W/WO SWIVEL REPLACEMENT ONLY		15.26				
9399	A7046		WATR CHAMB HUMDIFIR USED W/POS ARWAY PRSS DEVC R		20.40				
9400	A7501		TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH		127.39				
9401	A7502		REPL DIAPHRAGM/FCEPLATE TRACHEOSTOMA VALVE EA		60.54				
9402	A7503		FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA		13.75				
9403	A7504		FLTR USE TRACHEOSTOMA HEAT&MOISTR EXCHG SYS EA		0.82				
9404	A7505		HOUSING REUSABL W/O ADHES EXCHG SYS&/ VALV EA		5.67				
9405	A7506		ADHES DISC EXCHG SYS &/ W/TRACHEOSTOMA VALV EA		0.41				
9406	A7507		FLTR HLDR&INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG		3.02				
9407	A7508		HOUS&INTGR ADHES TRACHEOSTOMA EXCHG SYS &/ VALV		3.48				
9408	A7509		FLTR HLDR&INTGR FLTR HOUS&ADHES TRACHEOSTOMA		1.71				

	A	B	C	D	E	F	G	H	I
9409	A7520		TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL		57.58				
9410	A7521		TRACHEOST/LARYNGECT TUBE CUFFD PVC SILICONE/= EA		57.06				
9411	A7522		TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA		54.78				
9412	A7523		TRACHEOSTOMY SHOWER PROTECTOR EACH		BR				
9413	A7524		TRACHEOSTOMA STENT/STUD/BUTTON EACH		93.88				
9414	A7525		TRACHEOSTOMY MASK EACH		2.50				
9415	A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER EACH		4.09				
9416	A7527		TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH		4.35				
9417	A8000	NU	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES		186.01				
9418	A8000	RR	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES		18.60				
9419	A8000	UE	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES		139.51				
9420	A8001	NU	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES		186.01				
9421	A8001	RR	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES		18.60				
9422	A8001	UE	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES		139.51				
9423	A8002		HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES		BR				
9424	A8003		HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES		BR				
9425	A8004		SOFT INTERFACE FOR HELMET REPLACEMENT ONLY		BR				
9426	A9150		NONPRESCRIPTION DRUG		BR				
9427	A9152		SINGLE VIT/MINERAL/TRACE ELEMENT ORAL-DOSE NOS		BR				2097.37
9428	A9153		MX VIT W/WO MINERLS&TRACE ELEMS ORL PER DOSE NOS		BR				2097.37
9429	A9155		ARTFICIAL SALIVA 30 ML		BR				
9430	A9180		PEDICULOSIS TX TOPICAL ADMIN PATIENT/CARETAKER		BR				2097.37
9431	A9270		NONCOVERED ITEM OR SERVICE		BR				2097.37
9432	A9274		EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA		BR				2097.37
9433	A9275		HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS		BR				2097.37
9434	A9276		SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D		BR				2097.37
9435	A9277		TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS		BR				2097.37
9436	A9278		RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS		BR				2097.37
9437	A9279		MONITOR FEATURE/DEVC STAND-ALONE/INTEGRATED NOC		BR				2097.37
9438	A9280		ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED		BR				2097.37
9439	A9281		REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA		BR				2097.37
9440	A9282		WIG ANY TYPE EACH		BR				2097.37
9441	A9283		FOOT PRESSURE OFF LOAD/SUPP DEVICE ANY TYPE EACH		BR				2097.37
9442	A9284		SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES		BR				
9443	A9300		EXERCISE EQUIPMENT		BR				2097.37
9444	A9500		TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE		BR				
9445	A9501		TECHNETIUM TC-99M TEBOROXIME DX PER STUDY DOSE		BR				
9446	A9502		TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE		BR				
9447	A9503		TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI		BR				
9448	A9504		TECHNETIUM TC-99M APCITIDE DX UP TO 20 MCI		BR				
9449	A9505		THALLIUM TL-201 THALLOUS CHLORID DX PER MCI		BR				
9450	A9507		INDIUM IN-111 CAPROMAB PENDETIDE DX UP TO 10 MCI		BR				
9451	A9508		IODINE I-131 IOBENGUANE SULFATE DX PER 0.5 MCI		BR				
9452	A9509		IODINE I-123 SODIUM IODIDE DX PER MILLICURIE		BR				
9453	A9510		TECHNETIUM TC-99M DISOFENIN DX UP TO 15 MCI		BR				
9454	A9512		TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE		BR				
9455	A9516		IODINE I-123 SODIUM IODIDE DX PER 100 UCI TO 999		BR				
9456	A9517		IODINE I-131 SODIUM IODIDE CAPS THERAPEUTIC MCI		BR				

	A	B	C	D	E	F	G	H	I
9457	A9521		TECHNETIUM TC-99M EXETAZIME DX UP TO 25 MCI		BR				
9458	A9524		IODINE I-131 IODINATD SERUM ALBUMIN DX PER 5 UCI		BR				
9459	A9526		NITROGEN N-13 AMMONIA DX STDY DOSE UP TO 40 MCI		BR				
9460	A9527		IODINE I-125 SODIUM IODIDE SOL TX PER MCI		BR				51.30
9461	A9528		IODINE I-131 SODIUM IODIDE CAPSULES DX PER MCI		195.67				
9462	A9529		IODINE I-131 SODIUM IODIDE SOLIODINE I-131 SODIU		BR				
9463	A9530		IODINE I-131 SODIUM IODIDE SOLUTION TX PER MCI		BR				
9464	A9531		IODINE I-131 SODIM IODIDE DX TO 100 MICROCURIE		BR				
9465	A9532		IODINE I-125 SERUM ALBUMIN DX PER 5 MICROCURIES		424.12				
9466	A9536		TECHNETIUM TC-99M DEPREOTIDE DX UP TO 35 MCI		BR				
9467	A9537		TECHNETIUM TC-99M MEBROFENIN DX UP TO 15 MCI		BR				
9468	A9538		TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI		BR				
9469	A9539		TECHNETIUM TC-99M PENTETATE DX UP TO 25 MCI		BR				
9470	A9540		TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI		BR				
9471	A9541		TECHNETIUM TC-99M SULFUR COLLOID DX UP TO 20 MCI		BR				
9472	A9542		INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI		BR				
9473	A9543		YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI		BR				
9474	A9544		IODINE I-131 TOSITUMOMAB DX PER STUDY DOSE		BR				
9475	A9545		IODINE I-131 TOSITUMOMAB THERAPEUTIC PER TX DOSE		BR				
9476	A9546		COBALT CO-57/58 CYANOCOBALAMN DX TO 1 MICROCURIE		BR				
9477	A9547		INDIUM IN-111 OXYQUINOLINE DX PER 0.5 MILLICURIE		611.55				
9478	A9548		INDIUM IN-111 PENTETATE DX PER 0.5 MILLICURIE		366.93				
9479	A9550		TECHNETIUM TC-99M SODIUM GLUCEPTATE DX TO 25 MCI		BR				
9480	A9551		TECHNETIUM TC-99M SUCCIMER DX UP TO 10 MCI		BR				
9481	A9552		FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI		BR				
9482	A9553		CHROMIUM CR-51 SODIUM CHROMATE DX UP TO 250 UCI		BR				
9483	A9554		IODINE I-125 SODIUM IOTHALAMATE DX UP TO 10 UCI		BR				
9484	A9555		RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI		BR				
9485	A9556		GALLIUM GA-67 CITRATE DIAGNOSTIC PER MILLICURIE		45.84				
9486	A9557		TECHNETIUM TC-99M BICISATE DX UP TO 25 MCI		BR				
9487	A9558		XENON XE-133 GAS DIAGNOSTIC PER 10 MILLICURIES		BR				
9488	A9559		COBALT CO-57 CYANOCOBALAMIN ORAL DX UP TO 1 UCI		BR				
9489	A9560		TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI		BR				
9490	A9561		TECHNETIUM TC-99M OXIDRONATE DX UP TO 30 MCI		BR				
9491	A9562		TECHNETIUM TC-99M MERTIATIDE DX UP TO 15 MCI		BR				
9492	A9563		SODIUM PHOSPHATE P-32 THERAPEUTIC PER MILLICURIE		BR				
9493	A9564		CHROMIC PHOSHATE P-32 SUSP THERAPEUTIC PER MCI		313.11				
9494	A9566		TECHNETIUM TC-99M FANOLESOMAB DX UP TO 25 MCI		BR				
9495	A9567		TECHNETIUM TC-99M PENTETATE DX AEROSOL TO 75 MCI		BR				
9496	A9568		TECHTM TC-99M ARCITUMOMAB DX STDY DOSE TO 45 MCI		BR				
9497	A9569		TECHNETIUM TC-99M EXAMETAZIME AUTOLG WBC DX DOSE		BR				
9498	A9570		INDIUM IN-111 AUTOLOGOUS WBC DX PER STUDY DOSE		BR				
9499	A9571		INDIUM IN-111 AUTOLOGOUS PLATELETS DX STUDY DOSE		BR				
9500	A9572		INDIUM IN-111 PENTETREOTIDE DX DOSE TO 6 MCI		BR				
9501	A9576		INJECTION GADOTERIDOL PROHANCE MULTIPACK PER ML		BR				
9502	A9577		INJ GADOBENATE DIMEGLUMINE MULTIHANCE PER ML		BR				
9503	A9578		INJ GADOBENATE DIMEGLUMINE MXHANCE MXPACK PER ML		BR				
9504	A9579		INJECTION GADOLINIUM BASED MR CONTRAST NOS ML		BR				

	A	B	C	D	E	F	G	H	I
9505	A9580		SODIUM FLUORIDE F-18 DX PER STUDY DOSE TO 30 MCI		BR				
9506	A9581		INJECTION GADOXETATE DISODIUM 1 ML		BR				
9507	A9582		IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI		2.12				
9508	A9583		INJECTION GADOFOSVESET TRISODIUM 1 ML		4484.70				
9509	A9600		STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI		791.35				
9510	A9604		SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI		7410.93				
9511	A9698		NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY		BR				
9512	A9699		RADIOPHARMACEUTICAL THERAPEUTIC NOC		BR				
9513	A9700		SUP OF INJ CONTRST MAT-ECHO P/STUDY		BR				
9514	A9900		DME SUP/ACCESS/SRV-COMPON/OTH HCPCS		BR				
9515	A9901		DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS		BR				
9516	A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS		BR				
9517	B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY		8.06				
9518	B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY		15.36				
9519	B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY		10.55				
9520	B4081		NASOGASTRIC TUBING WITH STYLET		28.48				
9521	B4082		NASOGASTRIC TUBING WITHOUT STYLET		21.19				
9522	B4083		STOMACH TUBE - LEVINE TYPE		3.25				
9523	B4087		GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL/TYPE EA		47.01				
9524	B4088		GASTROSTOMY/J-TUBE LOW-PROFILE ANY MAT/TYPE EACH		47.01				
9525	B4100		FOOD THICKENER ADMINISTERED ORALLY PER OUNCE		BR				2097.37
9526	B4102		ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML = 1 U		BR				
9527	B4103		ENTRAL FORMULA PED REPL FLS&LYTES 500 ML = 1 U		BR				
9528	B4104		ADDITIVE FOR ENTERAL FORMULA		BR				2097.37
9529	B4149		ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS		2.07				
9530	B4150		ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS		0.88				
9531	B4152		ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS		0.73				
9532	B4153		ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS		2.51				
9533	B4154		ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB		1.60				
9534	B4155		ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS		1.25				
9535	B4157		ENTRAL F NUTRITION CMPL INHERITED DZ METAB		BR				
9536	B4158		ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS		BR				
9537	B4159		ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS		BR				
9538	B4160		ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS		BR				
9539	B4161		ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS		BR				
9540	B4162		ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB		BR				
9541	B4164		PARNTRAL NUTRITION SOL; CARBS 50%/LESS - HOM MIX		25.18				
9542	B4168		PARNTRAL NUTRITION SOL; AMINO ACID 3.5% -HOM MIX		36.71				
9543	B4172		PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7%-HOM MIX		86.60				
9544	B4176		PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5%-HOM MIX		71.02				
9545	B4178		PARNTRAL NUTRIT SOL; AMINO ACID > 85% - HOM MIX		85.26				
9546	B4180		PARNTRAL NUTRITION SOL; CARBS > 50% - HOME MIX		36.14				
9547	B4185		PARENTERAL NUTRITION SOL PER 10 GRAMS LIPIDS		16.65				
9548	B4189		PARNTRAL NUT SOL; AMINO ACID&CARB 10-51 GMS PROT		263.37				
9549	B4193		PARNTRAL NUT SOL; AMINO ACID&CARB 52-73 GMS PROT		340.35				
9550	B4197		PARNTRAL NUT SOL; AMINO ACID&CARB 74-100 GM PROT		414.35				
9551	B4199		PARNTRAL NUT SOL; AMINO ACID&CARB > 100 GMS PPAR		473.48				
9552	B4216		PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY		11.44				

	A	B	C	D	E	F	G	H	I
9553	B4220		PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY		11.86				
9554	B4222		PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY		14.62				
9555	B4224		PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY		37.06				
9556	B5000		PARNTRAL NUT SOL; AMINO ACID&CARBS RENL-AMIROSYN		17.61				
9557	B5100		PARNTRAL NUT SOL; AMINO ACID&CARBS HEP-FREAMINE		6.89				
9558	B5200		PARNTRAL NUT SOL; AMINO ACID&CARB STRSS-BR CHAIN		BR				
9559	B9000	NU	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM		1615.50				
9560	B9000	RR	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM		148.44				
9561	B9000	UE	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM		1211.62				
9562	B9002	NU	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM		1615.50				
9563	B9002	RR	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM		156.46				
9564	B9002	UE	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM		1211.62				
9565	B9004	NU	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		3738.76				
9566	B9004	RR	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		591.87				
9567	B9004	UE	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		2804.05				
9568	B9006	NU	PARENTERAL NUTRITION INFUSION PUMP STATIONARY		3738.76				
9569	B9006	RR	PARENTERAL NUTRITION INFUSION PUMP STATIONARY		591.87				
9570	B9006	UE	PARENTERAL NUTRITION INFUSION PUMP STATIONARY		2804.05				
9571	B9998		NOC FOR ENTERAL SUPPLIES		BR				
9572	B9999		NOC FOR PARENTERAL SUPPLIES		BR				
9573	C1300		HYPRBR O2 UND PRSS FULL BDY CHAMB-30 MIN INTRVL		BR				144.81
9574	C1713		ANCHOR/SCREW OPPOSING BN-TO-BN/SOFT TISSUE-TO-BN		BR				
9575	C1714		CATHETER TRANSLUMINAL ATHERECTOMY DIRECTIONAL		BR				
9576	C1715		BRACHYTHERAPY NEEDLE		BR				
9577	C1716		BRACHYTHERAPY NONSTRANDED GOLD-198 PER SOURCE		BR				57.97
9578	C1717		BRACHYTX NONSTRANDED HI DOSE IRIDIUM-192 PER SRC		BR				313.02
9579	C1719		BRACHYTX NONSTRANDED NON-HD IRIDIUM-192 PER SRC		BR				86.60
9580	C1721		CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER		BR				
9581	C1722		CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER		BR				
9582	C1724		CATHETER TRANSLUMINAL ATHERECTOMY ROTATIONAL		BR				
9583	C1725		CATHETER TRANSLUMINAL ANGIOPLASTY NON-LASER		BR				
9584	C1726		CATHETER BALLOON DILATATION NON-VASCULAR		BR				
9585	C1727		CATHETER BALLOON TISSUE DISSECTOR NON-VASCULAR		BR				
9586	C1728		CATHETER BRACHYTHERAPY SEED ADMINISTRATION		BR				
9587	C1729		CATHETER DRAINAGE		BR				
9588	C1730		CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 19/<		BR				
9589	C1731		CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 20/>		BR				
9590	C1732		CATH ELECTROPHYSIOLOGY DX/ABLAT 3D/VECTOR MAP		BR				
9591	C1733		CATH EP DX/ABLAT NOT 3D/VECTOR MAP NOT COOL-TIP		BR				
9592	C1750		CATHETER HEMODIAL/PERITONEAL LONG-TERM		BR				
9593	C1751		CATHETER INFUS INSRT PERIPHERALLY CNTRLLY/MIDLN		BR				
9594	C1752		CATHETER HEMODIALYSIS SHORT-TERM		BR				
9595	C1753		CATHETER INTRAVASCULAR ULTRASOUND		BR				
9596	C1754		CATHETER INTRADISCAL		BR				
9597	C1755		CATHETER INTRASPINAL		BR				
9598	C1756		CATHETER PACING TRANSESOPHAGEAL		BR				
9599	C1757		CATHETER THROMBECTOMY/EMBOLECTOMY		BR				
9600	C1758		CATHETER URETERAL		BR				

	A	B	C	D	E	F	G	H	I
9601	C1759		CATHETER INTRACARDIAC ECHOCARDIOGRAPHY		BR				
9602	C1760		CLOSURE DEVICE VASCULAR		BR				
9603	C1762		CONNECTIVE TISSUE HUMAN		BR				
9604	C1763		CONNECTIVE TISSUE NON-HUMAN		BR				
9605	C1764		EVENT RECORDER CARDIAC		BR				
9606	C1765		ADHESION BARRIER		BR				
9607	C1766		INTRDUCR/SHEATH GUID INTRACARD EP NOT PEEL-AWAY		BR				
9608	C1767		GENERATOR NEUROSTIMULATOR NONRECHARGEABLE		BR				
9609	C1768		GRAFT VASCULAR		BR				
9610	C1769		GUIDE WIRE		BR				
9611	C1770		IMAGING COIL MAGNETIC RESONANCE		BR				
9612	C1771		REPAIR DEVICE URINARY INCONTINENCE W/SLING GRAFT		BR				
9613	C1772		INFUSION PUMP PROGRAMMABLE		BR				
9614	C1773		RETRIEVAL DEVICE INSERTABLE		BR				
9615	C1776		JOINT DEVICE		BR				
9616	C1777		LEAD CARDIOVERT-DEFIB ENDOCARDIAL SINGLE COIL		BR				
9617	C1778		LEAD NEUROSTIMULATOR		BR				
9618	C1779		LEAD PACEMAKER TRANSVENOUS VDD SINGLE PASS		BR				
9619	C1780		LENS INTRAOCULAR		BR				
9620	C1781		MESH		BR				
9621	C1782		MORCELLATOR		BR				
9622	C1783		OCULAR IMPLANT AQUEOUS DRAINAGE ASSIST DEVICE		BR				
9623	C1784		OCULAR DEVICE INTRAOPERATIVE DETACHED RETINA		BR				
9624	C1785		PACEMAKER DUAL CHAMBER RATE-RESPONSIVE		BR				
9625	C1786		PACEMAKER SINGLE CHAMBER RATE-RESPONSIVE		BR				
9626	C1787		PATIENT PROGPATIENT PROGRAMMER NEUROSTIMULATOR		BR				
9627	C1788		PORT INDWELLING		BR				
9628	C1789		PROSTHESIS BREAST		BR				
9629	C1813		PROSTHESIS PENILE INFLATABLE		BR				
9630	C1814		RETINAL TAMPONADE DEVICE SILICONE OIL		BR				
9631	C1815		PROSTHESIS URINARY SPHINCTER		BR				
9632	C1816		RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR		BR				
9633	C1817		SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC		BR				
9634	C1818		INTEGRATED KERATOPROSTHESIS		BR				
9635	C1819		SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE		BR				
9636	C1820		GENERATOR NEUROSTIM W/RECHARG BATT & CHRGING SYS		BR				
9637	C1821		INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL		BR				
9638	C1874		STENT COATED/COVERED WITH DELIVERY SYSTEM		BR				
9639	C1875		STENT COATED/COVERED WITHOUT DELIVERY SYSTEM		BR				
9640	C1876		STENT NON-COATED/NON-COVERED W/DELIVERY SYSTEM		BR				
9641	C1877		STENT NON-COATED/NON-COVR WITHOUT DELIV SYSTEM		BR				
9642	C1878		MATERIAL FOR VOCAL CORD MEDIALIZATION SYNTHETIC		BR				
9643	C1879		TISSUE MARKER		BR				
9644	C1880		VENA CAVA FILTER		BR				
9645	C1881		DIALYSIS ACCESS SYSTEM		BR				
9646	C1882		CARDIOVERT-DEFIB OTH THAN SINGLE/DUAL CHAMB		BR				
9647	C1883		ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD		BR				
9648	C1884		EMBOLIZATION PROTECTIVE SYSTEM		BR				

	A	B	C	D	E	F	G	H	I
9649	C1885		CATHETER TRANSLUMINAL ANGIOPLASTY LASER		BR				
9650	C1887		CATHETER GUIDING		BR				
9651	C1888		CATHETER ABLATION NON-CARDIAC ENDOVASCULAR		BR				
9652	C1891		INFUSION PUMP NON-PROGRAMMABLE PERMANENT		BR				
9653	C1892		INTRDUCR/SHEATH INTRCARD EP FIX-CURVE PEEL-AWAY		BR				
9654	C1893		INTRDUCR/SHEATH INTRCARD EP CURVE NOT PEEL-AWAY		BR				
9655	C1894		INTRDUCR/SHEATH NOT GUID INTRACARD EP NON-LASR		BR				
9656	C1895		LEAD CARDIOVERT-DEFIB ENDOCARDIAL DUAL COIL		BR				
9657	C1896		LEAD CARDIOVRT-DFIB NOT ENDOCARDIAL 1/DUL COIL		BR				
9658	C1897		LEAD NEUROSTIMULATOR TEST KIT		BR				
9659	C1898		LEAD PACEMKR OTH THAN TRNS VDD SINGLE PASS		BR				
9660	C1899		LEAD PACEMAKER/CARDIOVERT-DEFIB COMBINATION		BR				
9661	C1900		LEAD LEFT VENTRICULAR CORONARY VENOUS SYSTEM		BR				
9662	C2614		PROBE PERCUTANEOUS LUMBAR DISCECTOMY		BR				
9663	C2615		SEALANT PULMONARY LIQUID		BR				
9664	C2616		BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE		BR				21347.05
9665	C2617		STENT NON-COR TEMPORARY WITHOUT DELIVERY SYSTEM		BR				
9666	C2618		PROBE CRYOABLATION		BR				
9667	C2619		PACEMAKER DUAL CHAMBER NON RATE-RESPONSIVE		BR				
9668	C2620		PACEMAKER SINGLE CHAMBER NON RATE-RESPONSIVE		BR				
9669	C2621		PACEMAKER OTHER THAN SINGLE OR DUAL CHAMBER		BR				
9670	C2622		PROSTHESIS PENILE NON-INFLATABLE		BR				
9671	C2625		STENT NON-CORONARY TEMPORARY W/DELIVERY SYSTEM		BR				
9672	C2626		INFUSION PUMP NON-PROGRAMMABLE TEMPORARY		BR				
9673	C2627		CATHETER SUPRAPUBIC/CYSTOSCOPIC		BR				
9674	C2628		CATHETER OCCLUSION		BR				
9675	C2629		INTRDUCR/SHEATH OTH THAN GUID INTRACARD EP LASR		BR				
9676	C2630		CATH EP DX/ABLAT NOT 3D/VECTOR MAP COOL-TIP		BR				
9677	C2631		REPAIR DEVICE URINARY INCONT WITHOUT SLING GRAFT		BR				
9678	C2634		BRACHYTX NONSTRAND IODINE-125 >1.01 MCI PER SRC		BR				80.89
9679	C2635		BRACHYTX NONSTRND PALLADIUM-103 >2.2 MCI PER SRC		BR				38.68
9680	C2636		BRACHYTX LINEAR NONSTRAND PALLADIUM-103 PER 1 MM		BR				26.20
9681	C2637		BRACHYTX NONSTRANDED YTTERBIUM-169 PER SOURCE		BR				
9682	C2638		BRACHYTHERAPY STRANDED IODINE-125 PER SOURCE		BR				57.47
9683	C2639		BRACHYTHERAPY NONSTRANDED IODINE-125 PER SOURCE		BR				48.95
9684	C2640		BRACHYTHERAPY STRANDED PALLADIUM-103 PER SOURCE		BR				81.66
9685	C2641		BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SRC		BR				77.27
9686	C2642		BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE		BR				148.59
9687	C2643		BRACHYTHERAPY NONSTRANDED CESIUM-131 PER SOURCE		BR				89.41
9688	C2698		BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE		BR				57.47
9689	C2699		BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE		BR				38.68
9690	C8900		MR ANGIOGRAPHY WITH CONTRAST ABDOMEN		BR				573.59
9691	C8901		MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN		BR				472.87
9692	C8902		MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD		BR				724.34
9693	C8903		MR IMAGING WITH CONTRAST BREAST; UNILATERAL		BR				573.59
9694	C8904		MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL		BR				472.87
9695	C8905		MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI		BR				724.34
9696	C8906		MR IMAGING WITH CONTRAST BREAST; BILATERAL		BR				573.59

	A	B	C	D	E	F	G	H	I
9697	C8907		MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL		BR				472.87
9698	C8908		MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL		BR				724.34
9699	C8909		MR ANGIOGRAPHY WITH CONTRAST CHEST		BR				573.59
9700	C8910		MR ANGIOGRAPHY WITHOUT CONTRAST CHEST		BR				472.87
9701	C8911		MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST		BR				724.34
9702	C8912		MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY		BR				573.59
9703	C8913		MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY		BR				472.87
9704	C8914		MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM		BR				724.34
9705	C8918		MR ANGIOGRAPHY WITH CONTRAST PELVIS		BR				573.59
9706	C8919		MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS		BR				472.87
9707	C8920		MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS		BR				724.34
9708	C8921		TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE		BR				880.93
9709	C8922		TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD		BR				880.93
9710	C8923		TTE W OR W/O FLW W/CNTRST REAL TIME DOC 2D; CMPL		BR				880.93
9711	C8924		TTE W OR W/O FLW W/CNTRST REAL TIME 2D; FU/LTD		BR				880.93
9712	C8925		TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R		BR				880.93
9713	C8926		TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R		BR				880.93
9714	C8927		TEE ASSESS CARD PUMP FUNCT&TX MSR IMMED TM BASIS		BR				880.93
9715	C8928		TTE W OR W/O FLW W/CNTRST DUR REST & CV ST W/I&R		BR				880.93
9716	C8929		TTE CMPL SPEC DOPPLER & COLOR FLOW DOPPLER ECHO		BR				880.93
9717	C8930		TTE CMPL DUR REST & CVST W/I&R W/PHYS SUP		BR				880.93
9718	C8957		IV INFUS TX/DX; INIT PROLNG RQR PORT/IMPL PUMP		BR				297.57
9719	C9113		INJECTION PANTOPRAZOLE SODIUM PER VIAL		BR				
9720	C9121		INJECTION ARGATROBAN PER 5 MG		BR				
9721	C9248		INJECTION CLEVIDIPINE BUTYRATE 1 MG		BR				
9722	C9250		HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SD 2ML		BR				
9723	C9254		INJECTION LACOSAMIDE 1 MG		BR				
9724	C9255		INJECTION PALIPERIDONE PALMITATE 1 MG		BR				
9725	C9256		INJ DEXAMETHASONE INTRAVITREAL IMPLANT 0.1 MG		BR				
9726	C9257		INJECTION BEVACIZUMAB 0.25 MG		BR				
9727	C9352		MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN		BR				
9728	C9353		MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM		BR				
9729	C9354		ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM		BR				
9730	C9355		COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH		BR				
9731	C9356		TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM		BR				
9732	C9358		DERMAL SUBST FETAL BOVINE ORIGIN PER 0.5 SQ CM		BR				
9733	C9359		POROUS COLL MATRIX BONE FILLER PUTTY PER 0.5 CC		BR				
9734	C9360		DERMAL SUBST NEONATAL BOVINE ORIGN PER 0.5 SQ CM		BR				
9735	C9361		COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH		BR				
9736	C9362		POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC		BR				
9737	C9363		SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM		BR				
9738	C9364		PORCINE IMPLANT PERMACOL PER SQUARE CM		BR				
9739	C9399		UNCLASSIFIED DRUGS OR BIOLOGICALS		BR				
9740	C9716		CREATIONS THERMAL ANAL LESIONS RADIOFREQ ENERGY		BR				2934.60
9741	C9724		ENDOSCOPIC PLICATION GASTRIC CARDIA EPS W/ENDO		BR				2213.21
9742	C9725		PLCMT ENDORECT INTRACAV APPLIC HI INTNS BRACHYTX		BR				489.23
9743	C9726		PLCMT REMOVAL APPLICATOR TO BREAST RADIATION TX		BR				2257.10
9744	C9727		INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL		BR				694.83

	A	B	C	D	E	F	G	H	I
9745	C9728		PLCMT INTERSTITIAL DEV NOT ABD PELV PROS RP THOR		BR				1254.56
9746	C9898		RADIOLABELED PROD PROV DURING A HOSPITAL IP STAY		BR				
9747	C9899		IMPL PROS DEVC PAYBLE IP WHO DO NOT HAVE IP COV		BR				
9748	D0120		PERIODIC ORAL EVALUATION ESTABLISHED PATIENT		33.08				2097.37
9749	D0140		LIMITED ORAL EVALUATION - PROBLEM FOCUSED		55.45				2097.37
9750	D0145		ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER		51.56				2097.37
9751	D0150		COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT		58.37				941.33
9752	D0160		DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT		116.74				2097.37
9753	D0170		RE-EVALUATION - LIMITED PROBLEM FOCUSED		38.91				2097.37
9754	D0180		COMP PERIODONTAL EVALUATION - NEW/EST PATIENT		63.23				2097.37
9755	D0210		INTRAORAL-COMPLETE SERIES		95.00				2097.37
9756	D0220		INTRAORAL-PERIAPICAL-FIRST FILM		19.00				2097.37
9757	D0230		INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM		17.10				2097.37
9758	D0240		INTRAORAL - OCCLUSAL FILM		29.45				941.33
9759	D0250		EXTRAORAL - FIRST FILM		36.10				941.33
9760	D0260		EXTRAORAL - EACH ADDITIONAL FILM		33.25				941.33
9761	D0270		BITEWING - SINGLE FILM		19.54				941.33
9762	D0272		BITEWINGS - TWO FILMS		31.27				941.33
9763	D0273		BITEWINGS - THREE FILMS		38.11				2097.37
9764	D0274		BITEWINGS - FOUR FILMS		43.97				941.33
9765	D0277		VERTICAL BITEWINGS - 7 TO 8 FILMS		66.44				941.33
9766	D0290		POST-ANT/LAT SKULL&FACIAL BONE SURVEY FILM		103.46				2097.37
9767	D0310		SIALOGRAPHY		258.66				2097.37
9768	D0320		TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ		456.96				2097.37
9769	D0321		OTHER TEMPOROMANDIBULAR JOINT FILMS BY REPORT		BR				2097.37
9770	D0322		TOMOGRAPHIC SURVEY		370.74				2097.37
9771	D0330		PANORAMIC FILM		80.18				2097.37
9772	D0340		CEPHALOMETRIC FILM		90.53				2097.37
9773	D0350		ORAL/FACIAL PHOTOGRAPHIC IMAGES		43.11				2097.37
9774	D0360		CONE BEAM CT - CRANIOFACIAL DATA CAPTURE		517.31				2097.37
9775	D0362		CONE BEAM 2-D RECONST EXISTING DATA MULTI IMAGES		413.85				2097.37
9776	D0363		CONE BEAM 3-D RECONST EXISTING DATA MULTI IMAGE		431.10				2097.37
9777	D0415		COLLECTION MICROORGANISMS CULTURE & SENSITIVITY		21.94				2097.37
9778	D0416		VIRAL CULTURE		32.15				
9779	D0417		CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING		29.50				2097.37
9780	D0418		ANALYSIS OF SALIVA SAMPLE		30.26				2097.37
9781	D0421		GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES		21.94				
9782	D0425		CARIES SUSCEPTIBILITY TESTS		18.91				2097.37
9783	D0431		ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC		30.26				
9784	D0460		PULP VITALITY TESTS		30.26				941.33
9785	D0470		DIAGNOSTIC CASTS		66.19				2097.37
9786	D0472		ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT		41.60				
9787	D0473		ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT		87.75				
9788	D0474		ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT		98.34				
9789	D0475		DECALCIFICATION PROCEDURE		52.95				
9790	D0476		SPECIAL STAINS FOR MICROORGANISMS		51.44				
9791	D0477		SPECIAL STAINS NOT FOR MICROORGANISMS		70.35				
9792	D0478		IMMUNOHISTOCHEMICAL STAINS		64.30				

	A	B	C	D	E	F	G	H	I
9793	D0479		TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION		98.34				
9794	D0480		ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT		60.52				
9795	D0481		ELECTRON MICROSCOPY DIAGNOSTIC		226.94				
9796	D0482		DIRECT IMMUNOFLUORESCENCE		75.65				
9797	D0483		INDIRECT IMMUNOFLUORESCENCE		75.65				
9798	D0484		CONSULTATION ON SLIDES PREPARED ELSEWHERE		113.47				
9799	D0485		CONSULT INCL PREP SLIDES BX MATL SPL REF SRC		156.59				
9800	D0486		LAB ACCESS BRUSH BX SAMPLE MIC EXAM PREP/REPRT		72.62				2097.37
9801	D0502		OTHER ORAL PATHOLOGY PROCEDURES BY REPORT		BR				
9802	D0999		UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT		BR				
9803	D1110		PROPHYLAXIS - ADULT		63.14				2097.37
9804	D1120		PROPHYLAXIS - CHILD		43.58				2097.37
9805	D1203		TOPICAL APPLICATION OF FLUORIDE - CHILD		22.19				2097.37
9806	D1204		TOPICAL APPLICATION OF FLUORIDE - ADULT		20.71				2097.37
9807	D1206		TOP FLUORIDE VARNISH; TX APPL MOD-HI CARIES RISK		33.28				2097.37
9808	D1310		NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE		34.18				2097.37
9809	D1320		TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE		37.11				2097.37
9810	D1330		ORAL HYGIENE INSTRUCTIONS		46.88				2097.37
9811	D1351		SEALANT - PER TOOTH		38.09				2097.37
9812	D1510		SPACE MAINTAINER - FIXED-UNILATERAL		239.84				941.33
9813	D1515		SPACE MAINTAINER - FIXED-BILATERAL		335.77				941.33
9814	D1520		SPACE MAINTAINER - REMOVABLE-UNILATERAL		263.82				941.33
9815	D1525		SPACE MAINTAINER - REMOVABLE-BILATERAL		407.72				941.33
9816	D1550		RECEMENTATION OF SPACE MAINTAINER		51.80				941.33
9817	D1555		REMOVAL OF FIXED SPACE MAINTAINER		49.89				2097.37
9818	D2140		AMALGAM-ONE SURFACE PRIMARY OR PERMANENT		92.88				2097.37
9819	D2150		AMALGAM-TWO SURFACES PRIMARY OR PERMANENT		120.20				2097.37
9820	D2160		AMALGAM-THREE SURFACES PRIMARY OR PERMANENT		145.33				2097.37
9821	D2161		AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT		177.02				2097.37
9822	D2330		RESIN-ONE SURFACE ANTERIOR		99.45				2097.37
9823	D2331		RESIN-TWO SURFACES ANTERIOR		126.92				2097.37
9824	D2332		RESIN-THREE SURFACES ANTERIOR		155.33				2097.37
9825	D2335		RESIN-FOUR OR MORE SURFACES INVOLV INCISAL ANGLE		183.74				2097.37
9826	D2390		RESIN-BASED COMPOSITE CROWN ANTERIOR		203.63				2097.37
9827	D2391		RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR		116.50				2097.37
9828	D2392		RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR		152.49				2097.37
9829	D2393		RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR		189.43				2097.37
9830	D2394		RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR		232.05				2097.37
9831	D2410		GOLD FOIL - ONE SURFACE		183.94				2097.37
9832	D2420		GOLD FOIL - TWO SURFACES		306.57				2097.37
9833	D2430		GOLD FOIL - THREE SURFACES		531.39				2097.37
9834	D2510		INLAY - METALLIC - ONE SURFACE		486.42				2097.37
9835	D2520		INLAY - METALLIC - TWO SURFACES		551.83				2097.37
9836	D2530		INLAY - METALLIC - THREE OR MORE SURFACES		636.03				2097.37
9837	D2542		ONLAY - METALLIC - TWO SURFACES		623.77				2097.37
9838	D2543		ONLAY METALLIC THREE SURFACES		652.38				2097.37
9839	D2544		ONLAY METALLIC FOUR OR MORE SURFACES		678.54				2097.37
9840	D2610		INLAY - PORCELAIN/CERAMIC - ONE SURFACE		572.26				2097.37

	A	B	C	D	E	F	G	H	I
9841	D2620		INLAY - PORCELAIN/CERAMIC - TWO SURFACES		604.15				2097.37
9842	D2630		INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES		643.39				2097.37
9843	D2642		ONLAY - PORCELAIN/CERAMIC - TWO SURFACES		625.40				2097.37
9844	D2643		ONLAY - PORCELAIN/CERAMIC - THREE SURFACES		674.45				2097.37
9845	D2644		ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES		715.33				2097.37
9846	D2650		INLAY RESIN BASED COMPOSITE ONE SURFACE		376.06				2097.37
9847	D2651		INLAY RESIN BASED COMPOSITE TWO SURFACES		448.00				2097.37
9848	D2652		INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES		470.89				2097.37
9849	D2662		ONLAY RESIN BASED COMPOSITE TWO SURFACES		408.76				2097.37
9850	D2663		ONLAY RESIN BASED COMPOSITE THREE SURFACES		480.70				2097.37
9851	D2664		ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES		515.04				2097.37
9852	D2710		CROWN RESINBASED COMPOSITE INDIRECT		319.84				2097.37
9853	D2712		CROWN 3/4 RESINBASED COMPOSITE INDIRECT		319.84				2097.37
9854	D2720		CROWN - RESIN WITH HIGH NOBLE METAL		788.35				2097.37
9855	D2721		CROWN - RESIN WITH PREDOMINANTLY BASE METAL		738.80				2097.37
9856	D2722		CROWN - RESIN WITH NOBLE METAL		755.01				2097.37
9857	D2740		CROWN - PORCELAIN/CERAMIC SUBSTRATE		809.07				2097.37
9858	D2750		CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL		798.26				2097.37
9859	D2751		CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL		743.30				2097.37
9860	D2752		CROWN - PORCELAIN FUSED TO NOBLE METAL		761.32				2097.37
9861	D2780		CROWN - 3/4 CAST HIGH NOBLE METAL		765.82				2097.37
9862	D2781		CROWN - 3/4 CAST PREDOMINATELY BASE METAL		720.78				2097.37
9863	D2782		CROWN - 3/4 CAST NOBLE METAL		744.20				2097.37
9864	D2783		CROWN - 3/4 PORCELAIN/CERAMIC		787.45				2097.37
9865	D2790		CROWN - FULL CAST HIGH NOBLE METAL		770.33				2097.37
9866	D2791		CROWN - FULL CAST PREDOMINANTLY BASE METAL		729.79				2097.37
9867	D2792		CROWN - FULL CAST NOBLE METAL		743.30				2097.37
9868	D2794		CROWN TITANIUM		788.35				2097.37
9869	D2799		PROVISIONAL CROWN		319.84				2097.37
9870	D2910		RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION		68.40				2097.37
9871	D2915		RECEMENT CAST OR PREFABRICATED POST AND CORE		68.40				2097.37
9872	D2920		RECEMENT CROWN		69.35				2097.37
9873	D2930		PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH		189.05				2097.37
9874	D2931		PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH		213.75				2097.37
9875	D2932		PREFABRICATED RESIN CROWN		228.00				2097.37
9876	D2933		PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW		261.25				2097.37
9877	D2934		PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM		261.25				2097.37
9878	D2940		SEDATIVE FILLING		72.20				2097.37
9879	D2950		CORE BUILDUP INCLUDING ANY PINS		180.50				2097.37
9880	D2951		PIN RETENTION - PER TOOTH ADDITION RESTORATION		40.85				2097.37
9881	D2952		POST AND CORE ADDITION TO CROWN INDIRECTLY FAB		285.00				2097.37
9882	D2953		EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH		142.50				2097.37
9883	D2954		PREFABRICATED POST AND CORE IN ADDITION TO CROWN		228.00				2097.37
9884	D2955		POST REMOVAL		175.75				2097.37
9885	D2957		EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH		114.00				2097.37
9886	D2960		LABIAL VENEER - CHAIRSIDE		551.01				2097.37
9887	D2961		LABIAL VENEER - LABORATORY		625.11				2097.37
9888	D2962		LABIAL VENEER - LABORATORY		679.26				2097.37

	A	B	C	D	E	F	G	H	I
9889	D2970		TEMPORARY CROWN FRACTURED TOOTH		171.00				2097.37
9890	D2971		ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWRK		109.25				2097.37
9891	D2975		COPING		332.50				2097.37
9892	D2980		CROWN REPAIR BY REPORT		BR				2097.37
9893	D2999		UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT		BR				941.33
9894	D3110		PULP CAP - DIRECT		56.38				2097.37
9895	D3120		PULP CAP - INDIRECT		45.10				2097.37
9896	D3220		TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC		115.58				2097.37
9897	D3221		PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH		126.85				2097.37
9898	D3222		PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH		117.46				2097.37
9899	D3230		PULPAL THERAPY - ANTERIOR PRIMARY TOOTH		134.50				2097.37
9900	D3240		PULPAL THERAPY - POSTERIOR PRIMARY TOOTH		165.54				2097.37
9901	D3310		ENDODONTIC THERAPY ANTERIOR TOOTH		527.66				2097.37
9902	D3320		ENDODONTIC THERAPY BICUSPID TOOTH		646.64				2097.37
9903	D3330		ENODODONTIC THERAPY MOLAR		801.84				2097.37
9904	D3331		TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS		206.93				2097.37
9905	D3332		INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH		393.16				2097.37
9906	D3333		INTERNAL ROOT REPAIR OF PERFORATION DEFECTS		181.06				2097.37
9907	D3346		RETREATMENT PREVIOUS RC THERAPY - ANTERIOR		703.55				2097.37
9908	D3347		RETREATMENT PREVIOUS RC THERAPY - BICUSPID		827.70				2097.37
9909	D3348		RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR		1024.28				2097.37
9910	D3351		APEXIFICATION/RECALCIFICATION - INITIAL VISIT		245.42				2097.37
9911	D3352		APEXIFICAT/RECALCIFICAT - INTERIM MEDREPL		110.01				2097.37
9912	D3353		APEXIFICATION/RECALCIFICATION - FINAL VISIT		338.50				2097.37
9913	D3410		APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR		486.60				2097.37
9914	D3421		APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID		541.61				2097.37
9915	D3425		APICOECTOMY/PERIRADICULAR SURGERY - MOLAR		613.54				2097.37
9916	D3426		APICOECTOMY/PERIRADICULAR SURGERY		207.33				2097.37
9917	D3430		RETROGRADE FILLING - PER ROOT		152.33				2097.37
9918	D3450		ROOT AMPUTATION - PER ROOT		317.35				2097.37
9919	D3460		ENDODONTIC ENDOSSEOUS IMPLANT		1184.76				941.33
9920	D3470		INTENTIONAL REPLANTATION W/NECESSARY SPLINTING		605.08				2097.37
9921	D3910		SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM		84.63				2097.37
9922	D3920		HEMISECTION NOT INCLUDING ROOT CANAL THERAPY		241.18				2097.37
9923	D3950		CANAL PREPARATION&FITTING PREFORMED DOWEL/POST		110.01				2097.37
9924	D3999		UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT		BR				941.33
9925	D4210		GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD		423.55				2097.37
9926	D4211		GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD		188.24				2097.37
9927	D4230		ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD		592.97				2097.37
9928	D4231		ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT		282.37				2097.37
9929	D4240		GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD		536.50				2097.37
9930	D4241		GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD		310.60				2097.37
9931	D4245		APICALLY POSITIONED FLAP		395.31				2097.37
9932	D4249		CLINICAL CROWN LENGTHENING - HARD TISSUE		588.26				2097.37
9933	D4260		OSSEOUS SURG 4/> CONTIG/TOOTH BOUND SPACES-QUAD		894.16				941.33
9934	D4261		OSSEOUS SURG 1-3 CONTIG/TOOTH BOUND SPACES-QUAD		480.02				2097.37
9935	D4263		BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT		320.01				941.33
9936	D4264		BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT		272.95				941.33

	A	B	C	D	E	F	G	H	I
9937	D4265		BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN		BR				2097.37
9938	D4266		GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE		329.43				2097.37
9939	D4267		GUID TISSUE REGEN - NONRESORB BARRIER PER SITE		423.55				2097.37
9940	D4268		SURGICAL REVISION PROCEDURE PER TOOTH		BR				941.33
9941	D4270		PEDICLE SOFT TISSUE GRAFT PROCEDURE		635.32				941.33
9942	D4271		FREE SOFT TISSUE GRAFT PROCEDURE		658.85				941.33
9943	D4273		SUBEPITHEL CONECTIVE TISSUE GRAFT PROC PER TOOTH		776.51				941.33
9944	D4274		DISTAL OR PROXIMAL WEDGE PROCEDURE		440.49				2097.37
9945	D4275		SOFT TISSUE ALLOGRAFT		583.56				2097.37
9946	D4276		COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH		870.63				2097.37
9947	D4320		PROVISIONAL SPLINTING - INTRACORONAL		281.63				2097.37
9948	D4321		PROVISIONAL SPLINTING - EXTRACORONAL		256.03				2097.37
9949	D4341		PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD		162.15				2097.37
9950	D4342		PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD		93.88				2097.37
9951	D4355		FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX		110.95				941.33
9952	D4381		LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR		BR				941.33
9953	D4910		PERIODONTAL MAINTENANCE		99.85				2097.37
9954	D4920		UNSCHEDULED DRESSING CHANGE		72.54				2097.37
9955	D4999		UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT		BR				2097.37
9956	D5110		COMPLETE DENTURE - MAXILLARY		865.75				2097.37
9957	D5120		COMPLETE DENTURE - MANDIBULAR		865.75				2097.37
9958	D5130		IMMEDIATE DENTURE - MAXILLARY		943.95				2097.37
9959	D5140		IMMEDIATE DENTURE - MANDIBULAR		943.95				2097.37
9960	D5211		UPPER PARTIAL DENTURE - RESIN BASE		730.68				2097.37
9961	D5212		LOWER PARTIAL DENTURE - RESIN BASE		849.16				2097.37
9962	D5213		MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE		956.59				2097.37
9963	D5214		MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE		956.59				2097.37
9964	D5225		MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE		730.68				2097.37
9965	D5226		MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE		849.16				2097.37
9966	D5281		REMV UNILAT PART DENTUR - 1 PIECE CAST METAL		557.68				2097.37
9967	D5410		ADJUST COMPLETE DENTURE - MAXILLARY		47.40				2097.37
9968	D5411		ADJUST COMPLETE DENTURE - MANDIBULAR		47.40				2097.37
9969	D5421		ADJUST PARTIAL DENTURE - MAXILLARY		47.40				2097.37
9970	D5422		ADJUST PARTIAL DENTURE - MANDIBULAR		47.40				2097.37
9971	D5510		REPAIR BROKEN COMPLETE DENTURE BASE		94.79				2097.37
9972	D5520		REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE		78.99				2097.37
9973	D5610		REPAIR RESIN DENTURE BASE		102.69				2097.37
9974	D5620		REPAIR CAST FRAMEWORK		110.59				2097.37
9975	D5630		REPAIR OR REPLACE BROKEN CLASP		134.29				2097.37
9976	D5640		REPLACE BROKEN TEETH - PER TOOTH		86.89				2097.37
9977	D5650		ADD TOOTH TO EXISTING PARTIAL DENTURE		118.49				2097.37
9978	D5660		ADD CLASP TO EXISTING PARTIAL DENTURE		142.19				2097.37
9979	D5670		REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX		347.56				2097.37
9980	D5671		REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND		347.56				2097.37
9981	D5710		REBASE COMPLETE MAXILLARY DENTURE		351.51				2097.37
9982	D5711		REBASE COMPLETE MANDIBULAR DENTURE		335.72				2097.37
9983	D5720		REBASE MAXILLARY PARTIAL DENTURE		331.77				2097.37
9984	D5721		REBASE MANDIBULAR PARTIAL DENTURE		331.77				2097.37

	A	B	C	D	E	F	G	H	I
9985	D5730		RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE		198.27				2097.37
9986	D5731		RELINE LOWER COMPLETE MANDIBULAR DENTURE		198.27				2097.37
9987	D5740		RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE		181.68				2097.37
9988	D5741		RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE		181.68				2097.37
9989	D5750		RELINE COMPLETE MAXILLARY DENTURE LABORATORY		264.62				2097.37
9990	D5751		RELINE COMPLETE MANDIBULAR DENTRUE LABORATORY		264.62				2097.37
9991	D5760		RELINE MAXILLARY PARTIAL DENTURE LABORATORY		260.67				2097.37
9992	D5761		RELINE MANDIBULAR PARTIAL DENTURE LABORATORY		260.67				2097.37
9993	D5810		INTERIM COMPLETE DENTURE MAXILLARY		418.66				2097.37
9994	D5811		INTERIM COMPLETE DENTURE MANDIBULAR		450.25				2097.37
9995	D5820		INTERIM PARTIAL DENTURE MAXILLARY		323.87				2097.37
9996	D5821		INTERIM PARTIAL DENTURE MANDIBULAR		343.62				2097.37
9997	D5850		TISSUE CONDITIONING MAXILLARY		82.94				2097.37
9998	D5851		TISSUE CONDITIONING MANDIBULAR		82.94				2097.37
9999	D5860		OVERDENTURE - COMPLETE BY REPORT		BR				2097.37
10000	D5861		OVERDENTURE - PARTIAL BY REPORT		BR				2097.37
10001	D5862		PRECISION ATTACHMENT BY REPORT		BR				2097.37
10002	D5867		REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH		BR				2097.37
10003	D5875		MODIFICATION REMV PROSTH FOLLOW IMPLANT SURGERY		BR				2097.37
10004	D5899		UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT		BR				2097.37
10005	D5911		FACIAL MOULAGE SECTIONAL		219.60				941.33
10006	D5912		FACIAL MOULAGE COMPLETE		219.60				941.33
10007	D5913		NASAL PROSTHESIS		4624.19				2097.37
10008	D5914		AURICULAR PROSTHESIS		4624.19				2097.37
10009	D5915		ORBITAL PROSTHESIS		6257.75				2097.37
10010	D5916		OCULAR PROSTHESIS		1669.10				2097.37
10011	D5919		FACIAL PROSTHESIS		BR				2097.37
10012	D5922		NASAL SEPTAL PROSTHESIS		BR				2097.37
10013	D5923		OCULAR PROSTHESIS INTERIM		BR				2097.37
10014	D5924		CRANIAL PROSTHESIS		BR				2097.37
10015	D5925		FACIAL AUGMENTATION IMPLANT PROSTHESIS		BR				2097.37
10016	D5926		NASAL PROSTHESIS REPLACEMENT		BR				2097.37
10017	D5927		AURICULAR PROSTHESIS REPLACEMENT		BR				2097.37
10018	D5928		ORBITAL PROSTHESIS REPLACEMENT		BR				2097.37
10019	D5929		FACIAL PROSTHESIS REPLACEMENT		BR				2097.37
10020	D5931		OBTURATOR PROSTHESIS SURGICAL		2489.83				2097.37
10021	D5932		OBTURATOR PROSTHESIS DEFINITIVE		4656.58				2097.37
10022	D5933		OBTURATOR PROSTHESIS MODIFICATION		BR				2097.37
10023	D5934		MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE		4244.24				2097.37
10024	D5935		MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE		3692.88				2097.37
10025	D5936		OBTURATOR/PROSTHESIS INTERIM		4147.87				2097.37
10026	D5937		TRISMUS APPLIANCE NOT FOR TM TREATMENT		521.35				2097.37
10027	D5951		FEEDING AID		677.75				2097.37
10028	D5952		SPEECH AID PROSTHESIS PEDIATRIC		2200.72				2097.37
10029	D5953		SPEECH AID PROSTHESIS ADULT		4179.47				2097.37
10030	D5954		PALATAL AUGMENTATION PROSTHESIS		3872.98				2097.37
10031	D5955		PALATAL LIFT PROSTHESIS DEFINITIVE		3582.29				2097.37
10032	D5958		PALATAL LIFT PROSTHESIS INTERIM		BR				2097.37

	A	B	C	D	E	F	G	H	I
10033	D5959		PALATAL LIFT PROSTHESIS MODIFICATION		BR				2097.37
10034	D5960		SPEECH AID PROSTHESIS MODIFICATION		BR				2097.37
10035	D5982		SURGICAL STENT		351.51				2097.37
10036	D5983		RADIATION CARRIER		789.92				941.33
10037	D5984		RADIATION SHIELD		789.92				941.33
10038	D5985		RADIATION CONE LOCATOR		789.92				941.33
10039	D5986		FLUORIDE GEL CARRIER		78.99				2097.37
10040	D5987		COMMISSURE SPLINT		1184.88				941.33
10041	D5988		SURGICAL SPLINT		236.98				2097.37
10042	D5991		TOPICAL MEDICAMENT CARRIER		90.84				2097.37
10043	D5999		UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT		BR				2097.37
10044	D6010		SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT		1446.34				2097.37
10045	D6012		SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS		1366.56				2097.37
10046	D6040		SURGICAL PLACEMENT: EPOSTEAL IMPLANT		4976.50				2097.37
10047	D6050		SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT		3712.62				2097.37
10048	D6053		IMPL/ABUT SUPP REMV DENTUR CMPL EDNTULS ARCH		1079.82				2097.37
10049	D6054		IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH		1079.82				2097.37
10050	D6055		DENTAL IMPLANT SUPPORTED CONNECTING BAR		434.46				2097.37
10051	D6056		PREFABRICATED ABUTMENT INCLUDES PLACEMENT		300.17				2097.37
10052	D6057		CUSTOM ABUTMENT INCLUDES PLACEMENT		371.26				2097.37
10053	D6058		ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN		832.58				2097.37
10054	D6059		ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL		821.52				2097.37
10055	D6060		ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL		776.49				2097.37
10056	D6061		ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL		792.29				2097.37
10057	D6062		ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL		789.13				2097.37
10058	D6063		ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL		687.23				2097.37
10059	D6064		ABUTMENT SUPP CAST METAL CROWN NOBLE METAL		718.83				2097.37
10060	D6065		IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN		819.15				2097.37
10061	D6066		IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN		797.82				2097.37
10062	D6067		IMPLANT SUPPORTED METAL CROWN		774.12				2097.37
10063	D6068		ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD		825.47				2097.37
10064	D6069		ABUT RETAINR PORCELN TO METL FPD HI NOBL METL		821.52				2097.37
10065	D6070		ABUT RETN PORCELN TO METL FPD PREDOM BASE METL		776.49				2097.37
10066	D6071		ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD		792.29				2097.37
10067	D6072		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD		801.77				2097.37
10068	D6073		ABUT RETAINR CAST METL FPD PREDOM BASE METL		732.26				2097.37
10069	D6074		ABUTMENT RETAINR CAST METAL FPD NOBLE METAL		778.07				2097.37
10070	D6075		IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD		819.15				2097.37
10071	D6076		IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD		797.82				2097.37
10072	D6077		IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD		774.12				2097.37
10073	D6078		IMPLNT/ABUT SUPP FIXED DENTURE CMPL ENDENT ARCH		BR				2097.37
10074	D6079		IMPL/ABUT SUPPORTED FIX DENTUR PART EDNTULS ARCH		BR				2097.37
10075	D6080		IMPL MAINT PROC REMV CLEANS PROSTH&ABUTS REINS		67.93				2097.37
10076	D6090		REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT		BR				2097.37
10077	D6091		REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT		327.82				2097.37
10078	D6092		RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN		63.98				2097.37
10079	D6093		RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE		100.32				2097.37
10080	D6094		ABUTMENT SUPPORTED CROWN TITANIUM		651.68				2097.37

	A	B	C	D	E	F	G	H	I
10081	D6095		REPAIR IMPLANT ABUTMENT BY REPORT		BR				2097.37
10082	D6100		IMPLANT REMOVAL BY REPORT		BR				2097.37
10083	D6190		RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT		146.14				2097.37
10084	D6194		ABUTMENT SUPPORTED RETAINER CROWN FOR FPD		671.43				2097.37
10085	D6199		UNSPECIFIED IMPLANT PROCEDURE BY REPORT		BR				2097.37
10086	D6205		PONTIC INDIRECT RESIN BASED COMPOSITE		513.06				2097.37
10087	D6210		PONTIC - CAST HIGH NOBLE METAL		784.39				2097.37
10088	D6211		PONTIC - CAST PREDOMINANTLY BASE METAL		735.06				2097.37
10089	D6212		PONTIC - CAST NOBLE METAL		764.66				2097.37
10090	D6214		PONTIC TITANIUM		789.33				2097.37
10091	D6240		PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL		774.53				2097.37
10092	D6241		PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL		715.33				2097.37
10093	D6242		PONTIC - PORCELAIN FUSED TO NOBLE METAL		754.79				2097.37
10094	D6245		PONTIC - PORCELAIN/CERAMIC		799.19				2097.37
10095	D6250		PONTIC - RESIN WITH HIGH NOBLE METAL		764.66				2097.37
10096	D6251		PONTIC - RESIN WITH PREDOMINANTLY BASE METAL		705.46				2097.37
10097	D6252		PONTIC - RESIN WITH NOBLE METAL		728.16				2097.37
10098	D6253		PROVISIONAL PONTIC		329.54				2097.37
10099	D6545		RETAINER - CAST METAL RESIN BONDED FIX PROSTH		289.84				2097.37
10100	D6548		RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH		318.82				2097.37
10101	D6600		INLAY-PORCELAIN/CERAMIC TWO SURFACES		575.29				2097.37
10102	D6601		INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES		603.39				2097.37
10103	D6602		INLAY - CAST HIGH NOBLE METAL TWO SURFACES		614.81				2097.37
10104	D6603		INLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES		676.29				2097.37
10105	D6604		INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES		602.51				2097.37
10106	D6605		INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES		638.52				2097.37
10107	D6606		INLAY - CAST NOBLE METAL TWO SURFACES		592.85				2097.37
10108	D6607		INLAY - CAST NOBLE METAL THREE OR MORE SURFACES		657.85				2097.37
10109	D6608		ONLAY - PORCELAIN/CERAMIC 2 SURFACES		625.35				2097.37
10110	D6609		ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES		652.58				2097.37
10111	D6610		ONLAY - CAST HIGH NOBLE METAL TWO SURFACES		663.12				2097.37
10112	D6611		ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES		725.48				2097.37
10113	D6612		ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES		659.60				2097.37
10114	D6613		ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES		689.47				2097.37
10115	D6614		ONLAY - CAST NOBLE METAL TWO SURFACES		645.55				2097.37
10116	D6615		ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES		671.02				2097.37
10117	D6624		INLAY TITANIUM		614.81				2097.37
10118	D6634		ONLAY TITANIUM		645.55				2097.37
10119	D6710		CROWN INDIRECT RESIN BASED COMPOSITE		658.73				2097.37
10120	D6720		CROWN - RESIN WITH HIGH NOBLE METAL		768.51				2097.37
10121	D6721		CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE		728.99				2097.37
10122	D6722		CROWN - RESIN WITH NOBLE METAL		742.16				2097.37
10123	D6740		CROWN - PORCELAIN/CERAMIC		808.04				2097.37
10124	D6750		CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE		786.96				2097.37
10125	D6751		CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL		734.26				2097.37
10126	D6752		CROWN - PORCELAIN FUSED TO NOBLE METAL		751.82				2097.37
10127	D6780		CROWN - 3/4 CAST HIGH NOBLE METAL		742.16				2097.37
10128	D6781		CROWN - 3/4 CAST PREDOMINATELY BASED METAL		742.16				2097.37

	A	B	C	D	E	F	G	H	I
10129	D6782		CROWN 3/4 CAST NOBLE METAL-DENTURE		689.47				2097.37
10130	D6783		CROWN 3/4 PORCELAIN/CERAMIC-DENTURE		764.12				2097.37
10131	D6790		CROWN FULL CAST HIGH NOBLE METAL-DENTURE		759.73				2097.37
10132	D6791		CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE		720.21				2097.37
10133	D6792		CROWN FULL CAST NOBLE METAL-DENTURE		746.56				2097.37
10134	D6793		PROVISIONAL RETAINER CROWN		311.80				2097.37
10135	D6794		CROWN TITANIUM		746.56				2097.37
10136	D6920		CONNECTOR BAR		146.97				941.33
10137	D6930		RECEMENT BRIDGE		85.73				2097.37
10138	D6940		STRESS BREAKER		194.32				2097.37
10139	D6950		PRECISION ATTACHMENT		375.59				2097.37
10140	D6970		POST & CORE ADD FIXED PART DENTURE RETAINER FAB		236.78				2097.37
10141	D6972		PREFAB POST&CORE IN ADDITION TO BRIDGE RETAINER		192.69				2097.37
10142	D6973		CORE BUILD UP FOR RETAINER INCLUDING ANY PINS		155.13				2097.37
10143	D6975		COPING - METAL		416.41				2097.37
10144	D6976		EACH ADD INDIRECTLY FABRICATED POST SAME TOOTH		110.23				2097.37
10145	D6977		EACH ADD PREFABRICATED POST - SAME TOOTH		97.98				2097.37
10146	D6980		BRIDGE REPAIR BY REPORT		BR				2097.37
10147	D6985		PEDIATRIC PARTIAL DENTURE FIXED		326.60				2097.37
10148	D6999		UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT		BR				2097.37
10149	D7111		EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH		73.03				941.33
10150	D7140		EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT		97.08				941.33
10151	D7210		SURG REMV ERUPTED TOOTH RQR ELEV FLP&REMV BONE		168.70				941.33
10152	D7220		REMOVAL OF IMPACTED TOOTH - SOFT TISSUE		211.53				941.33
10153	D7230		REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY		281.46				941.33
10154	D7240		REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY		330.41				941.33
10155	D7241		REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS		415.20				941.33
10156	D7250		SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS		178.32				941.33
10157	D7260		OROLANTRAL FISTULA CLOSURE		1051.09				941.33
10158	D7261		PRIMARY CLOSURE OF A SINUS PERFORATION		437.96				941.33
10159	D7270		TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH		328.47				2097.37
10160	D7272		TOOTH TRANSPLANTATION		437.96				2097.37
10161	D7280		SURGICAL ACCESS OF AN UNERUPTED TOOTH		306.57				2097.37
10162	D7282		MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION		153.28				2097.37
10163	D7283		PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH		131.39				
10164	D7285		BIOPSY OF ORAL TISSUE HARD		613.14				2097.37
10165	D7286		BIOPSY OF ORAL TISSUE SOFT		262.77				2097.37
10166	D7287		EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION		105.11				2097.37
10167	D7288		BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION		105.11				
10168	D7290		SURGICAL REPOSITIONING OF TEETH		262.77				2097.37
10169	D7291		TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR		BR				941.33
10170	D7292		SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP		420.44				2097.37
10171	D7293		SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP		262.77				2097.37
10172	D7294		SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP		218.98				2097.37
10173	D7310		ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD		111.48				2097.37
10174	D7311		ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD		97.55				2097.37
10175	D7320		ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE		181.16				2097.37
10176	D7321		ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD		153.29				

	A	B	C	D	E	F	G	H	I
10177	D7340		VESTIBULOPLASTY-RIDGE EXT 2ND EPITHELIALIZATION		766.43				2097.37
10178	D7350		VESTIBULOPLASTY-RIDGE EXT W/SOFT TISS GRAFTS		2229.60				2097.37
10179	D7410		EXCISION OF BENIGN LESION UP TO 1.25 CM		334.44				2097.37
10180	D7411		EXCISION OF BENIGN LESION GREATER THAN 1.25 CM		529.53				2097.37
10181	D7412		EXCISION OF BENIGN LESION COMPLICATED		585.27				2097.37
10182	D7413		EXCISION OF MALIGNANT LESION UP TO 1.25 CM		390.18				2097.37
10183	D7414		EXCISION OF MALIGNANT LESION > 1.25 CM		585.27				2097.37
10184	D7415		EXCISION OF MALIGNANT LESION COMPLICATED		654.95				2097.37
10185	D7440		EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM		529.53				2097.37
10186	D7441		EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM		780.36				2097.37
10187	D7450		REMOVAL BEN ODONTOGENIC CYST/TUMR- UP T0 1.25 CM		334.44				2097.37
10188	D7451		REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM		457.07				2097.37
10189	D7460		REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM		334.44				2097.37
10190	D7461		REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM		457.07				2097.37
10191	D7465		DESTRUC LESION PHYSICAL/CHEM METHOD BY REPORT		181.16				2097.37
10192	D7471		REMOVAL OF LATERAL EXOSTOSIS		414.15				2097.37
10193	D7472		REMOVAL OF TORUS PALATINUS		492.18				2097.37
10194	D7473		REMOVAL OF TORUS MANDIBULARIS		464.31				2097.37
10195	D7485		SURGICAL REDUCTION OF OSSEOUS TUBEROSITY		414.15				2097.37
10196	D7490		RADICAL RESECTION OF MAXILLA OR MANDIBLE		3344.40				2097.37
10197	D7510		INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS		119.84				2097.37
10198	D7511		I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED		181.16				
10199	D7520		INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS		570.78				2097.37
10200	D7521		I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED		627.08				
10201	D7530		REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE		205.68				2097.37
10202	D7540		REMV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS		227.98				2097.37
10203	D7550		PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE		142.14				2097.37
10204	D7560		MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB		1128.74				2097.37
10205	D7610		MAXILLA-OPEN REDUCTION		1825.49				2097.37
10206	D7620		MAXILLA-CLOSED REDUCTION		1368.97				2097.37
10207	D7630		MANDIBLE-OPEN REDUCTION		2373.41				2097.37
10208	D7640		MANDIBLE-CLOSED REDUCTION		1506.09				2097.37
10209	D7650		MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION		1141.00				2097.37
10210	D7660		MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION		672.78				2097.37
10211	D7670		ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH		525.07				2097.37
10212	D7671		ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH		989.39				2097.37
10213	D7680		FCE BNS - COMP RDUC W/FIX&MX SURG APPRCHES CPT		3422.99				2097.37
10214	D7710		MAXILLA-OPEN REDUCTION		2145.43				2097.37
10215	D7720		MAXILLA-CLOSED REDUCTION		1506.09				2097.37
10216	D7730		MANDIBLE-OPEN REDUCTION		3103.60				2097.37
10217	D7740		MANDIBLE-CLOSED REDUCTION		1535.64				2097.37
10218	D7750		MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION		1953.13				2097.37
10219	D7760		MALAR AND/OR ZYGOMATIC ARCH CLOSED REDUCTION		783.70				2097.37
10220	D7770		ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH		1061.85				2097.37
10221	D7771		ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH		819.38				2097.37
10222	D7780		FACIAL BONES-COMP RDUC FIX & MX SURG APPROACHES		4563.99				2097.37
10223	D7810		OPEN REDUCTION OF DISLOCATION		2007.75				2097.37
10224	D7820		CLOSED REDUCTION OF DISLOCATION		328.87				2097.37

	A	B	C	D	E	F	G	H	I
10225	D7830		MANIPULATION UNDER ANESTHESIA		188.40				2097.37
10226	D7840		CONDYLECTOMY		2736.83				2097.37
10227	D7850		SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT		2363.38				2097.37
10228	D7852		DISC REPAIR		2706.18				2097.37
10229	D7854		SYNOVECTOMY		2792.57				2097.37
10230	D7856		MYOTOMY		1981.56				2097.37
10231	D7858		JOINT RECONSTRUCTION		5648.13				2097.37
10232	D7860		ARTHROTOMY		2407.41				2097.37
10233	D7865		ARTHROPLASTY		3879.50				2097.37
10234	D7870		ARTHROCENTESIS		128.20				2097.37
10235	D7871		NON-ARTHROSCOPIC LYSIS AND LAVAGE		256.40				2097.37
10236	D7872		ARTHROSCOPY-DIAGNOSIS WITH OR WITHOUT BIOPSY		1368.42				2097.37
10237	D7873		ARTHROSCOPY SURGICAL: LAVAGE&LYSIS ADHESIONS		1647.67				2097.37
10238	D7874		ARTHROSCOPY SURGICAL: DISC REPSTN&STABILIZATION		2363.38				2097.37
10239	D7875		ARTHROSCOPY-SURGICAL: SYNOVECTOMY		2589.12				2097.37
10240	D7876		ARTHROSCOPY SURGICAL: DISCECTOMY		2791.46				2097.37
10241	D7877		ARTHROSCOPY SURGICAL: DEBRIDEMENT		2463.71				2097.37
10242	D7880		OCCLUSAL ORTHOTIC APPLIANCE		307.68				2097.37
10243	D7899		UNSPECIFIED TMD THERAPY BY REPORT		BR				2097.37
10244	D7910		SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM		182.83				2097.37
10245	D7911		COMPLICATED SUTURE-UP TO 5 CM		456.51				2097.37
10246	D7912		COMPLICATED SUTURE-GREATER THAN 5 CM		821.61				2097.37
10247	D7920		SKIN GRAFT		1346.12				2097.37
10248	D7940		OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES		BR				941.33
10249	D7941		OSTEOTOMY - MANDIBULAR RAMI		3428.01				2097.37
10250	D7943		OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT		3149.31				2097.37
10251	D7944		OSTEOTOMY SEGMENTED OR SUBAPICAL		2806.51				2097.37
10252	D7945		OSTEOTOMY-BODY OF MANDIBLE		3734.58				2097.37
10253	D7946		LEFORT I MAXILLA TOTAL		4626.42				2097.37
10254	D7947		LEFORT I MAXILLA SEGMENTED		3890.65				2097.37
10255	D7948		LEFORT II/LEFORT III - W/O BONE GRAFT		5050.04				2097.37
10256	D7949		LEFORT II/LEFORT III - W/BONE GRAFT		6577.32				2097.37
10257	D7950		OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX		BR				2097.37
10258	D7951		SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES		BR				2097.37
10259	D7953		BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE		94.76				2097.37
10260	D7955		REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT		BR				2097.37
10261	D7960		FRENULECTOMY SEPARATE PROCEDURE		153.29				2097.37
10262	D7963		FRENULOPLASTY		250.83				2097.37
10263	D7970		EXCISION OF HYPERPLASTIC TISSUE-PER ARCH		222.96				2097.37
10264	D7971		EXCISION OF PERICORONAL GINGIVA		83.61				2097.37
10265	D7972		SURGICAL REDUCTION OF FIBROUS TUBEROSITY		312.14				2097.37
10266	D7980		SIALOLITHOTOMY		351.16				2097.37
10267	D7981		EXCISION OF SALIVARY GLAND BY REPORT		BR				2097.37
10268	D7982		SIALODOCHOPLASTY		830.53				2097.37
10269	D7983		CLOSURE OF SALIVARY FISTULA		797.08				2097.37
10270	D7990		EMERGENCY TRACHEOTOMY		685.60				2097.37
10271	D7991		CORONOIDECTOMY		1672.20				2097.37
10272	D7995		SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT		BR				2097.37

	A	B	C	D	E	F	G	H	I
10273	D7996		IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT		BR				2097.37
10274	D7997		APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR		128.20				2097.37
10275	D7998		INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX		557.40				2097.37
10276	D7999		UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT		BR				2097.37
10277	D8010		LIMITED ORTHODONTIC TREATMENT PRIMARY DENTITION		BR				2097.37
10278	D8020		LTD ORTHODONTIC TREATMENT TRANSITIONAL DENTITION		BR				2097.37
10279	D8030		LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION		BR				2097.37
10280	D8040		LIMITED ORTHODONTIC TREATMENT ADULT DENTITION		BR				2097.37
10281	D8050		INTERCEPTIVE ORTHODONTIC TX PRIMARY DENTITION		BR				2097.37
10282	D8060		INTRCPTV ORTHODONTIC TX TRANSITIONAL DENTITION		BR				2097.37
10283	D8070		COMP ORTHODONTIC TX TRANSITIONAL DENTITION		BR				2097.37
10284	D8080		COMPREHENSIVE ORTHODONTIC TX ADOLES DENTITION		BR				2097.37
10285	D8090		COMPREHENSIVE ORTHODONTIC TX ADULT DENTITION		BR				2097.37
10286	D8210		REMOVABLE APPLIANCE THERAPY		BR				2097.37
10287	D8220		FIXED APPLIANCE THERAPY		BR				2097.37
10288	D8660		ORTHODONTIC TREATMENT		BR				2097.37
10289	D8670		PERIODIC ORTHODONTIC TREATMENT VISIT		BR				2097.37
10290	D8680		ORTHODONTIC RETENTION		BR				2097.37
10291	D8690		ORTHODONTIC TREATMENT		BR				2097.37
10292	D8691		REPAIR OF ORTHODONTIC APPLIANCE		BR				2097.37
10293	D8692		REPLACEMENT OF LOST OR BROKEN RETAINER		BR				2097.37
10294	D8693		REBONDING/RECEMENTING; &/OR REPAIR FIXED RETAINR		BR				2097.37
10295	D8999		UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT		BR				2097.37
10296	D9110		PALLIATIVE TREATMENT DENTAL PAIN - MINOR PROC		56.48				
10297	D9120		FIXED PARTIAL DENTURE SECTIONING		63.82				2097.37
10298	D9210		LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC		21.19				2097.37
10299	D9211		REGIONAL BLOCK ANESTHESIA		23.39				2097.37
10300	D9212		TRIGEMINAL DIVISION BLOCK ANESTHESIA		36.54				2097.37
10301	D9215		LOCAL ANESTHESIA		17.54				2097.37
10302	D9220		DEEP SEDATION/GENERAL ANESTHESIA-1ST 30 MINUTES		211.94				2097.37
10303	D9221		DEEP SEDATION/GENERAL ANESTHESIA-EA ADD 15 MIN		95.01				2097.37
10304	D9230		ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE		35.08				
10305	D9241		IV CONSCIOUS SEDATION/ANALG - 1ST 30 MINUTES		164.44				2097.37
10306	D9242		IV CONSCIOUS SEDATION/ANALG - EA ADD 15 MINUTES		80.39				2097.37
10307	D9248		NON-INTRAVENOUS CONSCIOUS SEDATION		51.16				
10308	D9310		CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY		75.64				2097.37
10309	D9410		HOUSE/EXTENDED CARE FACILITY CALL		86.52				2097.37
10310	D9420		HOSPITAL CALL		139.94				2097.37
10311	D9430		OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED		BR				2097.37
10312	D9440		OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS		47.28				2097.37
10313	D9450		CASE PRESENTATION DETAILED&EXTENSIVE TX PLANNING		23.64				2097.37
10314	D9610		THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION		BR				2097.37
10315	D9612		TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED		BR				2097.37
10316	D9630		OTHER DRUGS AND/OR MEDICAMENTS BY REPORT		BR				941.33
10317	D9910		APPLICATION OF DESENSITIZING MEDICAMENT		23.19				2097.37
10318	D9911		APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH		32.46				2097.37
10319	D9920		BEHAVIOR MANAGEMENT BY REPORT		BR				2097.37
10320	D9930		TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT		BR				941.33

	A	B	C	D	E	F	G	H	I
10321	D9940		OCCLUSAL GUARD BY REPORT		192.12				941.33
10322	D9941		FABRICATION OF ATHLETIC MOUTHGUARD		66.25				2097.37
10323	D9942		REPAIR AND/OR RELINE OF OCCLUSAL GUARD		79.50				2097.37
10324	D9950		OCCLUSION ANALYSIS - MOUNTED CASE		125.87				941.33
10325	D9951		OCCLUSAL ADJUSTMENT - LIMITED		56.31				941.33
10326	D9952		OCCLUSAL ADJUSTMENT - COMPLETE		264.99				941.33
10327	D9970		ENAMEL MICROABRASION		29.81				2097.37
10328	D9971		ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ		38.42				2097.37
10329	D9972		EXTERNAL BLEACHING - PER ARCH		132.49				2097.37
10330	D9973		EXTERNAL BLEACHING - PER TOOTH		21.86				2097.37
10331	D9974		INTERNAL BLEACHING - PER TOOTH		115.93				2097.37
10332	D9999		UNSPECIFIED ADJUNCTIVE PROC BY REPORT (01/2010)		BR				2097.37
10333	E0100	NU	CANE INCL CANES ALL MATERIAL ADJUSTBLE/FIX W/TIP		29.44				
10334	E0100	RR	CANE INCL CANES ALL MATERIAL ADJUSTBLE/FIX W/TIP		8.30				
10335	E0100	UE	CANE INCL CANES ALL MATERIAL ADJUSTBLE/FIX W/TIP		23.47				
10336	E0105	NU	CANE QUAD/3-PRONG ALL MATL ADJUSTBL/FIX W/TIPS		68.64				
10337	E0105	RR	CANE QUAD/3-PRONG ALL MATL ADJUSTBL/FIX W/TIPS		12.39				
10338	E0105	UE	CANE QUAD/3-PRONG ALL MATL ADJUSTBL/FIX W/TIPS		52.92				
10339	E0110	NU	CRTCHS FORARM VARIOUS MATL PAIR W/TIPS&HNDGRIPS		108.45				
10340	E0110	RR	CRTCHS FORARM VARIOUS MATL PAIR W/TIPS&HNDGRIPS		22.35				
10341	E0110	UE	CRTCHS FORARM VARIOUS MATL PAIR W/TIPS&HNDGRIPS		81.32				
10342	E0111	NU	CRTCH FORARM VARIOUS MATL EA W/TIP&HNDGRIP		74.43				
10343	E0111	RR	CRTCH FORARM VARIOUS MATL EA W/TIP&HNDGRIP		11.78				
10344	E0111	UE	CRTCH FORARM VARIOUS MATL EA W/TIP&HNDGRIP		57.46				
10345	E0112	NU	CRTCHES UNDARM WOOD PAIR W/PADS TIPS&HNDGRIPS		51.71				
10346	E0112	RR	CRTCHES UNDARM WOOD PAIR W/PADS TIPS&HNDGRIPS		13.89				
10347	E0112	UE	CRTCHES UNDARM WOOD PAIR W/PADS TIPS&HNDGRIPS		39.45				
10348	E0113	NU	CRTCH UNDARM WOOD EA ADJSTBL/FIX PAD TIP&HNDGRIP		29.53				
10349	E0113	RR	CRTCH UNDARM WOOD EA ADJSTBL/FIX PAD TIP&HNDGRIP		7.20				
10350	E0113	UE	CRTCH UNDARM WOOD EA ADJSTBL/FIX PAD TIP&HNDGRIP		22.16				
10351	E0114	NU	CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP&HNDGRIP		65.96				
10352	E0114	RR	CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP&HNDGRIP		11.98				
10353	E0114	UE	CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP&HNDGRIP		49.85				
10354	E0116	NU	CRTCH UNDARM NOT WOOD ADJUST/FIX PAD TIP HNDGRIP		38.77				
10355	E0116	RR	CRTCH UNDARM NOT WOOD ADJUST/FIX PAD TIP HNDGRIP		7.55				
10356	E0116	UE	CRTCH UNDARM NOT WOOD ADJUST/FIX PAD TIP HNDGRIP		29.17				
10357	E0117	NU	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA		269.35				
10358	E0117	RR	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA		26.92				
10359	E0117	UE	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA		202.03				
10360	E0118		CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA		BR				2097.37
10361	E0130	NU	WALKER RIGID ADJUSTABLE OR FIXED HEIGHT		84.61				
10362	E0130	RR	WALKER RIGID ADJUSTABLE OR FIXED HEIGHT		20.26				
10363	E0130	UE	WALKER RIGID ADJUSTABLE OR FIXED HEIGHT		65.93				
10364	E0135	NU	WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT		101.01				
10365	E0135	RR	WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT		20.80				
10366	E0135	UE	WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT		77.49				
10367	E0140	NU	WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE		434.52				
10368	E0140	RR	WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE		43.46				

	A	B	C	D	E	F	G	H	I
10369	E0140	UE	WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE		325.90				
10370	E0141	NU	WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT		138.89				
10371	E0141	RR	WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT		26.94				
10372	E0141	UE	WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT		104.17				
10373	E0143	NU	WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT		144.84				
10374	E0143	RR	WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT		26.01				
10375	E0143	UE	WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT		108.40				
10376	E0144	NU	WALKER ENCLOSED 4 SIDED FRAME WHEELD W/POST SEAT		383.62				
10377	E0144	RR	WALKER ENCLOSED 4 SIDED FRAME WHEELD W/POST SEAT		38.38				
10378	E0144	UE	WALKER ENCLOSED 4 SIDED FRAME WHEELD W/POST SEAT		287.71				
10379	E0147	NU	WALKER HEAVY DUTY MX BRAKE SYS VARIBLE WHL RSIST		692.44				
10380	E0147	RR	WALKER HEAVY DUTY MX BRAKE SYS VARIBLE WHL RSIST		69.25				
10381	E0147	UE	WALKER HEAVY DUTY MX BRAKE SYS VARIBLE WHL RSIST		519.35				
10382	E0148	NU	WALK HEAVY DUTY W/O WHLS RIGID/FOLD ANY TYPE EA		153.05				
10383	E0148	RR	WALK HEAVY DUTY W/O WHLS RIGID/FOLD ANY TYPE EA		15.32				
10384	E0148	UE	WALK HEAVY DUTY W/O WHLS RIGID/FOLD ANY TYPE EA		114.79				
10385	E0149	NU	WALKER HEAVY DUTY WHEELED RIGID/FOLD ANY TYPE EA		268.88				
10386	E0149	RR	WALKER HEAVY DUTY WHEELED RIGID/FOLD ANY TYPE EA		26.89				
10387	E0149	UE	WALKER HEAVY DUTY WHEELED RIGID/FOLD ANY TYPE EA		201.65				
10388	E0153	NU	PLATFORM ATTACHMENT FOREARM CRUTCH EACH		96.97				
10389	E0153	RR	PLATFORM ATTACHMENT FOREARM CRUTCH EACH		10.96				
10390	E0153	UE	PLATFORM ATTACHMENT FOREARM CRUTCH EACH		72.73				
10391	E0154	NU	PLATFORM ATTACHMENT WALKER EACH		84.94				
10392	E0154	RR	PLATFORM ATTACHMENT WALKER EACH		10.32				
10393	E0154	UE	PLATFORM ATTACHMENT WALKER EACH		64.53				
10394	E0155	NU	WHL ATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK		38.02				
10395	E0155	RR	WHL ATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK		4.64				
10396	E0155	UE	WHL ATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK		28.97				
10397	E0156	NU	SEAT ATTACHMENT WALKER		31.84				
10398	E0156	RR	SEAT ATTACHMENT WALKER		4.07				
10399	E0156	UE	SEAT ATTACHMENT WALKER		23.91				
10400	E0157	NU	CRUTCH ATTACHMENT WALKER EACH		98.69				
10401	E0157	RR	CRUTCH ATTACHMENT WALKER EACH		10.84				
10402	E0157	UE	CRUTCH ATTACHMENT WALKER EACH		74.02				
10403	E0158	NU	LEG EXTENSIONS FOR WALKER PER SET OF FOUR		38.76				
10404	E0158	RR	LEG EXTENSIONS FOR WALKER PER SET OF FOUR		4.28				
10405	E0158	UE	LEG EXTENSIONS FOR WALKER PER SET OF FOUR		29.25				
10406	E0159	NU	BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH		21.52				
10407	E0159	RR	BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH		2.22				
10408	E0159	UE	BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH		16.15				
10409	E0160	NU	SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE		46.20				
10410	E0160	RR	SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE		6.06				
10411	E0160	UE	SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE		34.62				
10412	E0161	NU	SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS		36.66				
10413	E0161	RR	SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS		5.00				
10414	E0161	UE	SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS		27.45				
10415	E0162	NU	SITZ BATH CHAIR		203.64				
10416	E0162	RR	SITZ BATH CHAIR		21.36				

	A	B	C	D	E	F	G	H	I
10417	E0162	UE	SITZ BATH CHAIR		157.93				
10418	E0163	NU	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS		154.14				
10419	E0163	RR	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS		34.14				
10420	E0163	UE	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS		118.88				
10421	E0165	NU	COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS		259.64				
10422	E0165	RR	COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS		25.96				
10423	E0165	UE	COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS		194.73				
10424	E0167	NU	PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY		16.77				
10425	E0167	RR	PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY		1.75				
10426	E0167	UE	PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY		12.64				
10427	E0168	NU	COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL		210.94				
10428	E0168	RR	COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL		21.20				
10429	E0168	UE	COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL		158.18				
10430	E0170	RR	COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE		224.64				
10431	E0171	RR	COMMODE CHAIR INTGR SEAT LIFT MECH NONELEC ANY		40.42				
10432	E0172		SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE		BR				2097.37
10433	E0175	NU	FOOT REST FOR USE WITH COMMODE CHAIR EACH		92.57				
10434	E0175	RR	FOOT REST FOR USE WITH COMMODE CHAIR EACH		9.26				
10435	E0175	UE	FOOT REST FOR USE WITH COMMODE CHAIR EACH		68.12				
10436	E0181	NU	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP		364.25				
10437	E0181	RR	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP		36.43				
10438	E0181	UE	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP		273.19				
10439	E0182	NU	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY		365.97				
10440	E0182	RR	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY		36.60				
10441	E0182	UE	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY		274.49				
10442	E0184	NU	DRY PRESSURE MATTRESS		272.12				
10443	E0184	RR	DRY PRESSURE MATTRESS		34.34				
10444	E0184	UE	DRY PRESSURE MATTRESS		208.70				
10445	E0185	NU	GEL/GEL-LIKE PRSS PAD MATTRSS STD LEN&WDTH		447.05				
10446	E0185	RR	GEL/GEL-LIKE PRSS PAD MATTRSS STD LEN&WDTH		62.81				
10447	E0185	UE	GEL/GEL-LIKE PRSS PAD MATTRSS STD LEN&WDTH		343.09				
10448	E0186	NU	AIR PRESSURE MATTRESS		283.76				
10449	E0186	RR	AIR PRESSURE MATTRESS		28.38				
10450	E0186	UE	AIR PRESSURE MATTRESS		212.82				
10451	E0187	NU	WATER PRESSURE MATTRESS		324.32				
10452	E0187	RR	WATER PRESSURE MATTRESS		32.43				
10453	E0187	UE	WATER PRESSURE MATTRESS		243.25				
10454	E0188	NU	SYNTHETIC SHEEPSKIN PAD		36.94				
10455	E0188	RR	SYNTHETIC SHEEPSKIN PAD		4.34				
10456	E0188	UE	SYNTHETIC SHEEPSKIN PAD		27.73				
10457	E0189	NU	LAMBSWOOL SHEEPSKIN PAD ANY SIZE		72.63				
10458	E0189	RR	LAMBSWOOL SHEEPSKIN PAD ANY SIZE		7.86				
10459	E0189	UE	LAMBSWOOL SHEEPSKIN PAD ANY SIZE		54.48				
10460	E0190	NU	POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT		BR				2097.37
10461	E0190	RR	POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT		BR				2097.37
10462	E0190	UE	POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT		BR				2097.37
10463	E0191	NU	HEEL OR ELBOW PROTECTOR EACH		13.97				
10464	E0191	RR	HEEL OR ELBOW PROTECTOR EACH		1.43				

	A	B	C	D	E	F	G	H	I
10465	E0191	UE	HEEL OR ELBOW PROTECTOR EACH		10.43				
10466	E0193	RR	POWERED AIR FLOTATION BED		1088.35				
10467	E0194	NU	AIR FLUIDIZED BED		45484.47				
10468	E0194	RR	AIR FLUIDIZED BED		4548.45				
10469	E0194	UE	AIR FLUIDIZED BED		34113.35				
10470	E0196	NU	GEL PRESSURE MATTRESS		453.98				
10471	E0196	RR	GEL PRESSURE MATTRESS		45.40				
10472	E0196	UE	GEL PRESSURE MATTRESS		340.50				
10473	E0197	NU	AIR PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		309.69				
10474	E0197	RR	AIR PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		42.74				
10475	E0197	UE	AIR PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		272.03				
10476	E0198	NU	WATER PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		309.69				
10477	E0198	RR	WATER PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		32.09				
10478	E0198	UE	WATER PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		235.01				
10479	E0199	NU	DRY PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		44.79				
10480	E0199	RR	DRY PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		4.46				
10481	E0199	UE	DRY PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH		33.59				
10482	E0200	NU	HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT		110.79				
10483	E0200	RR	HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT		15.05				
10484	E0200	UE	HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT		83.14				
10485	E0202	RR	PHOTOTHERAPY LIGHT WITH PHOTOMETER		87.51				
10486	E0203		THERAPEUTIC LGHTBOX MINI 10000 LUX TABL TOP MDL		BR				2097.37
10487	E0205	NU	HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT		271.23				
10488	E0205	RR	HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT		29.83				
10489	E0205	UE	HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT		203.42				
10490	E0210	NU	ELECTRIC HEAT PAD STANDARD		45.62				
10491	E0210	RR	ELECTRIC HEAT PAD STANDARD		4.29				
10492	E0210	UE	ELECTRIC HEAT PAD STANDARD		34.22				
10493	E0215	NU	ELECTRIC HEAT PAD MOIST		99.00				
10494	E0215	RR	ELECTRIC HEAT PAD MOIST		10.35				
10495	E0215	UE	ELECTRIC HEAT PAD MOIST		74.28				
10496	E0217	NU	WATER CIRCULATING HEAT PAD WITH PUMP		693.89				
10497	E0217	RR	WATER CIRCULATING HEAT PAD WITH PUMP		77.25				
10498	E0217	UE	WATER CIRCULATING HEAT PAD WITH PUMP		520.38				
10499	E0218	NU	WATER CIRCULATING COLD PAD WITH PUMP		528.53				
10500	E0218	RR	WATER CIRCULATING COLD PAD WITH PUMP		61.07				
10501	E0218	UE	WATER CIRCULATING COLD PAD WITH PUMP		396.20				
10502	E0220	NU	HOT WATER BOTTLE		11.84				
10503	E0220	RR	HOT WATER BOTTLE		1.24				
10504	E0220	UE	HOT WATER BOTTLE		8.85				
10505	E0221		INFRARED HEATING PAD SYSTEM		BR				
10506	E0225	NU	HYDROCOLLATOR UNIT INCLUDES PADS		543.20				
10507	E0225	RR	HYDROCOLLATOR UNIT INCLUDES PADS		53.56				
10508	E0225	UE	HYDROCOLLATOR UNIT INCLUDES PADS		407.38				
10509	E0230	NU	ICE CAP OR COLLAR		11.85				
10510	E0230	RR	ICE CAP OR COLLAR		1.33				
10511	E0230	UE	ICE CAP OR COLLAR		8.86				
10512	E0231		NON-CNTC WND WARMING DEVC W/WARMING CARD&COVR		BR				2097.37

	A	B	C	D	E	F	G	H	I
10513	E0232		WOUND WARMING WOUND COVER		BR				2097.37
10514	E0235	NU	PARAFFIN BATH UNIT PORTABLE		241.16				
10515	E0235	RR	PARAFFIN BATH UNIT PORTABLE		24.12				
10516	E0235	UE	PARAFFIN BATH UNIT PORTABLE		180.87				
10517	E0236	NU	PUMP FOR WATER CIRCULATING PAD		618.41				
10518	E0236	RR	PUMP FOR WATER CIRCULATING PAD		61.84				
10519	E0236	UE	PUMP FOR WATER CIRCULATING PAD		463.82				
10520	E0238	NU	NONELECTRIC HEAT PAD MOIST		37.77				
10521	E0238	RR	NONELECTRIC HEAT PAD MOIST		3.81				
10522	E0238	UE	NONELECTRIC HEAT PAD MOIST		27.78				
10523	E0239	NU	HYDROCOLLATOR UNIT PORTABLE		628.70				
10524	E0239	RR	HYDROCOLLATOR UNIT PORTABLE		62.87				
10525	E0239	UE	HYDROCOLLATOR UNIT PORTABLE		471.55				
10526	E0240	NU	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE		BR				2097.37
10527	E0240	RR	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE		BR				2097.37
10528	E0240	UE	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE		BR				2097.37
10529	E0241		BATHTUB WALL RAIL EACH		36.80				2097.37
10530	E0242		BATHTUB RAIL FLOOR BASE		83.39				2097.37
10531	E0243		TOILET RAIL EACH		66.16				2097.37
10532	E0244		RAISED TOILET SEAT		50.11				2097.37
10533	E0245		TUB STOOL OR BENCH		82.61				2097.37
10534	E0246		TRANSFER TUB RAIL ATTACHMENT		112.75				2097.37
10535	E0247	NU	TRANSFER BENCH TUB/TOILET W/WO COMMODE OPENING		81.43				2097.37
10536	E0247	RR	TRANSFER BENCH TUB/TOILET W/WO COMMODE OPENING		8.14				2097.37
10537	E0247	UE	TRANSFER BENCH TUB/TOILET W/WO COMMODE OPENING		56.38				2097.37
10538	E0248	NU	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP		BR				2097.37
10539	E0248	RR	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP		BR				2097.37
10540	E0248	UE	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP		BR				2097.37
10541	E0249	NU	PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY		139.20				
10542	E0249	RR	PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY		15.32				
10543	E0249	UE	PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY		104.41				
10544	E0250	NU	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATTRSS		1177.63				
10545	E0250	RR	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATTRSS		117.76				
10546	E0250	UE	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATTRSS		883.22				
10547	E0251	NU	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS		892.31				
10548	E0251	RR	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS		89.23				
10549	E0251	UE	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS		669.23				
10550	E0255	NU	HOS BED VARIBL HT W/ANY TYPE SIDE RAIL W/MATTRSS		1415.19				
10551	E0255	RR	HOS BED VARIBL HT W/ANY TYPE SIDE RAIL W/MATTRSS		141.52				
10552	E0255	UE	HOS BED VARIBL HT W/ANY TYPE SIDE RAIL W/MATTRSS		1061.40				
10553	E0256	NU	HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS		1004.12				
10554	E0256	RR	HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS		100.41				
10555	E0256	UE	HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS		753.09				
10556	E0260	NU	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		BR				
10557	E0260	RR	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		BR				
10558	E0260	UE	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		BR				
10559	E0261	NU	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS		1649.62				
10560	E0261	RR	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS		164.96				

	A	B	C	D	E	F	G	H	I
10561	E0261	UE	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS		1237.22				
10562	E0265	NU	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		2407.88				
10563	E0265	RR	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		240.79				
10564	E0265	UE	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		1805.91				
10565	E0266	NU	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATTRSS		2139.31				
10566	E0266	RR	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATTRSS		213.93				
10567	E0266	UE	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATTRSS		1604.49				
10568	E0270	NU	HOSP BED INSTITUTIONAL TYPE: W/MATTRSS		BR				2097.37
10569	E0270	RR	HOSP BED INSTITUTIONAL TYPE: W/MATTRSS		BR				2097.37
10570	E0270	UE	HOSP BED INSTITUTIONAL TYPE: W/MATTRSS		BR				2097.37
10571	E0271	NU	MATTRESS INNER SPRING		267.49				
10572	E0271	RR	MATTRESS INNER SPRING		27.78				
10573	E0271	UE	MATTRESS INNER SPRING		208.95				
10574	E0272	NU	MATTRESS FOAM RUBBER		243.78				
10575	E0272	RR	MATTRESS FOAM RUBBER		25.45				
10576	E0272	UE	MATTRESS FOAM RUBBER		181.97				
10577	E0273	NU	BED BOARD		39.93				2097.37
10578	E0273	RR	BED BOARD		15.66				2097.37
10579	E0273	UE	BED BOARD		31.32				2097.37
10580	E0274	NU	OVER-BED TABLE		64.21				2097.37
10581	E0274	RR	OVER-BED TABLE		28.19				2097.37
10582	E0274	UE	OVER-BED TABLE		51.68				2097.37
10583	E0275	NU	BED PAN STANDARD METAL OR PLASTIC		21.41				
10584	E0275	RR	BED PAN STANDARD METAL OR PLASTIC		2.24				
10585	E0275	UE	BED PAN STANDARD METAL OR PLASTIC		16.04				
10586	E0276	NU	BED PAN FRACTURE METAL OR PLASTIC		18.59				
10587	E0276	RR	BED PAN FRACTURE METAL OR PLASTIC		2.19				
10588	E0276	UE	BED PAN FRACTURE METAL OR PLASTIC		14.70				
10589	E0277	NU	POWERED PRESSURE-REDUCING AIR MATTRESS		BR				
10590	E0277	RR	POWERED PRESSURE-REDUCING AIR MATTRESS		BR				
10591	E0277	UE	POWERED PRESSURE-REDUCING AIR MATTRESS		BR				
10592	E0280	NU	BED CRADLE ANY TYPE		46.01				
10593	E0280	RR	BED CRADLE ANY TYPE		4.95				
10594	E0280	UE	BED CRADLE ANY TYPE		34.51				
10595	E0290	NU	HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS		900.29				
10596	E0290	RR	HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS		90.03				
10597	E0290	UE	HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS		675.23				
10598	E0291	NU	HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS		654.12				
10599	E0291	RR	HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS		65.41				
10600	E0291	UE	HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS		490.60				
10601	E0292	NU	HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS		1012.42				
10602	E0292	RR	HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS		101.24				
10603	E0292	UE	HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS		759.32				
10604	E0293	NU	HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS		861.46				
10605	E0293	RR	HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS		86.15				
10606	E0293	UE	HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS		646.10				
10607	E0294	NU	HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS		1573.83				
10608	E0294	RR	HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS		157.38				

	A	B	C	D	E	F	G	H	I
10609	E0294	UE	HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS		1180.37				
10610	E0295	NU	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS		1534.05				
10611	E0295	RR	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS		153.41				
10612	E0295	UE	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS		1150.54				
10613	E0296	NU	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS		1978.01				
10614	E0296	RR	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS		197.80				
10615	E0296	UE	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS		1483.52				
10616	E0297	NU	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS		1694.57				
10617	E0297	RR	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS		169.46				
10618	E0297	UE	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS		1270.93				
10619	E0300	NU	PEDIATRIC CRIB HOSPITAL GRADE FULLY ENCLOSED		3419.53				
10620	E0300	RR	PEDIATRIC CRIB HOSPITAL GRADE FULLY ENCLOSED		341.95				
10621	E0300	UE	PEDIATRIC CRIB HOSPITAL GRADE FULLY ENCLOSED		2564.64				
10622	E0301	NU	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS		3261.20				
10623	E0301	RR	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS		326.12				
10624	E0301	UE	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS		2445.90				
10625	E0302	NU	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS		8618.48				
10626	E0302	RR	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS		861.85				
10627	E0302	UE	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS		6463.87				
10628	E0303	NU	HOS BED HEVY DUTY W/WT CAP >350 PDS</=TO 600 PDS		3661.93				
10629	E0303	RR	HOS BED HEVY DUTY W/WT CAP >350 PDS</=TO 600 PDS		366.19				
10630	E0303	UE	HOS BED HEVY DUTY W/WT CAP >350 PDS</=TO 600 PDS		2746.45				
10631	E0304	NU	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS		9283.87				
10632	E0304	RR	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS		928.39				
10633	E0304	UE	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS		6962.91				
10634	E0305	NU	BEDSIDE RAILS HALF-LENGTH		214.39				
10635	E0305	RR	BEDSIDE RAILS HALF-LENGTH		21.44				
10636	E0305	UE	BEDSIDE RAILS HALF-LENGTH		160.80				
10637	E0310	NU	BEDSIDE RAILS FULL-LENGTH		233.88				
10638	E0310	RR	BEDSIDE RAILS FULL-LENGTH		27.42				
10639	E0310	UE	BEDSIDE RAILS FULL-LENGTH		176.97				
10640	E0315		BED ACCESS: BOARD TABLE/SUPPORT DEVICE ANY TYPE		BR				2097.37
10641	E0316	NU	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE		2545.22				
10642	E0316	RR	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE		254.52				
10643	E0316	UE	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE		1908.92				
10644	E0325	NU	URINAL; MALE JUG-TYPE ANY MATERIAL		14.14				
10645	E0325	RR	URINAL; MALE JUG-TYPE ANY MATERIAL		2.11				
10646	E0325	UE	URINAL; MALE JUG-TYPE ANY MATERIAL		9.35				
10647	E0326	NU	URINAL; FEMALE JUG-TYPE ANY MATERIAL		14.69				
10648	E0326	RR	URINAL; FEMALE JUG-TYPE ANY MATERIAL		1.66				
10649	E0326	UE	URINAL; FEMALE JUG-TYPE ANY MATERIAL		10.99				
10650	E0328		HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS		BR				
10651	E0329		HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS		BR				
10652	E0350	NU	CONTROL UNIT ELEC BOWEL IRRIGATION/EVAC SYSTEM		BR				2097.37
10653	E0350	RR	CONTROL UNIT ELEC BOWEL IRRIGATION/EVAC SYSTEM		BR				2097.37
10654	E0350	UE	CONTROL UNIT ELEC BOWEL IRRIGATION/EVAC SYSTEM		BR				2097.37
10655	E0352		DISPBL PACK USE W/THE ELEC BOWEL IRRIG/EVAC SYS		BR				2097.37
10656	E0370		AIR PRESSURE ELEVATOR FOR HEEL		BR				2097.37

	A	B	C	D	E	F	G	H	I
10657	E0371	RR	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN&WDTH		535.43				
10658	E0372	RR	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH&WIDTH		649.72				
10659	E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS		740.23				
10660	E0424	RR	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR		BR				
10661	E0425	NU	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB		4979.88				2097.37
10662	E0425	UE	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB		3758.40				2097.37
10663	E0430	NU	PRTBLE GASEOUS O2 SYS PURCH; FLWMTR HUMIDFR&MASK		2255.04				2097.37
10664	E0430	UE	PRTBLE GASEOUS O2 SYS PURCH; FLWMTR HUMIDFR&MASK		1691.28				2097.37
10665	E0431	RR	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK		BR				
10666	E0433		PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER		BR				
10667	E0434	RR	PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR		BR				
10668	E0435	NU	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR		1550.34				2097.37
10669	E0435	UE	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR		1162.76				2097.37
10670	E0439	RR	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR		BR				
10671	E0440	NU	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR		3147.66				2097.37
10672	E0440	UE	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR		2360.75				2097.37
10673	E0441		STATIONARY O2 CONTENTS GAS 1 MO SUPPLY=1 UNIT		BR				
10674	E0442		STATIONARY O2 CONTENTS LQD 1 MO SUPPLY = 1 UNIT		BR				
10675	E0443		PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY=1 UNIT		BR				
10676	E0444		PORTABLE O2 CONTENTS LIQUID 1 MO SUPPLY =1 UNIT		BR				
10677	E0445		OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV		BR				
10678	E0450	NU	VOL CNTRL VENT W/O PRSSURE SUPP INVASV INTERFCE		13340.91				
10679	E0450	RR	VOL CNTRL VENT W/O PRSSURE SUPP INVASV INTERFCE		1334.09				
10680	E0450	UE	VOL CNTRL VENT W/O PRSSURE SUPP INVASV INTERFCE		10005.69				
10681	E0455	NU	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS		BR				
10682	E0455	RR	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS		BR				
10683	E0455	UE	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS		BR				
10684	E0457	NU	CHEST SHELL		858.87				
10685	E0457	RR	CHEST SHELL		85.88				
10686	E0457	UE	CHEST SHELL		644.11				
10687	E0459	NU	CHEST WRAP		711.28				
10688	E0459	RR	CHEST WRAP		71.13				
10689	E0459	UE	CHEST WRAP		533.46				
10690	E0460	NU	NEG PRESSURE VENTILATOR; PORTABLE/STATIONARY		10252.76				
10691	E0460	RR	NEG PRESSURE VENTILATOR; PORTABLE/STATIONARY		1025.28				
10692	E0460	UE	NEG PRESSURE VENTILATOR; PORTABLE/STATIONARY		7689.58				
10693	E0461	RR	VOL CNTRL VENT W/O PRSSUR SUPP NONINVASV INTRFCE		1334.09				
10694	E0462	NU	ROCKING BED WITH OR WITHOUT SIDE RAILS		4072.70				
10695	E0462	RR	ROCKING BED WITH OR WITHOUT SIDE RAILS		407.27				
10696	E0462	UE	ROCKING BED WITH OR WITHOUT SIDE RAILS		3054.53				
10697	E0463	RR	PRSSURE SUPP VENT W/VOL CNTRL INVASV INTERFCE		1965.64				
10698	E0464	RR	PRSSURE SUPP VENT W/VOL CNTRL NONINVASV INTERFCE		1965.64				
10699	E0470	NU	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU		3091.13				
10700	E0470	RR	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU		309.11				
10701	E0470	UE	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU		2318.35				
10702	E0471	NU	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP		7735.88				
10703	E0471	RR	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP		773.59				
10704	E0471	UE	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP		5801.92				

	A	B	C	D	E	F	G	H	I
10705	E0472	NU	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP		7735.88				
10706	E0472	RR	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP		773.59				
10707	E0472	UE	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP		5801.92				
10708	E0480	NU	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		614.19				
10709	E0480	RR	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		61.42				
10710	E0480	UE	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		460.64				
10711	E0481		INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES		BR				2097.37
10712	E0482	RR	COUGH STIM DEVICE ALTRNAT POS&NEG ARWAY PRESS		601.02				
10713	E0483	NU	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA		14858.99				
10714	E0483	RR	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA		1485.90				
10715	E0483	UE	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA		11144.25				
10716	E0484	NU	OSCILLATORY POS EXPIRATORY PRSS DEVC NON-ELEC EA		51.60				
10717	E0484	RR	OSCILLATORY POS EXPIRATORY PRSS DEVC NON-ELEC EA		5.15				
10718	E0484	UE	OSCILLATORY POS EXPIRATORY PRSS DEVC NON-ELEC EA		38.73				
10719	E0485		ORL DEVC/APPL RDUC UP ARWAY COLLAPSIBILITY PRFAB		BR				
10720	E0486		ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM		BR				
10721	E0487	NU	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES		BR				
10722	E0487	RR	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES		BR				
10723	E0487	UE	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES		BR				
10724	E0500	NU	IPPB MACH W/BUILT-IN NEBULIZATION; VALVS; PWR		1534.21				
10725	E0500	RR	IPPB MACH W/BUILT-IN NEBULIZATION; VALVS; PWR		153.42				
10726	E0500	UE	IPPB MACH W/BUILT-IN NEBULIZATION; VALVS; PWR		1150.67				
10727	E0550	NU	HUMDIFIR DURBLE EXT SUPLMNTL DUR IPPB TX/O2 DEL		700.63				
10728	E0550	RR	HUMDIFIR DURBLE EXT SUPLMNTL DUR IPPB TX/O2 DEL		70.06				
10729	E0550	UE	HUMDIFIR DURBLE EXT SUPLMNTL DUR IPPB TX/O2 DEL		525.47				
10730	E0555	NU	HUMDIFIR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		10.96				
10731	E0555	RR	HUMDIFIR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		7.83				
10732	E0555	UE	HUMDIFIR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		9.40				
10733	E0560	NU	HUMDIFIR DURABLE SUPLMNTL DUR IPPB TX/O2 DEL		206.63				
10734	E0560	RR	HUMDIFIR DURABLE SUPLMNTL DUR IPPB TX/O2 DEL		24.21				
10735	E0560	UE	HUMDIFIR DURABLE SUPLMNTL DUR IPPB TX/O2 DEL		154.97				
10736	E0561	NU	HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC		128.90				
10737	E0561	RR	HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC		12.87				
10738	E0561	UE	HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC		96.67				
10739	E0562	NU	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE		362.86				
10740	E0562	RR	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE		36.27				
10741	E0562	UE	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE		272.14				
10742	E0565	NU	COMPRS AIR PWR EQP NOT SLF-CONTAIND/CYL DRIVN		852.69				
10743	E0565	RR	COMPRS AIR PWR EQP NOT SLF-CONTAIND/CYL DRIVN		85.27				
10744	E0565	UE	COMPRS AIR PWR EQP NOT SLF-CONTAIND/CYL DRIVN		639.52				
10745	E0570	NU	NEBULIZER WITH COMPRESSOR		BR				
10746	E0570	RR	NEBULIZER WITH COMPRESSOR		BR				
10747	E0570	UE	NEBULIZER WITH COMPRESSOR		BR				
10748	E0571	NU	AROSL COMPRS BATTRY PWR USE W/SM VOLUME NEBULIZR		418.91				
10749	E0571	RR	AROSL COMPRS BATTRY PWR USE W/SM VOLUME NEBULIZR		41.89				
10750	E0571	UE	AROSL COMPRS BATTRY PWR USE W/SM VOLUME NEBULIZR		314.19				
10751	E0572	NU	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE		532.28				
10752	E0572	RR	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE		53.23				

	A	B	C	D	E	F	G	H	I
10753	E0572	UE	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE		399.22				
10754	E0574	NU	ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB		562.66				
10755	E0574	RR	ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB		56.27				
10756	E0574	UE	ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB		422.01				
10757	E0575	NU	NEBULIZER ULTRASONIC LARGE VOLUME		1436.49				
10758	E0575	RR	NEBULIZER ULTRASONIC LARGE VOLUME		143.65				
10759	E0575	UE	NEBULIZER ULTRASONIC LARGE VOLUME		1077.38				
10760	E0580	NU	NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		161.47				
10761	E0580	RR	NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		16.15				
10762	E0580	UE	NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		121.08				
10763	E0585	NU	NEBULIZER WITH COMPRESSOR AND HEATER		490.16				
10764	E0585	RR	NEBULIZER WITH COMPRESSOR AND HEATER		49.02				
10765	E0585	UE	NEBULIZER WITH COMPRESSOR AND HEATER		367.62				
10766	E0600	NU	RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC		640.02				
10767	E0600	RR	RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC		64.00				
10768	E0600	UE	RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC		480.03				
10769	E0601	NU	CONTINUOUS AIRWAY PRESSURE DEVICE		1345.82				
10770	E0601	RR	CONTINUOUS AIRWAY PRESSURE DEVICE		134.58				
10771	E0601	UE	CONTINUOUS AIRWAY PRESSURE DEVICE		1009.37				
10772	E0602	NU	BREAST PUMP MANUAL ANY TYPE		41.26				
10773	E0602	RR	BREAST PUMP MANUAL ANY TYPE		4.13				
10774	E0602	UE	BREAST PUMP MANUAL ANY TYPE		30.94				
10775	E0603	NU	BREAST PUMP ELECTRIC ANY TYPE		117.45				
10776	E0603	RR	BREAST PUMP ELECTRIC ANY TYPE		39.15				
10777	E0603	UE	BREAST PUMP ELECTRIC ANY TYPE		93.96				
10778	E0604	NU	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP		338.26				
10779	E0604	RR	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP		129.98				
10780	E0604	UE	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP		253.69				
10781	E0605	NU	VAPORIZER ROOM TYPE		36.94				
10782	E0605	RR	VAPORIZER ROOM TYPE		4.29				
10783	E0605	UE	VAPORIZER ROOM TYPE		30.43				
10784	E0606	NU	POSTURAL DRAINAGE BOARD		320.72				
10785	E0606	RR	POSTURAL DRAINAGE BOARD		32.07				
10786	E0606	UE	POSTURAL DRAINAGE BOARD		240.54				
10787	E0607	NU	HOME BLOOD GLUCOSE MONITOR		BR				
10788	E0607	RR	HOME BLOOD GLUCOSE MONITOR		BR				
10789	E0607	UE	HOME BLOOD GLUCOSE MONITOR		BR				
10790	E0610	NU	PACEMKR MON CHECKS BATTRY DEPLET W/AUDIBL&VISIBL		332.45				
10791	E0610	RR	PACEMKR MON CHECKS BATTRY DEPLET W/AUDIBL&VISIBL		35.06				
10792	E0610	UE	PACEMKR MON CHECKS BATTRY DEPLET W/AUDIBL&VISIBL		249.37				
10793	E0615	NU	PACEMKR MON CHECKS BATTRY DEPLET W/DIGTL/VISIBL		669.23				
10794	E0615	RR	PACEMKR MON CHECKS BATTRY DEPLET W/DIGTL/VISIBL		81.78				
10795	E0615	UE	PACEMKR MON CHECKS BATTRY DEPLET W/DIGTL/VISIBL		501.93				
10796	E0616		IMPL CARD EVENT RECORDR W/MEM ACTIVATOR&PROGMMER		BR				
10797	E0617	RR	EXTERNAL DEFIB W/INTEGRATED ECG ANALY		424.95				
10798	E0618	RR	APNEA MONITOR WITHOUT RECORDING FEATURE		391.83				
10799	E0619	RR	APNEA MONITOR WITH RECORDING FEATURE		BR				
10800	E0620	NU	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA		1222.09				

	A	B	C	D	E	F	G	H	I
10801	E0620	RR	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA		122.19				
10802	E0620	UE	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA		916.56				
10803	E0621	NU	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON		134.16				
10804	E0621	RR	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON		12.92				
10805	E0621	UE	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON		101.13				
10806	E0625	NU	PATIENT LIFT BATHROOM OR TOILET NOC		BR				2097.37
10807	E0625	RR	PATIENT LIFT BATHROOM OR TOILET NOC		BR				2097.37
10808	E0625	UE	PATIENT LIFT BATHROOM OR TOILET NOC		BR				2097.37
10809	E0627	NU	SEAT LIFT MECH INC IN COMB LIFT-CHAIR MECH		471.46				
10810	E0627	RR	SEAT LIFT MECH INC IN COMB LIFT-CHAIR MECH		47.17				
10811	E0627	UE	SEAT LIFT MECH INC IN COMB LIFT-CHAIR MECH		353.60				
10812	E0628	NU	SEP SEAT LIFT MECH USE W/PT OWND FURN - ELEC		471.46				
10813	E0628	RR	SEP SEAT LIFT MECH USE W/PT OWND FURN - ELEC		47.17				
10814	E0628	UE	SEP SEAT LIFT MECH USE W/PT OWND FURN - ELEC		353.60				
10815	E0629	NU	SEP SEAT LIFT MECH USE W/PT OWND FURN - NONELEC		462.22				
10816	E0629	RR	SEP SEAT LIFT MECH USE W/PT OWND FURN - NONELEC		46.23				
10817	E0629	UE	SEP SEAT LIFT MECH USE W/PT OWND FURN - NONELEC		346.63				
10818	E0630	NU	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD		1423.96				
10819	E0630	RR	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD		142.40				
10820	E0630	UE	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD		1067.98				
10821	E0635	NU	PATIENT LIFT ELECTRIC WITH SEAT OR SLING		1710.23				
10822	E0635	RR	PATIENT LIFT ELECTRIC WITH SEAT OR SLING		171.02				
10823	E0635	UE	PATIENT LIFT ELECTRIC WITH SEAT OR SLING		1282.68				
10824	E0636	NU	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL		14739.19				
10825	E0636	RR	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL		1473.92				
10826	E0636	UE	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL		11054.39				
10827	E0637	NU	COMB SIT STAND SYS SZ INCL PED W/SEATLIFT FEATUR		2801.92				2097.37
10828	E0637	RR	COMB SIT STAND SYS SZ INCL PED W/SEATLIFT FEATUR		280.19				2097.37
10829	E0637	UE	COMB SIT STAND SYS SZ INCL PED W/SEATLIFT FEATUR		2101.45				2097.37
10830	E0638	NU	STANDING FRME SYS 1 PSTN ANY SZ INCL PED W/WO WH		BR				2097.37
10831	E0638	RR	STANDING FRME SYS 1 PSTN ANY SZ INCL PED W/WO WH		BR				2097.37
10832	E0638	UE	STANDING FRME SYS 1 PSTN ANY SZ INCL PED W/WO WH		BR				2097.37
10833	E0639		PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL		BR				2097.37
10834	E0640		PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS		BR				2097.37
10835	E0641		STANDING FRME SYS MX-POSITION 3-WAY SZ INCL PED		BR				2097.37
10836	E0642		STANDING FRAME SYS MOBILE DYN ANY SZ INCL PED		BR				2097.37
10837	E0650	NU	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL		1006.62				
10838	E0650	RR	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL		124.20				
10839	E0650	UE	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL		754.95				
10840	E0651	NU	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS		1283.63				
10841	E0651	RR	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS		131.12				
10842	E0651	UE	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS		962.73				
10843	E0652	NU	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS		7409.59				
10844	E0652	RR	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS		732.31				
10845	E0652	UE	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS		5552.24				
10846	E0655	NU	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF ARM		150.84				
10847	E0655	RR	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF ARM		17.71				
10848	E0655	UE	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF ARM		113.28				

	A	B	C	D	E	F	G	H	I
10849	E0656	NU	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK		BR				
10850	E0656	RR	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK		BR				
10851	E0656	UE	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK		BR				
10852	E0657	NU	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST		BR				
10853	E0657	RR	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST		BR				
10854	E0657	UE	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST		BR				
10855	E0660	NU	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		223.28				
10856	E0660	RR	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		23.24				
10857	E0660	UE	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		167.44				
10858	E0665	NU	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		191.46				
10859	E0665	RR	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		19.65				
10860	E0665	UE	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		143.79				
10861	E0666	NU	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG		192.98				
10862	E0666	RR	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG		19.89				
10863	E0666	UE	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG		144.78				
10864	E0667	NU	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		452.53				
10865	E0667	RR	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		51.10				
10866	E0667	UE	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		339.38				
10867	E0668	NU	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		617.58				
10868	E0668	RR	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		60.95				
10869	E0668	UE	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		463.21				
10870	E0669	NU	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG		256.21				
10871	E0669	RR	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG		25.64				
10872	E0669	UE	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG		192.20				
10873	E0671	NU	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG		580.52				
10874	E0671	RR	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG		58.07				
10875	E0671	UE	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG		435.38				
10876	E0672	NU	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM		451.07				
10877	E0672	RR	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM		45.12				
10878	E0672	UE	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM		338.32				
10879	E0673	NU	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG		374.81				
10880	E0673	RR	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG		37.49				
10881	E0673	UE	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG		281.14				
10882	E0675	NU	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION/DEFL		5374.67				
10883	E0675	RR	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION/DEFL		537.47				
10884	E0675	UE	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION/DEFL		4031.01				
10885	E0676		INTERMITTENT LIMB COMPRESSION DEVICE NOS		BR				
10886	E0691	NU	UV LT TX SYS PANL W/BULB/LAMP TMR; TX 2 SQ FT/<		1255.92				
10887	E0691	RR	UV LT TX SYS PANL W/BULB/LAMP TMR; TX 2 SQ FT/<		125.59				
10888	E0691	UE	UV LT TX SYS PANL W/BULB/LAMP TMR; TX 2 SQ FT/<		941.93				
10889	E0692	NU	UV LT TX SYS PANL W/BULB/LAMP TIMER 4 FT PANEL		1577.07				
10890	E0692	RR	UV LT TX SYS PANL W/BULB/LAMP TIMER 4 FT PANEL		157.70				
10891	E0692	UE	UV LT TX SYS PANL W/BULB/LAMP TIMER 4 FT PANEL		1182.82				
10892	E0693	NU	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL		1944.11				
10893	E0693	RR	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL		194.42				
10894	E0693	UE	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL		1458.09				
10895	E0694	NU	UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR		6187.89				
10896	E0694	RR	UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR		618.79				

	A	B	C	D	E	F	G	H	I
10897	E0694	UE	UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR		4640.97				
10898	E0700		SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE		BR				2097.37
10899	E0705	NU	TRANSER DEVICE ANY TYPE EACH		77.05				
10900	E0705	RR	TRANSER DEVICE ANY TYPE EACH		7.85				
10901	E0705	UE	TRANSER DEVICE ANY TYPE EACH		56.41				
10902	E0710		RESTRAINT ANY TYPE		BR				2097.37
10903	E0720	NU	TENS DEVICE TWO LEAD LOCALIZED STIMULATION		513.76				
10904	E0720	RR	TENS DEVICE TWO LEAD LOCALIZED STIMULATION		51.38				
10905	E0720	UE	TENS DEVICE TWO LEAD LOCALIZED STIMULATION		385.31				
10906	E0730	NU	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		517.92				
10907	E0730	RR	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		51.79				
10908	E0730	UE	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		388.45				
10909	E0731		FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES		498.52				
10910	E0740	NU	INCONT TX SYS PELV FLR STIM MON SENS &OR TRAINER		730.79				
10911	E0740	RR	INCONT TX SYS PELV FLR STIM MON SENS &OR TRAINER		73.09				
10912	E0740	UE	INCONT TX SYS PELV FLR STIM MON SENS &OR TRAINER		548.13				
10913	E0744	NU	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS		1279.89				
10914	E0744	RR	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS		127.99				
10915	E0744	UE	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS		959.93				
10916	E0745	NU	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT		1251.08				
10917	E0745	RR	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT		125.11				
10918	E0745	UE	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT		938.32				
10919	E0746	NU	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE		BR				
10920	E0746	RR	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE		BR				
10921	E0746	UE	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE		BR				
10922	E0747	NU	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC		5473.31				
10923	E0747	RR	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC		543.90				
10924	E0747	UE	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC		4066.57				
10925	E0748	NU	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC		5437.86				
10926	E0748	RR	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC		543.78				
10927	E0748	UE	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC		4078.41				
10928	E0749	RR	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL		397.45				
10929	E0755		ELECTRONIC SALIVARY REFLEX STIMULATOR		BR				2097.37
10930	E0760	NU	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV		4518.77				
10931	E0760	RR	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV		451.90				
10932	E0760	UE	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV		3389.07				
10933	E0761		NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC		BR				2097.37
10934	E0762	NU	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS		1536.81				
10935	E0762	RR	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS		153.69				
10936	E0762	UE	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS		1152.58				
10937	E0764	NU	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ		15467.60				
10938	E0764	RR	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ		1546.74				
10939	E0764	UE	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ		11600.71				
10940	E0765	NU	FDA APPRVD NRV STIM W/REPL BATTRY TX NAUSA&VOMIT		117.59				
10941	E0765	RR	FDA APPRVD NRV STIM W/REPL BATTRY TX NAUSA&VOMIT		11.78				
10942	E0765	UE	FDA APPRVD NRV STIM W/REPL BATTRY TX NAUSA&VOMIT		88.23				
10943	E0769		ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC		BR				
10944	E0770	NU	FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS		BR				

	A	B	C	D	E	F	G	H	I
10945	E0770	RR	FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS		BR				
10946	E0770	UE	FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS		BR				
10947	E0776	NU	IV POLE		200.09				
10948	E0776	RR	IV POLE		26.06				
10949	E0776	UE	IV POLE		147.22				
10950	E0779	RR	AMB INFUS PUMP MECH REUSABLE INFUS 8 HOURS/GT		23.38				
10951	E0780		AMB INFUS PUMP MECH REUSABLE INFUS < 8 HOURS		14.50				
10952	E0781	RR	AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT		370.19				
10953	E0782	NU	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE		6000.71				
10954	E0782	RR	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE		600.11				
10955	E0782	UE	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE		4500.54				
10956	E0783	NU	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE		11442.48				
10957	E0783	RR	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE		1144.26				
10958	E0783	UE	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE		8581.87				
10959	E0784	NU	EXTERNAL AMBULATORY INFUSION PUMP INSULIN		5836.17				
10960	E0784	RR	EXTERNAL AMBULATORY INFUSION PUMP INSULIN		583.62				
10961	E0784	UE	EXTERNAL AMBULATORY INFUSION PUMP INSULIN		4377.13				
10962	E0785		IMPLANTABLE INTRASPINL CATHETER USED W/PUMP-REPL		660.40				
10963	E0786	NU	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL		11161.45				
10964	E0786	RR	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL		1116.14				
10965	E0786	UE	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL		8371.07				
10966	E0791	NU	PARNTRAL INFUS PUMP STATIONRY SINGLE/MULTICHANEL		4419.41				
10967	E0791	RR	PARNTRAL INFUS PUMP STATIONRY SINGLE/MULTICHANEL		441.94				
10968	E0791	UE	PARNTRAL INFUS PUMP STATIONRY SINGLE/MULTICHANEL		3314.56				
10969	E0830		AMBULATORY TRACTION DEVICE ALL TYPES EACH		BR				
10970	E0840	NU	TRACTION FRAME ATTCH TO HEADBOARD CERV TRACTION		102.42				
10971	E0840	RR	TRACTION FRAME ATTCH TO HEADBOARD CERV TRACTION		22.82				
10972	E0840	UE	TRACTION FRAME ATTCH TO HEADBOARD CERV TRACTION		76.78				
10973	E0849	NU	TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC		720.23				
10974	E0849	RR	TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC		72.02				
10975	E0849	UE	TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC		540.13				
10976	E0850	NU	TRACTION STAND FREESTANDING CERVICAL TRACTION		146.83				
10977	E0850	RR	TRACTION STAND FREESTANDING CERVICAL TRACTION		20.17				
10978	E0850	UE	TRACTION STAND FREESTANDING CERVICAL TRACTION		110.14				
10979	E0855	NU	CERVICAL TRACTION EQUIP NOT RQR ADD STAND/FRAME		702.51				
10980	E0855	RR	CERVICAL TRACTION EQUIP NOT RQR ADD STAND/FRAME		70.24				
10981	E0855	UE	CERVICAL TRACTION EQUIP NOT RQR ADD STAND/FRAME		526.87				
10982	E0856	NU	CERV TRAC DEVICE COLLAR W/INFLATABLE AIR BLADDER		215.28				
10983	E0856	RR	CERV TRAC DEVICE COLLAR W/INFLATABLE AIR BLADDER		21.55				
10984	E0856	UE	CERV TRAC DEVICE COLLAR W/INFLATABLE AIR BLADDER		161.47				
10985	E0860	NU	TRACTION EQUIPMENT OVERDOOR CERVICAL		53.85				
10986	E0860	RR	TRACTION EQUIPMENT OVERDOOR CERVICAL		9.10				
10987	E0860	UE	TRACTION EQUIPMENT OVERDOOR CERVICAL		41.25				
10988	E0870	NU	TRACTION FRAME ATTCH TO FOOTBOARD EXTREM TRACTN		162.57				
10989	E0870	RR	TRACTION FRAME ATTCH TO FOOTBOARD EXTREM TRACTN		18.73				
10990	E0870	UE	TRACTION FRAME ATTCH TO FOOTBOARD EXTREM TRACTN		122.46				
10991	E0880	NU	TRACTION STAND FREESTANDING EXTREMITY TRACTION		175.47				
10992	E0880	RR	TRACTION STAND FREESTANDING EXTREMITY TRACTION		27.56				

	A	B	C	D	E	F	G	H	I
10993	E0880	UE	TRACTION STAND FREESTANDING EXTREMITY TRACTION		132.80				
10994	E0890	NU	TRACTION FRAME ATTCH FOOTBOARD PELVIC TRACTION		168.30				
10995	E0890	RR	TRACTION FRAME ATTCH FOOTBOARD PELVIC TRACTION		45.88				
10996	E0890	UE	TRACTION FRAME ATTCH FOOTBOARD PELVIC TRACTION		135.55				
10997	E0900	NU	TRACTION STAND FREESTANDING PELVIC TRACTION		179.07				
10998	E0900	RR	TRACTION STAND FREESTANDING PELVIC TRACTION		38.60				
10999	E0900	UE	TRACTION STAND FREESTANDING PELVIC TRACTION		134.35				
11000	E0910	NU	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR		241.01				
11001	E0910	RR	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR		24.10				
11002	E0910	UE	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR		180.76				
11003	E0911	RR	TRAPEZ BAR HEVY DUTY PT WT >250 LBS BED GRAB BAR		60.04				
11004	E0912	RR	TRAPEZ BAR HEVY DUTY PT WT > 250 LBS FREE STAND		137.90				
11005	E0920	NU	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS		644.88				
11006	E0920	RR	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS		64.49				
11007	E0920	UE	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS		483.66				
11008	E0930	RR	FRACTURE FRAME FREESTANDING INCLUDES WEIGHTS		63.85				
11009	E0935	RR	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY		31.77				
11010	E0936		CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE		BR				2097.37
11011	E0940	NU	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR		418.91				
11012	E0940	RR	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR		41.89				
11013	E0940	UE	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR		314.19				
11014	E0941	RR	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE		60.67				
11015	E0942	NU	CERVICAL HEAD HARNESS/HALTER		27.73				
11016	E0942	RR	CERVICAL HEAD HARNESS/HALTER		3.27				
11017	E0942	UE	CERVICAL HEAD HARNESS/HALTER		20.80				
11018	E0944	NU	PELVIC BELT/HARNESS/BOOT		64.11				
11019	E0944	RR	PELVIC BELT/HARNESS/BOOT		6.44				
11020	E0944	UE	PELVIC BELT/HARNESS/BOOT		48.08				
11021	E0945	NU	EXTREMITY BELT/HARNESS		61.95				
11022	E0945	RR	EXTREMITY BELT/HARNESS		6.20				
11023	E0945	UE	EXTREMITY BELT/HARNESS		47.97				
11024	E0946	RR	FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED		82.68				
11025	E0947	NU	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION		847.61				
11026	E0947	RR	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION		87.90				
11027	E0947	UE	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION		635.70				
11028	E0948	NU	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION		819.85				
11029	E0948	RR	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION		81.95				
11030	E0948	UE	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION		578.21				
11031	E0950	NU	WHEELCHAIR ACCESSORY TRAY EACH		125.22				
11032	E0950	RR	WHEELCHAIR ACCESSORY TRAY EACH		12.54				
11033	E0950	UE	WHEELCHAIR ACCESSORY TRAY EACH		93.93				
11034	E0951	NU	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH		22.86				
11035	E0951	RR	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH		2.35				
11036	E0951	UE	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH		17.13				
11037	E0952	NU	TOE LOOP/HOLDER ANY TYPE EACH		22.68				
11038	E0952	RR	TOE LOOP/HOLDER ANY TYPE EACH		2.35				
11039	E0952	UE	TOE LOOP/HOLDER ANY TYPE EACH		17.02				
11040	E0955	NU	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA		243.54				

	A	B	C	D	E	F	G	H	I
11041	E0955	RR	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA		24.37				
11042	E0955	UE	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA		182.67				
11043	E0956	NU	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA		118.75				
11044	E0956	RR	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA		11.89				
11045	E0956	UE	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA		89.06				
11046	E0957	NU	WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA		166.17				
11047	E0957	RR	WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA		16.62				
11048	E0957	UE	WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA		124.62				
11049	E0958	NU	MANUAL WHLCHAIR ACCESS 1-ARM DRIVE ATTACHMENT EA		609.80				
11050	E0958	RR	MANUAL WHLCHAIR ACCESS 1-ARM DRIVE ATTACHMENT EA		60.98				
11051	E0958	UE	MANUAL WHLCHAIR ACCESS 1-ARM DRIVE ATTACHMENT EA		457.35				
11052	E0959	NU	MANUAL WHEELCHAIR ACCESS ADAPTER FOR AMPUTEE EA		61.79				
11053	E0959	RR	MANUAL WHEELCHAIR ACCESS ADAPTER FOR AMPUTEE EA		6.22				
11054	E0959	UE	MANUAL WHEELCHAIR ACCESS ADAPTER FOR AMPUTEE EA		46.76				
11055	E0960	NU	WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYPE MOU		109.60				
11056	E0960	RR	WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYPE MOU		10.96				
11057	E0960	UE	WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYPE MOU		82.22				
11058	E0961	NU	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA		41.58				
11059	E0961	RR	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA		4.34				
11060	E0961	UE	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA		20.77				
11061	E0966	NU	MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA		99.75				
11062	E0966	RR	MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA		9.83				
11063	E0966	UE	MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA		74.81				
11064	E0967	NU	MANUAL WC ACCESSORY HAND RIM W/PROJECTIONS EACH		91.80				
11065	E0967	RR	MANUAL WC ACCESSORY HAND RIM W/PROJECTIONS EACH		9.19				
11066	E0967	UE	MANUAL WC ACCESSORY HAND RIM W/PROJECTIONS EACH		68.83				
11067	E0968	NU	COMMODE SEAT WHEELCHAIR		250.72				
11068	E0968	RR	COMMODE SEAT WHEELCHAIR		25.07				
11069	E0968	UE	COMMODE SEAT WHEELCHAIR		188.05				
11070	E0969	NU	NARROWING DEVICE WHEELCHAIR		218.91				
11071	E0969	RR	NARROWING DEVICE WHEELCHAIR		21.69				
11072	E0969	UE	NARROWING DEVICE WHEELCHAIR		164.20				
11073	E0970	NU	NO 2 FOOTPLATES EXCEPT FOR ELEVATING LEGREST		79.08				2097.37
11074	E0970	RR	NO 2 FOOTPLATES EXCEPT FOR ELEVATING LEGREST		7.05				2097.37
11075	E0970	UE	NO 2 FOOTPLATES EXCEPT FOR ELEVATING LEGREST		59.51				2097.37
11076	E0971	NU	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH		60.65				
11077	E0971	RR	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH		6.08				
11078	E0971	UE	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH		45.51				
11079	E0973	NU	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA		138.50				
11080	E0973	RR	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA		13.19				
11081	E0973	UE	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA		103.87				
11082	E0974	NU	MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA		109.59				
11083	E0974	RR	MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA		11.62				
11084	E0974	UE	MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA		82.81				
11085	E0978	NU	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA		51.43				
11086	E0978	RR	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA		5.15				
11087	E0978	UE	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA		38.13				
11088	E0980	NU	SAFETY VEST WHEELCHAIR		46.20				

	A	B	C	D	E	F	G	H	I
11089	E0980	RR	SAFETY VEST WHEELCHAIR		4.62				
11090	E0980	UE	SAFETY VEST WHEELCHAIR		34.47				
11091	E0981	NU	WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA		56.80				
11092	E0981	RR	WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA		5.78				
11093	E0981	UE	WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA		43.00				
11094	E0982	NU	WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA		62.08				
11095	E0982	RR	WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA		6.20				
11096	E0982	UE	WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA		46.54				
11097	E0983	NU	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC		3493.28				
11098	E0983	RR	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC		349.33				
11099	E0983	UE	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC		2619.96				
11100	E0984	NU	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC		2670.33				
11101	E0984	RR	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC		248.21				
11102	E0984	UE	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC		2060.51				
11103	E0985	NU	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM		283.51				
11104	E0985	RR	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM		28.38				
11105	E0985	UE	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM		212.62				
11106	E0986	NU	MNL WHLCHAIR ACSS PUSH ACTIVATED POWER ASSIST EA		6798.52				
11107	E0986	RR	MNL WHLCHAIR ACSS PUSH ACTIVATED POWER ASSIST EA		679.86				
11108	E0986	UE	MNL WHLCHAIR ACSS PUSH ACTIVATED POWER ASSIST EA		5098.93				
11109	E0990	NU	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA		141.46				
11110	E0990	RR	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA		15.93				
11111	E0990	UE	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA		110.53				
11112	E0992	NU	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT		132.98				
11113	E0992	RR	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT		12.92				
11114	E0992	UE	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT		99.75				
11115	E0994	NU	ARMREST EACH		24.63				
11116	E0994	RR	ARMREST EACH		2.49				
11117	E0994	UE	ARMREST EACH		18.49				
11118	E0995	NU	WHEELCHAIR ACCESSORY CALF REST/PAD EACH		36.61				
11119	E0995	RR	WHEELCHAIR ACCESSORY CALF REST/PAD EACH		3.68				
11120	E0995	UE	WHEELCHAIR ACCESSORY CALF REST/PAD EACH		27.45				
11121	E1002	NU	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY		4882.69				
11122	E1002	RR	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY		488.26				
11123	E1002	UE	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY		3662.00				
11124	E1003	NU	WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC		5289.96				
11125	E1003	RR	WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC		529.01				
11126	E1003	UE	WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC		3967.48				
11127	E1004	NU	WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC		5865.48				
11128	E1004	RR	WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC		586.53				
11129	E1004	UE	WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC		4399.08				
11130	E1005	NU	WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC		6348.92				
11131	E1005	RR	WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC		634.89				
11132	E1005	UE	WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC		4761.70				
11133	E1006	NU	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC		7776.83				
11134	E1006	RR	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC		777.66				
11135	E1006	UE	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC		5832.63				
11136	E1007	NU	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC		10530.13				

	A	B	C	D	E	F	G	H	I
11137	E1007	RR	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC		1053.03				
11138	E1007	UE	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC		7897.59				
11139	E1008	NU	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC		10531.08				
11140	E1008	RR	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC		1053.10				
11141	E1008	UE	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC		7898.32				
11142	E1009	NU	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA		BR				
11143	E1009	RR	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA		BR				
11144	E1009	UE	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA		BR				
11145	E1010	NU	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS EACH		1377.86				
11146	E1010	RR	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS EACH		137.78				
11147	E1010	UE	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS EACH		1033.42				
11148	E1011	NU	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE		BR				
11149	E1011	RR	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE		BR				
11150	E1011	UE	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE		BR				
11151	E1014	NU	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR		510.34				
11152	E1014	RR	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR		51.05				
11153	E1014	UE	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR		382.75				
11154	E1015	NU	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH		160.31				
11155	E1015	RR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH		16.02				
11156	E1015	UE	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH		120.22				
11157	E1016	NU	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH		158.18				
11158	E1016	RR	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH		15.83				
11159	E1016	UE	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH		118.62				
11160	E1017	NU	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA		BR				
11161	E1017	RR	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA		BR				
11162	E1017	UE	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA		BR				
11163	E1018	NU	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA		BR				
11164	E1018	RR	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA		BR				
11165	E1018	UE	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA		BR				
11166	E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR		293.23				
11167	E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR		29.30				
11168	E1020	UE	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR		219.91				
11169	E1028	NU	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN		248.81				
11170	E1028	RR	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN		24.88				
11171	E1028	UE	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN		186.59				
11172	E1029	NU	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED		445.17				
11173	E1029	RR	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED		44.51				
11174	E1029	UE	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED		333.87				
11175	E1030	NU	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED		1403.73				
11176	E1030	RR	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED		140.38				
11177	E1030	UE	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED		1052.81				
11178	E1031	NU	ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT		705.95				
11179	E1031	RR	ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT		70.60				
11180	E1031	UE	ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT		529.46				
11181	E1035	RR	MULTI-PSTN PT TRNSF SYS W/SEAT PT WT </= 300 LBS		857.04				
11182	E1036		MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT >300 LBS		BR				
11183	E1037	NU	TRANSPORT CHAIR PEDIATRIC SIZE		1516.20				
11184	E1037	RR	TRANSPORT CHAIR PEDIATRIC SIZE		151.62				

	A	B	C	D	E	F	G	H	I
11185	E1037	UE	TRANSPORT CHAIR PEDIATRIC SIZE		1137.15				
11186	E1038	NU	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS		251.97				
11187	E1038	RR	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS		25.20				
11188	E1038	UE	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS		188.98				
11189	E1039	NU	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB		477.94				
11190	E1039	RR	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB		47.79				
11191	E1039	UE	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB		358.46				
11192	E1050	NU	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS		1423.34				
11193	E1050	RR	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS		142.33				
11194	E1050	UE	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS		1067.51				
11195	E1060	NU	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS		1761.91				
11196	E1060	RR	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS		176.19				
11197	E1060	UE	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS		1321.44				
11198	E1070	NU	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS		1530.92				
11199	E1070	RR	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS		153.09				
11200	E1070	UE	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS		1148.19				
11201	E1083	NU	HEMI-WHLCHAIR; FIX FULL-LEN ARMS DTACHBL LEGREST		1100.58				
11202	E1083	RR	HEMI-WHLCHAIR; FIX FULL-LEN ARMS DTACHBL LEGREST		110.06				
11203	E1083	UE	HEMI-WHLCHAIR; FIX FULL-LEN ARMS DTACHBL LEGREST		825.44				
11204	E1084	NU	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS		1371.19				
11205	E1084	RR	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS		137.12				
11206	E1084	UE	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS		1028.39				
11207	E1085	NU	HEMI-WHLCHAIR; FIX FULL ARMS DTACHBLE FOOTRESTS		1221.48				2097.37
11208	E1085	RR	HEMI-WHLCHAIR; FIX FULL ARMS DTACHBLE FOOTRESTS		122.15				2097.37
11209	E1085	UE	HEMI-WHLCHAIR; FIX FULL ARMS DTACHBLE FOOTRESTS		876.96				2097.37
11210	E1086	NU	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL FOOTRESTS		1487.70				2097.37
11211	E1086	RR	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL FOOTRESTS		135.46				2097.37
11212	E1086	UE	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL FOOTRESTS		1080.54				2097.37
11213	E1087	NU	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST		1768.17				
11214	E1087	RR	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST		176.82				
11215	E1087	UE	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST		1326.14				
11216	E1088	NU	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS		2107.21				
11217	E1088	RR	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS		210.72				
11218	E1088	UE	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS		1580.41				
11219	E1089	NU	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST		1974.73				2097.37
11220	E1089	RR	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST		197.32				2097.37
11221	E1089	UE	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST		1481.04				2097.37
11222	E1090	NU	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST		2035.80				2097.37
11223	E1090	RR	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST		197.32				2097.37
11224	E1090	UE	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST		1487.70				2097.37
11225	E1092	NU	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS		1796.20				
11226	E1092	RR	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS		179.62				
11227	E1092	UE	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS		1347.15				
11228	E1093	NU	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS		1544.70				
11229	E1093	RR	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS		154.47				
11230	E1093	UE	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS		1158.53				
11231	E1100	NU	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS		1450.90				
11232	E1100	RR	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS		145.09				

	A	B	C	D	E	F	G	H	I
11233	E1100	UE	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS		1088.18				
11234	E1110	NU	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST		1420.83				
11235	E1110	RR	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST		142.08				
11236	E1110	UE	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST		1065.63				
11237	E1130	NU	STD WHLCHAIR; FIX FULL-LEN ARMS DTACHBL FOOTRSTS		783.00				2097.37
11238	E1130	RR	STD WHLCHAIR; FIX FULL-LEN ARMS DTACHBL FOOTRSTS		78.30				2097.37
11239	E1130	UE	STD WHLCHAIR; FIX FULL-LEN ARMS DTACHBL FOOTRSTS		595.08				2097.37
11240	E1140	NU	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS		1127.52				2097.37
11241	E1140	RR	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS		112.75				2097.37
11242	E1140	UE	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS		798.66				2097.37
11243	E1150	NU	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS		1140.20				
11244	E1150	RR	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS		114.02				
11245	E1150	UE	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS		855.16				
11246	E1160	NU	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS		873.67				
11247	E1160	RR	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS		87.37				
11248	E1160	UE	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS		655.26				
11249	E1161	NU	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE		3306.97				
11250	E1161	RR	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE		330.69				
11251	E1161	UE	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE		2480.26				
11252	E1170	NU	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS		1248.26				
11253	E1170	RR	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS		124.83				
11254	E1170	UE	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS		936.20				
11255	E1171	NU	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST		1120.32				
11256	E1171	RR	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST		112.03				
11257	E1171	UE	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST		840.24				
11258	E1172	NU	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS		1369.00				
11259	E1172	RR	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS		136.90				
11260	E1172	UE	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS		1026.75				
11261	E1180	NU	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		1416.45				
11262	E1180	RR	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		141.64				
11263	E1180	UE	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		1062.34				
11264	E1190	NU	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS		1636.16				
11265	E1190	RR	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS		163.62				
11266	E1190	UE	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS		1227.12				
11267	E1195	NU	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST		1755.80				
11268	E1195	RR	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST		175.58				
11269	E1195	UE	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST		1316.85				
11270	E1200	NU	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS		1216.16				
11271	E1200	RR	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS		121.62				
11272	E1200	UE	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS		912.12				
11273	E1220		WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED		BR				
11274	E1221	NU	WHEELCHAIR WITH FIXED ARM FOOTRESTS		664.14				
11275	E1221	RR	WHEELCHAIR WITH FIXED ARM FOOTRESTS		66.41				
11276	E1221	UE	WHEELCHAIR WITH FIXED ARM FOOTRESTS		498.11				
11277	E1222	NU	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS		947.43				
11278	E1222	RR	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS		94.74				
11279	E1222	UE	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS		710.57				
11280	E1223	NU	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS		1034.50				

	A	B	C	D	E	F	G	H	I
11281	E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS		103.45				
11282	E1223	UE	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS		775.87				
11283	E1224	NU	WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS		1134.25				
11284	E1224	RR	WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS		113.43				
11285	E1224	UE	WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS		850.70				
11286	E1225	NU	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH		631.72				
11287	E1225	RR	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH		63.17				
11288	E1225	UE	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH		473.79				
11289	E1226	NU	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH		762.63				
11290	E1226	RR	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH		78.49				
11291	E1226	UE	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH		571.92				
11292	E1227	NU	SPECIAL HEIGHT ARMS FOR WHEELCHAIR		387.85				
11293	E1227	RR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR		38.79				
11294	E1227	UE	SPECIAL HEIGHT ARMS FOR WHEELCHAIR		290.93				
11295	E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR		391.66				
11296	E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR		39.17				
11297	E1228	UE	SPECIAL BACK HEIGHT FOR WHEELCHAIR		293.75				
11298	E1229		WHEELCHAIR PEDIATRIC SIZE NOS		BR				
11299	E1230	NU	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER		3161.21				
11300	E1230	RR	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER		310.90				
11301	E1230	UE	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER		2500.13				
11302	E1231	NU	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/SEAT SYS		BR				
11303	E1231	RR	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/SEAT SYS		BR				
11304	E1231	UE	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/SEAT SYS		BR				
11305	E1232	NU	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/SEAT SYS		2988.76				
11306	E1232	RR	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/SEAT SYS		298.89				
11307	E1232	UE	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/SEAT SYS		2241.59				
11308	E1233	NU	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/O SEAT		3096.83				
11309	E1233	RR	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/O SEAT		309.68				
11310	E1233	UE	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/O SEAT		2322.61				
11311	E1234	NU	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT		2696.01				
11312	E1234	RR	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT		269.63				
11313	E1234	UE	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT		2021.99				
11314	E1235	NU	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM		2596.05				
11315	E1235	RR	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM		259.61				
11316	E1235	UE	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM		1947.02				
11317	E1236	NU	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM		2290.38				
11318	E1236	RR	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM		229.03				
11319	E1236	UE	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM		1717.79				
11320	E1237	NU	WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM		2310.40				
11321	E1237	RR	WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM		231.03				
11322	E1237	UE	WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM		1732.81				
11323	E1238	NU	WHLCHAIR PED SZ FOLD ADJUSTBL W/O SEATING SYSTEM		2290.38				
11324	E1238	RR	WHLCHAIR PED SZ FOLD ADJUSTBL W/O SEATING SYSTEM		229.03				
11325	E1238	UE	WHLCHAIR PED SZ FOLD ADJUSTBL W/O SEATING SYSTEM		1717.79				
11326	E1239		POWER WHEELCHAIR PEDIATRIC SIZE NOS		BR				
11327	E1240	NU	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST		1439.78				
11328	E1240	RR	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST		143.98				

	A	B	C	D	E	F	G	H	I
11329	E1240	UE	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST		1079.84				
11330	E1250	NU	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS		1205.82				2097.37
11331	E1250	RR	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS		109.62				2097.37
11332	E1250	UE	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS		955.26				2097.37
11333	E1260	NU	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		1409.40				2097.37
11334	E1260	RR	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		140.94				2097.37
11335	E1260	UE	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		1111.86				2097.37
11336	E1270	NU	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS		1103.40				
11337	E1270	RR	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS		110.34				
11338	E1270	UE	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS		827.55				
11339	E1280	NU	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS		1834.57				
11340	E1280	RR	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS		183.46				
11341	E1280	UE	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS		1375.93				
11342	E1285	NU	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS		1816.56				2097.37
11343	E1285	RR	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS		181.66				2097.37
11344	E1285	UE	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS		1331.10				2097.37
11345	E1290	NU	HEVY-DUTY WC DTCHBL ARMS SWNG AWAY DTCHBL FTRST		1879.20				2097.37
11346	E1290	RR	HEVY-DUTY WC DTCHBL ARMS SWNG AWAY DTCHBL FTRST		187.92				2097.37
11347	E1290	UE	HEVY-DUTY WC DTCHBL ARMS SWNG AWAY DTCHBL FTRST		1370.25				2097.37
11348	E1295	NU	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS		1697.70				
11349	E1295	RR	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS		169.77				
11350	E1295	UE	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS		1273.28				
11351	E1296	NU	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		687.18				
11352	E1296	RR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		69.80				
11353	E1296	UE	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		515.39				
11354	E1297	NU	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY		146.20				
11355	E1297	RR	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY		16.24				
11356	E1297	UE	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY		109.64				
11357	E1298	NU	SPECIAL WHLCHAIR SEAT DEPTH &OR WIDTH CONSTRUCT		592.12				
11358	E1298	RR	SPECIAL WHLCHAIR SEAT DEPTH &OR WIDTH CONSTRUCT		60.59				
11359	E1298	UE	SPECIAL WHLCHAIR SEAT DEPTH &OR WIDTH CONSTRUCT		444.09				
11360	E1300	NU	WHIRLPOOL PORTABLE		BR				2097.37
11361	E1300	RR	WHIRLPOOL PORTABLE		BR				2097.37
11362	E1300	UE	WHIRLPOOL PORTABLE		BR				2097.37
11363	E1310	NU	WHIRLPOOL NONPORTABLE		3001.32				
11364	E1310	RR	WHIRLPOOL NONPORTABLE		256.70				
11365	E1310	UE	WHIRLPOOL NONPORTABLE		2251.00				
11366	E1353	NU	REGULATOR		39.60				
11367	E1353	RR	REGULATOR		3.96				
11368	E1353	UE	REGULATOR		29.70				
11369	E1354		O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA		BR				
11370	E1355	NU	STAND/RACK		29.82				
11371	E1355	RR	STAND/RACK		2.98				
11372	E1355	UE	STAND/RACK		22.36				
11373	E1356		O2 ACCESS BTTRY PACK/CRTRDGE PRTBLE CONC REPL EA		BR				
11374	E1357		O2 ACCESS BATTRY CHARGER PRTBLE CONC REPL EA		BR				
11375	E1358		O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA		BR				
11376	E1372	NU	IMMERSION EXTERNAL HEATER FOR NEBULIZER		227.85				

	A	B	C	D	E	F	G	H	I
11377	E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER		33.11				
11378	E1372	UE	IMMERSION EXTERNAL HEATER FOR NEBULIZER		168.66				
11379	E1390	NU	O2 CONC 1 DEL PORT 85%/>02 CONC AT PRSC FLW RATE		BR				
11380	E1390	RR	O2 CONC 1 DEL PORT 85%/>02 CONC AT PRSC FLW RATE		BR				
11381	E1390	UE	O2 CONC 1 DEL PORT 85%/>02 CONC AT PRSC FLW RATE		BR				
11382	E1391	RR	O2 CONC 2 DEL PORT 85%/>O2 CONC PRSC FLW RATE EA		BR				
11383	E1392	RR	PORTABLE OXYGEN CONCENTRATOR RENTAL		BR				
11384	E1399		DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		BR				
11385	E1405	NU	OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV		BR				
11386	E1405	RR	OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV		BR				
11387	E1405	UE	OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV		BR				
11388	E1406	NU	OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV		BR				
11389	E1406	RR	OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV		BR				
11390	E1406	UE	OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV		BR				
11391	E1500		CENTRIFUGE FOR DIALYSIS		BR				
11392	E1510	NU	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC		BR				
11393	E1510	RR	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC		BR				
11394	E1510	UE	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC		BR				
11395	E1520	NU	HEPARIN INFUSION PUMP FOR HEMODIALYSIS		BR				
11396	E1520	RR	HEPARIN INFUSION PUMP FOR HEMODIALYSIS		BR				
11397	E1520	UE	HEPARIN INFUSION PUMP FOR HEMODIALYSIS		BR				
11398	E1530	NU	AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT		BR				
11399	E1530	RR	AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT		BR				
11400	E1530	UE	AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT		BR				
11401	E1540	NU	PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT		BR				
11402	E1540	RR	PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT		BR				
11403	E1540	UE	PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT		BR				
11404	E1550	NU	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH		BR				
11405	E1550	RR	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH		BR				
11406	E1550	UE	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH		BR				
11407	E1560	NU	BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT		BR				
11408	E1560	RR	BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT		BR				
11409	E1560	UE	BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT		BR				
11410	E1570	NU	ADJUSTABLE CHAIR FOR ESRD PATIENTS		BR				
11411	E1570	RR	ADJUSTABLE CHAIR FOR ESRD PATIENTS		BR				
11412	E1570	UE	ADJUSTABLE CHAIR FOR ESRD PATIENTS		BR				
11413	E1575	NU	TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10		BR				
11414	E1575	RR	TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10		BR				
11415	E1575	UE	TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10		BR				
11416	E1580	NU	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS		BR				
11417	E1580	RR	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS		BR				
11418	E1580	UE	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS		BR				
11419	E1590	NU	HEMODIALYSIS MACHINE		BR				
11420	E1590	RR	HEMODIALYSIS MACHINE		BR				
11421	E1590	UE	HEMODIALYSIS MACHINE		BR				
11422	E1592	NU	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM		BR				
11423	E1592	RR	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM		BR				
11424	E1592	UE	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM		BR				

	A	B	C	D	E	F	G	H	I
11425	E1594	NU	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS		BR				
11426	E1594	RR	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS		BR				
11427	E1594	UE	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS		BR				
11428	E1600	NU	DELIV &OR INSTL CHARGES HEMODIAL EQUIPMENT		BR				
11429	E1600	RR	DELIV &OR INSTL CHARGES HEMODIAL EQUIPMENT		BR				
11430	E1600	UE	DELIV &OR INSTL CHARGES HEMODIAL EQUIPMENT		BR				
11431	E1610	NU	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL		BR				
11432	E1610	RR	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL		BR				
11433	E1610	UE	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL		BR				
11434	E1615	NU	DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS		BR				
11435	E1615	RR	DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS		BR				
11436	E1615	UE	DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS		BR				
11437	E1620	NU	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT		BR				
11438	E1620	RR	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT		BR				
11439	E1620	UE	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT		BR				
11440	E1625	NU	WATER SOFTENING SYSTEM FOR HEMODIALYSIS		BR				
11441	E1625	RR	WATER SOFTENING SYSTEM FOR HEMODIALYSIS		BR				
11442	E1625	UE	WATER SOFTENING SYSTEM FOR HEMODIALYSIS		BR				
11443	E1630	NU	RECIPROCATING PERITONEAL DIALYSIS SYSTEM		BR				
11444	E1630	RR	RECIPROCATING PERITONEAL DIALYSIS SYSTEM		BR				
11445	E1630	UE	RECIPROCATING PERITONEAL DIALYSIS SYSTEM		BR				
11446	E1632	NU	WEARABLE ARTIFICIAL KIDNEY EACH		BR				
11447	E1632	RR	WEARABLE ARTIFICIAL KIDNEY EACH		BR				
11448	E1632	UE	WEARABLE ARTIFICIAL KIDNEY EACH		BR				
11449	E1634		PERITONEAL DIALYSIS CLAMPS EACH		BR				
11450	E1635	NU	COMPACT TRAVEL HEMODIALYZER SYSTEM		BR				
11451	E1635	RR	COMPACT TRAVEL HEMODIALYZER SYSTEM		BR				
11452	E1635	UE	COMPACT TRAVEL HEMODIALYZER SYSTEM		BR				
11453	E1636	NU	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10		BR				
11454	E1636	RR	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10		BR				
11455	E1636	UE	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10		BR				
11456	E1637		HEMOSTATS EACH		BR				
11457	E1639		SCALE EACH		BR				
11458	E1699		DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED		BR				
11459	E1700	NU	JAW MOTION REHABILITATION SYSTEM		481.97				
11460	E1700	RR	JAW MOTION REHABILITATION SYSTEM		47.26				
11461	E1700	UE	JAW MOTION REHABILITATION SYSTEM		361.48				
11462	E1701		REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX		14.83				
11463	E1702		REPL MSR SCLS JAW MOTION REHAB SYSTEM PKG 200		31.55				
11464	E1800	RR	DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL		171.23				
11465	E1801	RR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE		180.29				
11466	E1802	RR	DYN ADJUSTBL FORARM PRON/SUPIN DEVC INTRFCE MATL		456.76				
11467	E1805	RR	DYN ADJUSTBL WRIST EXT/FLX DEVC W/INTERFCE MATL		176.58				
11468	E1806	RR	STATIC PROGRESSIVE STRETCH WRIST DEVICE		148.03				
11469	E1810	RR	DYN ADJUSTBL KNEE EXT/FLX DEVC W/INTERFCE MATL		174.12				
11470	E1811	RR	STATIC PROGRESSIVE STRETCH KNEE DEVICE		187.47				
11471	E1812	NU	DYN KNEE EXT/FLEX DEVC W/ACTV RESISTANCE CONTROL		1201.91				
11472	E1812	RR	DYN KNEE EXT/FLEX DEVC W/ACTV RESISTANCE CONTROL		120.19				

	A	B	C	D	E	F	G	H	I
11473	E1812	UE	DYN KNEE EXT/FLEX DEVC W/ACTV RESISTANCE CONTROL		901.44				
11474	E1815	RR	DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL		176.58				
11475	E1816	RR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE		190.41				
11476	E1818	RR	STATIC PROGRESSIVE STRETCH FOREARM DEVICE		194.39				
11477	E1820	NU	REPL SFT INTERFCE MATL DYN ADJUSTBL EXT/FLX DEVC		114.26				
11478	E1820	RR	REPL SFT INTERFCE MATL DYN ADJUSTBL EXT/FLX DEVC		11.42				
11479	E1820	UE	REPL SFT INTERFCE MATL DYN ADJUSTBL EXT/FLX DEVC		85.69				
11480	E1821	NU	REPL SFT INTERFCE MATL/CUFF BI-DIR STAT DEVC		147.09				
11481	E1821	RR	REPL SFT INTERFCE MATL/CUFF BI-DIR STAT DEVC		14.69				
11482	E1821	UE	REPL SFT INTERFCE MATL/CUFF BI-DIR STAT DEVC		110.36				
11483	E1825	RR	DYN ADJUSTBL FNGR EXT/FLX DEVC W/SFT INTRFCE MAT		176.58				
11484	E1830	RR	DYN ADJUSTBL TOE EXT/FLX DEVC W/SFT INTRFCE MATL		176.58				
11485	E1840	RR	SOFT INTERFACE MATERIAL		534.90				
11486	E1841	RR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE		633.13				
11487	E1902		CMNCT BD NON-ELEC AUG/ALTERNATV CMNCT DEVICE		BR				
11488	E2000	RR	GASTR SUCTION PUMP HOM MODEL PRTBLE/STATION ELEC		72.44				
11489	E2100	NU	BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER		898.96				
11490	E2100	RR	BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER		89.90				
11491	E2100	UE	BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER		674.23				
11492	E2101	NU	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE		263.54				
11493	E2101	RR	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE		26.36				
11494	E2101	UE	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE		197.66				
11495	E2120	RR	PULSE GEN SYS TYMPANIC TX INNR EAR ENDOLYMPH FL		396.28				
11496	E2201	NU	MNL WC ACSS NONSTD SEAT WDTH >/= 20 IN & < 24 IN		521.48				
11497	E2201	RR	MNL WC ACSS NONSTD SEAT WDTH >/= 20 IN & < 24 IN		52.15				
11498	E2201	UE	MNL WC ACSS NONSTD SEAT WDTH >/= 20 IN & < 24 IN		391.11				
11499	E2202	NU	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		662.46				
11500	E2202	RR	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		66.24				
11501	E2202	UE	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		496.88				
11502	E2203	NU	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 < 22 IN		669.54				
11503	E2203	RR	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 < 22 IN		66.93				
11504	E2203	UE	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 < 22 IN		502.14				
11505	E2204	NU	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN		1136.85				
11506	E2204	RR	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN		113.71				
11507	E2204	UE	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN		852.64				
11508	E2205	NU	MANUAL WC ACCESS HANDRIM W/O PROJ REPL ONLY EACH		45.66				
11509	E2205	RR	MANUAL WC ACCESS HANDRIM W/O PROJ REPL ONLY EACH		4.54				
11510	E2205	UE	MANUAL WC ACCESS HANDRIM W/O PROJ REPL ONLY EACH		34.28				
11511	E2206	NU	MNL WHLCHAIR ACCESS WHEEL LOCK ASSMBL CMPL EA		56.85				
11512	E2206	RR	MNL WHLCHAIR ACCESS WHEEL LOCK ASSMBL CMPL EA		5.67				
11513	E2206	UE	MNL WHLCHAIR ACCESS WHEEL LOCK ASSMBL CMPL EA		42.64				
11514	E2207	NU	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH		60.59				
11515	E2207	RR	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH		6.08				
11516	E2207	UE	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH		45.45				
11517	E2208	NU	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH		143.10				
11518	E2208	RR	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH		14.30				
11519	E2208	UE	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH		107.33				
11520	E2209	NU	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH		129.09				

	A	B	C	D	E	F	G	H	I
11521	E2209	RR	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH		12.94				
11522	E2209	UE	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH		96.83				
11523	E2210	NU	WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA		7.89				
11524	E2210	RR	WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA		0.80				
11525	E2210	UE	WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA		5.92				
11526	E2211	NU	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ		57.19				
11527	E2211	RR	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ		5.61				
11528	E2211	UE	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ		40.95				
11529	E2212	NU	MNL WC ACESS TUBE PNEUMAT PROPULSION TIRE ANY SZ		8.21				
11530	E2212	RR	MNL WC ACESS TUBE PNEUMAT PROPULSION TIRE ANY SZ		0.85				
11531	E2212	UE	MNL WC ACESS TUBE PNEUMAT PROPULSION TIRE ANY SZ		6.17				
11532	E2213	NU	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ		42.50				
11533	E2213	RR	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ		4.26				
11534	E2213	UE	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ		31.85				
11535	E2214	NU	MNL WHLCHAIR ACCESS PNEUMAT CASTER TIRE ANY SIZE		50.32				
11536	E2214	RR	MNL WHLCHAIR ACCESS PNEUMAT CASTER TIRE ANY SIZE		5.54				
11537	E2214	UE	MNL WHLCHAIR ACCESS PNEUMAT CASTER TIRE ANY SIZE		37.72				
11538	E2215	NU	MNL WHLCHAIR ACSS TUBE PNEUMAT CASTR TIRE ANY SZ		13.42				
11539	E2215	RR	MNL WHLCHAIR ACSS TUBE PNEUMAT CASTR TIRE ANY SZ		1.33				
11540	E2215	UE	MNL WHLCHAIR ACSS TUBE PNEUMAT CASTR TIRE ANY SZ		10.04				
11541	E2216	NU	MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ		BR				
11542	E2216	RR	MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ		BR				
11543	E2216	UE	MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ		BR				
11544	E2217	NU	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE		BR				
11545	E2217	RR	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE		BR				
11546	E2217	UE	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE		BR				
11547	E2218	NU	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE		BR				
11548	E2218	RR	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE		BR				
11549	E2218	UE	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE		BR				
11550	E2219	NU	MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE EA		58.49				
11551	E2219	RR	MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE EA		6.61				
11552	E2219	UE	MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE EA		43.88				
11553	E2220	NU	MNL WHLCHAIR ACESS SOLID PROPULSION TIRE ANY SZ		39.87				
11554	E2220	RR	MNL WHLCHAIR ACESS SOLID PROPULSION TIRE ANY SZ		3.85				
11555	E2220	UE	MNL WHLCHAIR ACESS SOLID PROPULSION TIRE ANY SZ		30.49				
11556	E2221	NU	MNL WHEELCHAIR ACESS SOLID CASTER TIRE ANY SZ EA		35.72				
11557	E2221	RR	MNL WHEELCHAIR ACESS SOLID CASTER TIRE ANY SZ EA		3.60				
11558	E2221	UE	MNL WHEELCHAIR ACESS SOLID CASTER TIRE ANY SZ EA		26.81				
11559	E2222	NU	MNL WC ACSS SOLID CASTR TIRE INTGR WHL ANY SZ EA		29.43				
11560	E2222	RR	MNL WC ACSS SOLID CASTR TIRE INTGR WHL ANY SZ EA		2.91				
11561	E2222	UE	MNL WC ACSS SOLID CASTR TIRE INTGR WHL ANY SZ EA		22.10				
11562	E2224	NU	MNL WC ACESS PROPULSION WHL EXCLD TIRE ANY SZ EA		137.06				
11563	E2224	RR	MNL WC ACESS PROPULSION WHL EXCLD TIRE ANY SZ EA		14.38				
11564	E2224	UE	MNL WC ACESS PROPULSION WHL EXCLD TIRE ANY SZ EA		102.81				
11565	E2225	NU	MNL WC CASTER WHL EXCLD TIRE ANY SZ REPL ONLY EA		24.32				
11566	E2225	RR	MNL WC CASTER WHL EXCLD TIRE ANY SZ REPL ONLY EA		2.44				
11567	E2225	UE	MNL WC CASTER WHL EXCLD TIRE ANY SZ REPL ONLY EA		18.23				
11568	E2226	NU	MNL WHLCHAIR ACSS CASTR FORK ANY SZ REPL ONLY EA		53.02				

	A	B	C	D	E	F	G	H	I
11569	E2226	RR	MNL WHLCHAIR ACSS CASTR FORK ANY SZ REPL ONLY EA		5.29				
11570	E2226	UE	MNL WHLCHAIR ACSS CASTR FORK ANY SZ REPL ONLY EA		39.78				
11571	E2227	NU	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH		2193.10				
11572	E2227	RR	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH		219.33				
11573	E2227	UE	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH		1644.79				
11574	E2228	NU	MNL WC ACCESS WHEEL BRAKING SYS&LOCK COMPLETE EA		1308.57				
11575	E2228	RR	MNL WC ACCESS WHEEL BRAKING SYS&LOCK COMPLETE EA		130.85				
11576	E2228	UE	MNL WC ACCESS WHEEL BRAKING SYS&LOCK COMPLETE EA		981.46				
11577	E2230		MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS		BR				2097.37
11578	E2231	NU	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE		214.79				
11579	E2231	RR	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE		21.49				
11580	E2231	UE	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE		161.08				
11581	E2291		BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE		BR				
11582	E2292		SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE		BR				
11583	E2293		BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE		BR				
11584	E2294		SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE		BR				
11585	E2295		MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME		BR				
11586	E2300		POWER WHEELCHAIR ACCESS POWER SEAT ELEV SYSTEM		BR				
11587	E2301		POWER WHEELCHAIR ACCESSORY POWER STANDING SYSTEM		BR				
11588	E2310	NU	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&ONE PWR		1409.73				
11589	E2310	RR	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&ONE PWR		140.97				
11590	E2310	UE	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&ONE PWR		1057.30				
11591	E2311	NU	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE		2854.05				
11592	E2311	RR	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE		285.42				
11593	E2311	UE	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE		2140.53				
11594	E2312	NU	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE		2818.67				
11595	E2312	RR	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE		281.86				
11596	E2312	UE	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE		2114.04				
11597	E2313	NU	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA		447.61				
11598	E2313	RR	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA		44.77				
11599	E2313	UE	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA		335.70				
11600	E2321	NU	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL		1914.31				
11601	E2321	RR	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL		191.44				
11602	E2321	UE	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL		1435.76				
11603	E2322	NU	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL		1698.98				
11604	E2322	RR	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL		169.90				
11605	E2322	UE	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL		1274.25				
11606	E2323	NU	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB		83.31				
11607	E2323	RR	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB		8.33				
11608	E2323	UE	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB		62.48				
11609	E2324	NU	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE		52.79				
11610	E2324	RR	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE		5.26				
11611	E2324	UE	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE		39.60				
11612	E2325	NU	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL		1622.45				
11613	E2325	RR	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL		162.27				
11614	E2325	UE	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL		1216.84				
11615	E2326	NU	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE		418.18				
11616	E2326	RR	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE		41.84				

	A	B	C	D	E	F	G	H	I
11617	E2326	UE	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE		313.62				
11618	E2327	NU	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL		3146.99				
11619	E2327	RR	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL		314.70				
11620	E2327	UE	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL		2360.24				
11621	E2328	NU	PWR WC ACSS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL		5969.40				
11622	E2328	RR	PWR WC ACSS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL		596.93				
11623	E2328	UE	PWR WC ACSS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL		4477.07				
11624	E2329	NU	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL		2127.57				
11625	E2329	RR	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL		212.76				
11626	E2329	UE	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL		1595.68				
11627	E2330	NU	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL		4122.40				
11628	E2330	RR	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL		412.23				
11629	E2330	UE	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL		3091.82				
11630	E2331		PWR WC ACSS ATTENDANT CONTROL PROPROTIONAL		BR				
11631	E2340	NU	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN		500.87				
11632	E2340	RR	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN		50.10				
11633	E2340	UE	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN		375.68				
11634	E2341	NU	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		751.35				
11635	E2341	RR	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		75.14				
11636	E2341	UE	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		563.53				
11637	E2342	NU	PWR WC ACSS NONSTD SEAT FRME DEPTH 20/21 IN		626.12				
11638	E2342	RR	PWR WC ACSS NONSTD SEAT FRME DEPTH 20/21 IN		62.61				
11639	E2342	UE	PWR WC ACSS NONSTD SEAT FRME DEPTH 20/21 IN		469.60				
11640	E2343	NU	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN		1001.82				
11641	E2343	RR	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN		100.16				
11642	E2343	UE	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN		751.35				
11643	E2351	NU	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC		841.60				
11644	E2351	RR	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC		84.17				
11645	E2351	UE	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC		631.18				
11646	E2360	NU	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA		157.02				
11647	E2360	RR	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA		15.77				
11648	E2360	UE	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA		117.76				
11649	E2361	NU	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA		168.02				
11650	E2361	RR	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA		16.80				
11651	E2361	UE	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA		126.03				
11652	E2362	NU	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA		128.55				
11653	E2362	RR	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA		12.86				
11654	E2362	UE	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA		96.42				
11655	E2363	NU	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA		224.06				
11656	E2363	RR	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA		22.41				
11657	E2363	UE	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA		168.05				
11658	E2364	NU	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA		157.02				
11659	E2364	RR	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA		15.77				
11660	E2364	UE	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA		117.76				
11661	E2365	NU	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA		135.11				
11662	E2365	RR	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA		13.51				
11663	E2365	UE	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA		101.38				
11664	E2366	NU	PWR WC ACSS BATTRY CHRGR 1 MODE W/ONLY 1 BATTRY		317.57				

	A	B	C	D	E	F	G	H	I
11665	E2366	RR	PWR WC ACSS BATTRY CHRGR 1 MODE W/ONLY 1 BATTRY		31.84				
11666	E2366	UE	PWR WC ACSS BATTRY CHRGR 1 MODE W/ONLY 1 BATTRY		238.19				
11667	E2367	NU	PWR WC ACSS BATT CHRGR DUL MODE W/EITHER BATT EA		504.85				
11668	E2367	RR	PWR WC ACSS BATT CHRGR DUL MODE W/EITHER BATT EA		50.49				
11669	E2367	UE	PWR WC ACSS BATT CHRGR DUL MODE W/EITHER BATT EA		378.63				
11670	E2368	NU	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY		622.30				
11671	E2368	RR	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY		62.25				
11672	E2368	UE	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY		466.73				
11673	E2369	NU	POWER WHEELCHAIR CMPNT GEAR BOX REPLACEMENT ONLY		542.02				
11674	E2369	RR	POWER WHEELCHAIR CMPNT GEAR BOX REPLACEMENT ONLY		54.21				
11675	E2369	UE	POWER WHEELCHAIR CMPNT GEAR BOX REPLACEMENT ONLY		406.50				
11676	E2370	NU	PWR WC CMPNT MOTR&GEAR BOX COMB REPLCMT ONLY		967.13				
11677	E2370	RR	PWR WC CMPNT MOTR&GEAR BOX COMB REPLCMT ONLY		96.72				
11678	E2370	UE	PWR WC CMPNT MOTR&GEAR BOX COMB REPLCMT ONLY		725.34				
11679	E2371	NU	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA		181.59				
11680	E2371	RR	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA		18.17				
11681	E2371	UE	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA		136.20				
11682	E2372	NU	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTRY EA		BR				
11683	E2372	RR	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTRY EA		BR				
11684	E2372	UE	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTRY EA		BR				
11685	E2373	NU	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK		982.52				
11686	E2373	RR	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK		98.24				
11687	E2373	UE	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK		736.90				
11688	E2374	NU	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY		643.31				
11689	E2374	RR	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY		64.33				
11690	E2374	UE	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY		482.50				
11691	E2375	NU	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY		1031.85				
11692	E2375	RR	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY		103.17				
11693	E2375	UE	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY		773.85				
11694	E2376	NU	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY		1616.96				
11695	E2376	RR	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY		161.71				
11696	E2376	UE	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY		1212.74				
11697	E2377	NU	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE		585.10				
11698	E2377	RR	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE		58.51				
11699	E2377	UE	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE		438.86				
11700	E2381	NU	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH		91.77				
11701	E2381	RR	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH		9.19				
11702	E2381	UE	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH		68.83				
11703	E2382	NU	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH		25.02				
11704	E2382	RR	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH		2.49				
11705	E2382	UE	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH		18.76				
11706	E2383	NU	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA		182.96				
11707	E2383	RR	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA		18.31				
11708	E2383	UE	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA		137.23				
11709	E2384	NU	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH		97.47				
11710	E2384	RR	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH		9.77				
11711	E2384	UE	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH		73.10				
11712	E2385	NU	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH		59.63				

	A	B	C	D	E	F	G	H	I
11713	E2385	RR	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH		5.98				
11714	E2385	UE	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH		44.69				
11715	E2386	NU	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA		181.31				
11716	E2386	RR	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA		18.13				
11717	E2386	UE	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA		135.98				
11718	E2387	NU	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH		81.31				
11719	E2387	RR	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH		8.13				
11720	E2387	UE	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH		61.01				
11721	E2388	NU	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH		60.70				
11722	E2388	RR	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH		6.08				
11723	E2388	UE	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH		45.54				
11724	E2389	NU	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH		32.96				
11725	E2389	RR	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH		3.30				
11726	E2389	UE	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH		24.71				
11727	E2390	NU	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH		51.54				
11728	E2390	RR	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH		5.15				
11729	E2390	UE	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH		38.63				
11730	E2391	NU	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH		24.70				
11731	E2391	RR	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH		2.47				
11732	E2391	UE	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH		18.53				
11733	E2392	NU	PWR WC SOLID CASTER TIRE INTEGRTED WHEEL REPL EA		64.91				
11734	E2392	RR	PWR WC SOLID CASTER TIRE INTEGRTED WHEEL REPL EA		6.51				
11735	E2392	UE	PWR WC SOLID CASTER TIRE INTEGRTED WHEEL REPL EA		48.67				
11736	E2394	NU	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH		92.46				
11737	E2394	RR	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH		9.27				
11738	E2394	UE	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH		69.36				
11739	E2395	NU	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH		65.71				
11740	E2395	RR	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH		6.58				
11741	E2395	UE	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH		49.30				
11742	E2396	NU	PWR WC CASTER FORK REPLACEMENT ONLY EACH		80.12				
11743	E2396	RR	PWR WC CASTER FORK REPLACEMENT ONLY EACH		8.58				
11744	E2396	UE	PWR WC CASTER FORK REPLACEMENT ONLY EACH		60.10				
11745	E2397	NU	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA		578.81				
11746	E2397	RR	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA		57.88				
11747	E2397	UE	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA		434.10				
11748	E2402	RR	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE		2067.73				
11749	E2500	NU	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME		546.57				
11750	E2500	RR	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME		54.67				
11751	E2500	UE	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME		409.92				
11752	E2502	NU	SPCH GEN DEVC DIGTIZD>8 MINS <= 20 MINS REC TIME		1671.31				
11753	E2502	RR	SPCH GEN DEVC DIGTIZD>8 MINS <= 20 MINS REC TIME		167.14				
11754	E2502	UE	SPCH GEN DEVC DIGTIZD>8 MINS <= 20 MINS REC TIME		1253.50				
11755	E2504	NU	SPCH GEN DEVC DIGTIZD>20 MINS</=40 MINS REC TIME		2204.69				
11756	E2504	RR	SPCH GEN DEVC DIGTIZD>20 MINS</=40 MINS REC TIME		220.49				
11757	E2504	UE	SPCH GEN DEVC DIGTIZD>20 MINS</=40 MINS REC TIME		1653.49				
11758	E2506	NU	SPEECH GEN DEVICE DIGITIZED >40 MINS REC TIME		3232.73				
11759	E2506	RR	SPEECH GEN DEVICE DIGITIZED >40 MINS REC TIME		323.25				
11760	E2506	UE	SPEECH GEN DEVICE DIGITIZED >40 MINS REC TIME		2424.50				

	A	B	C	D	E	F	G	H	I
11761	E2508	NU	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT		4998.86				
11762	E2508	RR	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT		499.90				
11763	E2508	UE	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT		3749.16				
11764	E2510	NU	SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS		9459.67				
11765	E2510	RR	SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS		945.96				
11766	E2510	UE	SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS		7094.75				
11767	E2511	NU	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST		BR				
11768	E2511	RR	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST		BR				
11769	E2511	UE	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST		BR				
11770	E2512	NU	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM		BR				
11771	E2512	RR	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM		BR				
11772	E2512	UE	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM		BR				
11773	E2599		ACCESSORY FOR SPEECH GENERATING DEVICE NOC		BR				
11774	E2601	NU	GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH		73.68				
11775	E2601	RR	GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH		7.39				
11776	E2601	UE	GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH		55.25				
11777	E2602	NU	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		143.84				
11778	E2602	RR	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		14.39				
11779	E2602	UE	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		107.87				
11780	E2603	NU	SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH		182.61				
11781	E2603	RR	SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH		18.28				
11782	E2603	UE	SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH		136.96				
11783	E2604	NU	SKN PROTECTION WC SEAT CUSHN WDTH 22 IN/GT DEPTH		226.96				
11784	E2604	RR	SKN PROTECTION WC SEAT CUSHN WDTH 22 IN/GT DEPTH		22.68				
11785	E2604	UE	SKN PROTECTION WC SEAT CUSHN WDTH 22 IN/GT DEPTH		170.26				
11786	E2605	NU	PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH		324.26				
11787	E2605	RR	PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH		32.43				
11788	E2605	UE	PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH		243.23				
11789	E2606	NU	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		505.86				
11790	E2606	RR	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		50.61				
11791	E2606	UE	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		379.39				
11792	E2607	NU	SKN PROTECT&PSTN WC SEAT CUSHN WDTH <22 IN DEPTH		349.16				
11793	E2607	RR	SKN PROTECT&PSTN WC SEAT CUSHN WDTH <22 IN DEPTH		34.92				
11794	E2607	UE	SKN PROTECT&PSTN WC SEAT CUSHN WDTH <22 IN DEPTH		261.88				
11795	E2608	NU	SKN PROTCT&PSTN WC SEAT CUSHN WDTH 22 IN/GT DPTH		419.33				
11796	E2608	RR	SKN PROTCT&PSTN WC SEAT CUSHN WDTH 22 IN/GT DPTH		41.92				
11797	E2608	UE	SKN PROTCT&PSTN WC SEAT CUSHN WDTH 22 IN/GT DPTH		314.50				
11798	E2609		CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE		BR				
11799	E2610		WHEELCHAIR SEAT CUSHION POWERED		BR				
11800	E2611	NU	GEN WC BACK CUSHN WDTH < 22 IN HT MOUNT HARDWARE		376.28				
11801	E2611	RR	GEN WC BACK CUSHN WDTH < 22 IN HT MOUNT HARDWARE		37.62				
11802	E2611	UE	GEN WC BACK CUSHN WDTH < 22 IN HT MOUNT HARDWARE		282.24				
11803	E2612	NU	GEN WC BACK CUSHN WDTH 22 IN/GT HT MOUNT HARDWRE		509.01				
11804	E2612	RR	GEN WC BACK CUSHN WDTH 22 IN/GT HT MOUNT HARDWRE		50.90				
11805	E2612	UE	GEN WC BACK CUSHN WDTH 22 IN/GT HT MOUNT HARDWRE		381.74				
11806	E2613	NU	PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT		473.48				
11807	E2613	RR	PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT		47.36				
11808	E2613	UE	PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT		355.11				

	A	B	C	D	E	F	G	H	I
11809	E2614	NU	PSTN WC BACK CUSHN POST WIDTH 22 IN/> ANY HEIGHT		655.25				
11810	E2614	RR	PSTN WC BACK CUSHN POST WIDTH 22 IN/> ANY HEIGHT		65.54				
11811	E2614	UE	PSTN WC BACK CUSHN POST WIDTH 22 IN/> ANY HEIGHT		491.46				
11812	E2615	NU	PSTN WC BACK CUSHN POSTLAT WIDTH < 22 IN ANY HT		544.89				
11813	E2615	RR	PSTN WC BACK CUSHN POSTLAT WIDTH < 22 IN ANY HT		54.50				
11814	E2615	UE	PSTN WC BACK CUSHN POSTLAT WIDTH < 22 IN ANY HT		408.65				
11815	E2616	NU	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT		733.12				
11816	E2616	RR	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT		73.32				
11817	E2616	UE	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT		549.87				
11818	E2617		CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE		BR				
11819	E2619	NU	REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA		61.81				
11820	E2619	RR	REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA		6.17				
11821	E2619	UE	REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA		46.38				
11822	E2620	NU	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH <22 IN		659.79				
11823	E2620	RR	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH <22 IN		65.98				
11824	E2620	UE	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH <22 IN		494.86				
11825	E2621	NU	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/>		692.39				
11826	E2621	RR	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/>		69.23				
11827	E2621	UE	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/>		519.30				
11828	E8000		GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS		BR				2097.37
11829	E8001		GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS		BR				2097.37
11830	E8002		GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS		BR				2097.37
11831	G0008		ADMINISTRATION OF INFLUENZA VIRUS VACCINE		12.23				34.73
11832	G0009		ADMINISTRATION OF PNEUMOCOCCAL VACCINE		12.23				34.73
11833	G0010		ADMINISTRATION OF HEPATITIS B VACCINE		12.23				
11834	G0027		SEMEN ANALY; PRES/MOT EXCLD HUHNER		27.52				
11835	G0101		CERV/VAGINAL CANCER SCR; PELV&CLIN BREAST EXAM		65.75				78.36
11836	G0102		PROS CANCER SCREENING; DIGTL RECTAL EXAMINATION		BR				
11837	G0103		PROSTATE CANCER SCREENING; PSA TEST		76.45				
11838	G0104		COLORECTAL CANCER SCREENING; FLEXSIG		217.12				339.47
11839	G0105		COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK		790.49				737.84
11840	G0106		COLOREC CANCR SCR;ALT G0104 SIGMOIDSCPY BA ENEMA		324.15				114.09
11841	G0108		DIAB OP SELF-MGMT TRN SRVC INDIVIDUAL PER 30 MIN		BR				
11842	G0109		DIAB SELF-MGMT TRN SRVC GROUP SESSION PER 30 MIN		BR				
11843	G0117		GLAUC SCR HI RISK BY OPTOMETRST/OPHTHALMOLOGIST		BR				87.11
11844	G0118		GLAUC SCR HI RSK UND DIR SUP OPTMTRST/OPHTHLGIST		BR				54.21
11845	G0120		COLOREC CANCR SCR; ALT G0105 COLNSCPY BA ENEMA		324.15				114.09
11846	G0121		COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK		790.49				737.84
11847	G0122		COLORECTAL CANCER SCREENING; BARIUM ENEMA		324.15				2097.37
11848	G0123		SCR CYTOPATH CERV/VAG SCR CYTOTECH UND PHYS SUPV		19.49				
11849	G0124		SCR CYTOPATH CERV/VAG THIN LAY PREP INTEPR PHYS		4.97				
11850	G0127		TRIMMING OF DYSTROPHIC NAILS ANY NUMBER		30.58				40.45
11851	G0128		DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5		BR				
11852	G0129		OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION		BR				
11853	G0130		SEXA BN DNSITY STDY 1/> SITE; APPNDICULR SKEL		BR				60.74
11854	G0141		SCR CYTOPATH SMER CERV/VAG MNL RSCR INTEPR PHYS		BR				
11855	G0143		SCR CYTOPATH CERV/VAG MNL SCR&RSCR UND PHYS		27.14				
11856	G0144		SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS		25.99				

	A	B	C	D	E	F	G	H	I
11857	G0145		SCR CYTOPATH CERV/VAG SCR AUTO&MNL RSCR PHYS		28.29				
11858	G0147		SCR CYTOPATH SMERS CERV/VAG AUTO UND PHYS SUPV		25.99				
11859	G0148		SCR CYTOPATH SMERS CERV/VAG AUTO SYS W/MNL RESCR		27.14				
11860	G0151		SRVC PHYS THERAPIST HOME HLTH/HOSPICE EA 15 MIN		BR				
11861	G0152		SRVC OCCUP THERAPIST HOME HLTH/HOSPICE EA 15 MIN		BR				
11862	G0153		SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN		BR				
11863	G0154		SRVC SKILLED NURSE HOME HEALTH/HOSPICE EA 15 MIN		BR				
11864	G0155		SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN		BR				
11865	G0156		SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN		BR				
11866	G0166		EXTERNAL COUNTERPULSATION PER TREATMENT SESSION		BR				141.01
11867	G0168		WOUND CLOSURE UTILIZING TISSUE ADHESIVE ONLY		BR				
11868	G0173		LINR ACCELERATOR STEREOTAC RADIOSURG CMPL 1 SESS		BR				4832.08
11869	G0175		SCHED INTERDISCIPLINARY TEAM CONF W/PT PRESENT		BR				153.47
11870	G0176		ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS		BR				
11871	G0177		TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS		BR				
11872	G0179		PHYS RE-CERT MCR-COVR HOM HLTH SRVC RE-CERT PRD		BR				
11873	G0180		PHYS CERT MCR-COVR HOM HLTH SRVC PER CERT PRD		BR				
11874	G0181		PHYS SUPV PT RECV MCR-COVR SRVC HOM HLTH AGCY		BR				
11875	G0182		PHYS SUPV PT UNDER MEDICARE-APPROVED HOSPICE		BR				
11876	G0186		DESTRUC LOC LES CHOROID; PHOTOCOAG FDER VES TECH		BR				533.44
11877	G0202		SCR MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS		BR				
11878	G0204		DX MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS		BR				
11879	G0206		DX MAMMO PRODUCING DIR DIGTL IMAG UNI ALL VIEWS		BR				
11880	G0219		PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS		BR				2097.37
11881	G0235		PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED		BR				2097.37
11882	G0237		MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES		BR				37.00
11883	G0238		TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN		BR				37.00
11884	G0239		TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2/> IND		BR				37.00
11885	G0245		INITIAL PHYS E&M DIABETIC NEUROPATHY W/LOPS		BR				78.36
11886	G0246		FOLLOWUP EVAL DIABETIC PT NEUROPATHY W/LOPS		BR				94.26
11887	G0247		ROUTINE FOOT CARE BY PHYS OF DIABETIC PT W/LOPS		BR				80.15
11888	G0248		DEMO HOME INR MON PT W/MECH HT VALVE CAF/VTE		BR				153.47
11889	G0249		PRVS TEST MATL & EQUIP HOME INR MON; ONCE A WEEK		BR				153.47
11890	G0250		PHYS REV INTEPR & PT MGMT HOME INR MON; 1 A WEEK		BR				
11891	G0251		LINR STEREOTAC RADIOSURG TX ALL LES MAX 5 SESS		BR				1302.27
11892	G0252		PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR		BR				2097.37
11893	G0255		CURRNT PERCEPT THRESHOLD/SNCT PER LIMB ANY NERVE		BR				2097.37
11894	G0257		UNSCHD/EMERG DIALYSIS TX ESRD PT HOS OP NOT CERT		BR				622.03
11895	G0259		INJECTION PROCEDURE FOR SI JNT; ARTHROGRAPY		BR				
11896	G0260		INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH		BR				656.59
11897	G0268		REMV IMP CERUMEN PHYS SAME DATE AUDIO FUNCT TST		BR				
11898	G0269		PLCMT OCCL DEVC VENUS/ART POST SURG/INTRVNL PROC		BR				
11899	G0270		MED NUT TX; REASSESS FLW 2 REF YR W/PT EA 15 MIN		BR				
11900	G0271		MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN		BR				
11901	G0275		RENAL ANGIOGRAPHY NONSELECTIVE 1/BOTH KIDNEYS		BR				
11902	G0278		ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH		BR				
11903	G0281		E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCERS		BR				
11904	G0282		E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281		BR				2097.37

	A	B	C	D	E	F	G	H	I
11905	G0283		E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN		BR				
11906	G0288		RECON CT ANGIO AORTA SURG PLANNING VASC SURG		BR				
11907	G0289		SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT		BR				
11908	G0290		TRNSCATH PLCMT RX ELUTING INTRACOR STNT; 1 VES		BR				10102.67
11909	G0291		TRNSCATH PLCMT RX ELUTING INTRACOR STNT; EA ADD		BR				10102.67
11910	G0293		NONCOVR SURG CONSC SEDAT ANES-MCR QUAL TRIAL-DAY		BR				61.03
11911	G0294		NONCOVR PROC NO ANES/LOC ANES-MCR QUAL TRIAL-DAY		BR				61.03
11912	G0295		ELECMAGNET TX 1/>AREA WND CARE NOT G0329/OTH USE		BR				2097.37
11913	G0302		PRE-OP PULM SURG SRVC PREP LVRS CMPL COURSE SRVC		BR				1042.44
11914	G0303		PRE-OP PULM SURG SRVC PREP LVRS 10-15 DA SRVC		BR				1042.44
11915	G0304		PRE-OP PULM SURG PREP LVRS 1-9 DA SRVC		BR				219.25
11916	G0305		POST-D/C PULM SURG AFTER LVRS MINI 6 DAYS SRVC		BR				219.25
11917	G0306		COMPLETE CBC AUTOMATED&AUTOMATED WBC DIFF COUNT		BR				
11918	G0307		COMPLETE CBC AUTOMATED		BR				
11919	G0328		COLOREC CA SCR; FOB TST IMMUNO 1-3 SIMULTANEOUS		BR				
11920	G0329		ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE		BR				
11921	G0333		PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY		BR				
11922	G0337		HOSPICE EVALUATION & CNSL SERVICES PREELECTION		BR				
11923	G0339		IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS		BR				4832.08
11924	G0340		IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS		BR				3366.00
11925	G0341		PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH&INFUS		BR				2097.37
11926	G0342		LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS		BR				2097.37
11927	G0343		LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS		BR				2097.37
11928	G0364		BN MARROW ASPIR PRFRM W/BX SAME INCI SAME DOS		BR				61.03
11929	G0365		VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACESS		BR				209.78
11930	G0372		PHYS SRVC RQR TO EST & DOC NEED PWR MOBIL DEVC		BR				
11931	G0378		HOSPITAL OBSERVATION SERVICE PER HOUR		BR				
11932	G0379		DIRECT ADMIS PATIENT HOSPITAL OBSERVATION CARE		BR				78.36
11933	G0380		LEVEL 1 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;		BR				61.97
11934	G0381		LEVEL 2 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;		BR				84.16
11935	G0382		LEVEL 3 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;		BR				132.88
11936	G0383		LEVEL 4 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;		BR				191.87
11937	G0384		LEVEL 5 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;		BR				314.30
11938	G0389		US B-SCAN &/OR REAL TIME W/IMAG DOC; AAA SCREEN		BR				131.62
11939	G0390		TRAUMA RESPONSE TEAM ASSOC W/HOSP CC SERVICE		BR				1128.18
11940	G0396		ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT 15-30 MIN		BR				54.83
11941	G0397		ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT >30 MIN		BR				54.83
11942	G0398		HST W/TYPE II PRTBLE MON UNATTENDED MIN 7 CH		BR				219.25
11943	G0399		HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH		BR				219.25
11944	G0400		HST W/TYPE IV PRTBLE MON UNATTENDED MIN 3 CH		BR				219.25
11945	G0402		INIT PREV PE LTD NEW BENEF DUR 1ST 12 MOS MCR		BR				153.47
11946	G0403		ECG RTN ECG W/12 LEADS SCR INIT PREVNTV PE W/I&R		BR				
11947	G0404		ECG RTN ECG W/12 LEADS TRACING ONLY W/O I&R		BR				35.93
11948	G0405		ECG RTN ECG W/12 LEADS INTERPR & REPORT ONLY		BR				
11949	G0406		F/U IP CNSLT LTD PHYS 15 MIN W/PT VIA TELEHEALTH		BR				2097.37
11950	G0407		F/U IP CNSLT INTRMED PHYS 25 MIN PT VIA TELEHLTH		BR				2097.37
11951	G0408		F/U IP CNSLT CMPLX PHYS 35 MIN/>PT VIA TELEHLTH		BR				2097.37
11952	G0409		SOCL WRK & PSYCH SRVC EA 15 MIN FACE-TO-FACE IND		BR				

	A	B	C	D	E	F	G	H	I
11953	G0410		GRP PSYCHOTX NOT MX FAM GRP PART HOS 45-50 MIN		BR				
11954	G0411		INTERACTV GRP PSYCHOTX PART HOS 45 TO 50 MIN		BR				
11955	G0412		OPN TX ILIAC SPINE TUBEROSITY AVUL/ILIAC WING FX		BR				2097.37
11956	G0413		PERQ SKEL FIX POST PELV BONE FX&/DISLOC UNI/BIL		BR				2897.26
11957	G0414		OPN TX ANT PELV BONE FX &/ DISLOC UNI/BIL		BR				2097.37
11958	G0415		OPN TX POST PELV BONE FX &/ DISLOC UNI/BIL		BR				2097.37
11959	G0416		SURG PATH PROSTATE NEEDLE SAT BIOPSY 1-20 SPEC		BR				
11960	G0417		SURG PATH PROSTATE NEEDLE SAT BIOPSY 21-40 SPEC		BR				
11961	G0418		SURG PATH PROSTATE NEEDLE SAT BIOPSY 41-60 SPEC		BR				
11962	G0419		SURG PATH PROSTATE NEEDLE SAT BIOPSY > 60 SPEC		BR				
11963	G0420		FACE TO FACE EDU SRVC OF CKD; IND PER SESS 1 HR		BR				
11964	G0421		FACE TO FACE EDU SRVC OF CKD; GRP PER SESS 1 HR		BR				
11965	G0422		INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER		BR				51.90
11966	G0423		INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER		BR				51.90
11967	G0424		PULM REHAB INCL EXER 1 HR PER SESS UP 2 PER DAY		BR				68.26
11968	G0425		INITIAL IP TELEHEALTH CONSULTATION 30 MIN W/PT		BR				2097.37
11969	G0426		INITIAL IP TELEHEALTH CONSULTATION 50 MIN W/PT		BR				2097.37
11970	G0427		INITIAL IP TELEHEALTH CONSULTATION 70 MIN/MORE		BR				2097.37
11971	G0430		DRUG SCR QUAL; MULT CLASS NOT CHROMATOGRAPHIC EA		BR				
11972	G0431		DRUG SCR QUAL; SINGLE CLASS METH EACH DRUG CLASS		BR				
11973	G3001		ADMINISTRATION AND SUPPLY OF TOSITUMOMAB 450MG		BR				2349.73
11974	G8006		ACUTE MI: PT DOC RECEIVED ASPIRIN AT ARRIVAL		BR				
11975	G8007		ACUTE MI: PT NOT DOC RECEIVED ASPIRIN AT ARRIVAL		BR				
11976	G8008		CLIN DOC AMI PT NOT ELIG REC ASPIRIN ARRIVAL MSR		BR				
11977	G8009		ACUTE MI: PT DOC TO HAVE RECVD BETABLKER@ARRIVAL		BR				
11978	G8010		AMI: PT NOT DOC RECEIVED BETA-BLOCKER AT ARRIVAL		BR				
11979	G8011		CLIN DOC AMI PT NOT ELG BETABLOCKER@ARRIVAL MSR		BR				
11980	G8012		PNEU: PT DOC RECVD ABX W/I 4 HR OF PRESENTATION		BR				
11981	G8013		PNEU: PT NOT DOC RECVD ABX W/I 4 HR PRESENTATN		BR				
11982	G8014		CLN DOC PNEU PT NOT ELIG ABX W/I 4 HR PRESENTATN		BR				
11983	G8015		DIAB PT W/REC HGB A1C LEVL DOC AS > 9%		BR				
11984	G8016		DIAB PT W/REC HGB A1C LEVL DOC AS <= 9%		BR				
11985	G8017		CLIN DOC DIABETIC PT NOT ELIG HGB A1C MEASURE		BR				
11986	G8018		CLIN NOT PROV CARE DIAB PT RQRD TM HGB A1C MSR		BR				
11987	G8019		DIAB PT MOST RECENT LD LIPOPROTEIN >/=100 MG/DL		BR				
11988	G8020		DIAB PT MOST RECENT LD LIPOPROTEIN < 100 MG/DL		BR				
11989	G8021		CLIN DOC DIAB PT NOT ELIG LD LIPOPROTEIN MEASURE		BR				
11990	G8022		CLIN NOT PROV CARE DIAB PT RQRD TM LD LP MSR		BR				
11991	G8023		DIAB PT REC BP =/>140 SYST OR =/>80 MM HG DIAS		BR				
11992	G8024		DIAB PT MOST REC BP < 140 SYST & < 80 DIASTOLIC		BR				
11993	G8025		CLINICIAN DOC DIABETIC PT NOT ELIG BP MEASURE		BR				
11994	G8026		CLIN NOT PROV CARE DIAB PT RQRD TM BP MEASURE		BR				
11995	G8027		HEART FAIL PT LVSD DOC BE ON EITHER ACE1/ARB TX		BR				
11996	G8028		HRT FAIL PT LVSD NOT DOC BE ON EITHR ACE1/ARB TX		BR				
11997	G8029		CLIN DOC HEART FAIL PT NOT ELIG ACEI/ARB TX MSR		BR				
11998	G8030		HEART FAIL PT LVSD DOC TO BE ON BETA-BLOCKER TX		BR				
11999	G8031		HEART FAIL PT W/LVSD NOT DOC ON BETA-BLOCKER TX		BR				
12000	G8032		CLINICIAN DOC HRT FAIL PT NOT ELIG BB TX MEASURE		BR				

	A	B	C	D	E	F	G	H	I
12001	G8033		PRIOR MI CAD PT DOC TO BE ON BETA-BLOCKER TX		BR				
12002	G8034		PRIOR MI CAD PT NOT DOC TO BE ON BETA-BLOCKER TX		BR				
12003	G8035		CLIN DOC PR MI CAD PT NOT ELG BB TX/PT NO PR MI		BR				
12004	G8036		CORONARY ARTERY DISEASE PT DOC ON ANTIPLATLET TX		BR				
12005	G8037		CORONARY ARTERY DZ PT NOT DOC ON ANTIPLATLET TX		BR				
12006	G8038		CLIN DOC CAD PT NOT ELIG ANTIPLATLET TX MEASURE		BR				
12007	G8039		CAD PT W/LOW DENSITY LIPOPROTEIN DOC > 100 MG/DL		BR				
12008	G8040		CAD PT LOW DENSITY LIPOPROTEIN DOC </= 100 MG/DL		BR				
12009	G8041		CLIN DOC CAD PT NOT ELIG LD LIPOPROTEIN MEASURE		BR				
12010	G8051		PT FEMALE DOC BEEN ASSESSED FOR OSTEOPOROSIS		BR				
12011	G8052		PT FEMALE NOT DOC BEEN ASSESSED FOR OSTEOPOROSIS		BR				
12012	G8053		CLIN DOC FEMAL PT NOT ELIG OSTEOPOROSIS ASMT MSR		BR				
12013	G8054		PT NOT DOC ASSESSMENT FALLS W/IN LAST 12 MONTHS		BR				
12014	G8055		PATIENT DOC ASSESSMENT FALLS W/IN LAST 12 MONTHS		BR				
12015	G8056		CLIN DOC PT NOT ELIG FALLS ASMT MSR W/I 12 MOS		BR				
12016	G8057		PT DOCUMENTD TO HAVE RECEIVED HEARING ASSESSMENT		BR				
12017	G8058		PT NOT DOC TO HAVE RECEIVED HEARING ASSESSMENT		BR				
12018	G8059		CLIN DOC PT NOT ELIG HEARING ASSESSMENT MEASURE		BR				
12019	G8060		PT DOCUMENTED FOR THE ASSESSMENT URINARY INCONT		BR				
12020	G8061		PT NOT DOCUMENTED FOR ASSESSMENT URINARY INCONT		BR				
12021	G8062		CLIN DOC PT NOT ELIG URIN INCONT ASSESSMENT MSR		BR				
12022	G8075		ESRD PT W/DOC DIALYSIS DOSE OF URR >/= TO 65%		BR				
12023	G8076		ESRD PT W/DOC DIALYSIS DOSE OF URR < 65%		BR				
12024	G8077		CLIN DOC ERSD PT NOT ELIG URR OR KT/V MEASURE		BR				
12025	G8078		ERSD PT W/DOC HCT >/= TO 33 OR HGB >/= TO 11		BR				
12026	G8079		ENDSTAGE RENAL DZ PT W/DOC HCT < 33 OR HGB < 11		BR				
12027	G8080		CLINICIAN DOC ERSD PT NOT ELIG FOR HCT MEASURE		BR				
12028	G8081		ERSD PT RQR HD VASC ACSS DOC AUTOGEN AV FIST		BR				
12029	G8082		ERSD PT RQR HD DOC VASC ACSS NOT AUTOGEN AV FIST		BR				
12030	G8085		ESRD PT RQR HD VAS ACCCESS NOT ELIGIBLE AV FIST		BR				
12031	G8093		NEW DX COPD PT DOC SMOK CESS INTERVEN W/IN 3 MOS		BR				
12032	G8094		NEW DX COPD PT NOT DOC SMOK CESS INTRVN W/I 3 MO		BR				
12033	G8099		OSTEOPOROSIS PT DOC RX CALCIUM & VIT D SUPPLEMNT		BR				
12034	G8100		CLIN DOC OSTEOPOROS PT NOT ELIG CA&VIT D SUP MSR		BR				
12035	G8103		NEW DX OP PT DOC TREATED PTH IN 3 MONTHS OF DX		BR				
12036	G8104		CLIN DOC NEW DX OP PT NOT ELIG PTH W/IN 3 MOS DX		BR				
12037	G8106		W/I 6 MO NONTRAMA FX F 65/>DOC BMD/RX TX/PREV OP		BR				
12038	G8107		CLN DOC F 65 YR/>NOT ELIG BMD/RX TX/PREV OP		BR				
12039	G8108		PT DOC TO HAVE RECEIVED FLU VACC DUR FLU SEASON		BR				
12040	G8109		PT NOT DOC RECV FLU VACC DUR INFLUENZA SEASON		BR				
12041	G8110		CLINICIAN DOC PT NOT ELIGIBLE FLU VAC MEASURE		BR				
12042	G8111		PT FE DOC RECV MAMMO MSR YR/PRIOR YR TO MSR YR		BR				
12043	G8112		PT FE NOT DOC RECV MAMMO MSR YR/PRIOR YR		BR				
12044	G8113		CLINICIAN DOC FE PT NOT ELIG FOR MAMMO MEASURE		BR				
12045	G8114		CLINICIAN DID NOT PROV CARE RQRD TM OF MAMMO MSR		BR				
12046	G8115		PT DOCUMENTED TO HAVE RECEIVED PNEUMOCOCCAL VACC		BR				
12047	G8116		PT NOT DOC TO HAVE RECEIVED PNEUMOCOCCAL VACC		BR				
12048	G8117		CLIN DOC PT NOT ELIG PNEUMOCOCCAL VACC MSR		BR				

	A	B	C	D	E	F	G	H	I
12049	G8126		PT DOC TREATED ANTIDEPRESSANT MED 12 WK ACUTE TX		BR				
12050	G8127		PT NOT DOC TREATED ANTIDEPRESSANT 12 WK ACUTE TX		BR				
12051	G8128		CLIN DOC PT NOT ELIG ANTIDEPRESSANT 12 WK AC TX		BR				
12052	G8129		PT DOC TX W/AD AT LEAST 6 MOS CONT TX PHASE		BR				
12053	G8130		PT NOT DOC AS TX AD AT LEAST 6 MOS CONT TX PHASE		BR				
12054	G8131		CLIN DOC PT NOT ELIG ANTIDEPRESS CONT TX PHASE		BR				
12055	G8152		PT DOC RECEIVED ABX PROPH 1 HR PRIOR TO INCI TM		BR				
12056	G8153		PT NOT DOC RECV ANTIBIOTIC PROPH 1 HR TO INCI		BR				
12057	G8154		CLIN DOC PT NOT ELIG AB PROP 1HR PRIOR INCI TIME		BR				
12058	G8155		PT W/DOC RECEIPT THROMBOEMBOILISM PROPHYLAXIS		BR				
12059	G8156		PT W/O DOC RECEIPT THROMBOEMBOLISM PROPHYLAXIS		BR				
12060	G8157		CLIN DOC PT NOT ELIG THROMBOEMBOLISM PROPH MSR		BR				
12061	G8159		PT DOC RECV CABG W/O USE INTERNAL MAMMARY ARTERY		BR				
12062	G8162		PT W/ISOLATED CABG NO DOC RECV PRE-OP BETA-BLOCK		BR				
12063	G8164		PT W/ISOLATED CABG DOC PROLONGED INTUBATION		BR				
12064	G8165		PT W/ISOLATED CABG NOT DOC PRLONGED INTUBATION		BR				
12065	G8166		PT W/ISOLATED CABG DOC RQR SURG RE-EXPLORATION		BR				
12066	G8167		PT W/ISOLATED CABG NOT RQR SURG RE-EXPLORATION		BR				
12067	G8170		PT W/ISOLATED CABG DOC D/C ASPIRIN/CLOPIDOGREL		BR				
12068	G8171		PT ISOLATED CABG NOT DOC D/C ASPIRIN/CLOPIDOGREL		BR				
12069	G8172		CLIN DOC PT ISOLAT CABG NOT ELIG ANTIPLAT TX D/C		BR				
12070	G8182		CLIN NOT PROV CARE CARD PT RQR TIME LDL MSR		BR				
12071	G8183		PT W/HF & ATRIAL FIBRILLATION DOC ON WARFARIN TX		BR				
12072	G8184		CLIN DOC PT W/HF & AF NOT ELIG WARFARIN TX MSR		BR				
12073	G8185		PT DX W/SX OA W/DOC ANNUAL ASSESS FUNCT&PAIN		BR				
12074	G8186		CLIN DOC SX OA PT NOT ELIG ANL ASSESS FUNCT&PAIN		BR				
12075	G8193		CLIN NOT DOC ORDER PROPH ABX 1 HR PRIOR SX GIVEN		BR				
12076	G8196		CLIN NOT DOC PROPH ABX ADMIN 1 HR PRIOR SURG INC		BR				
12077	G8200		ORDR CEFAZOLN/CEFUROXIME ANTIMICRB PROPH NOT DOC		BR				
12078	G8204		CLIN NOT DOC ORDER DC PROPH ABX 24 HR SURG END		BR				
12079	G8209		CLIN NOT DOC ORDER DC PROPH ABX 48 HR SURG END		BR				
12080	G8214		CLIN NOT DOC ORDER VTE PROPH 24 HR PRIOR/AFTR SX		BR				
12081	G8217		PT NOT DOC RECEIVED DVT PROPH BY END HOSP DAY 2		BR				
12082	G8219		PT DOC RECEIVED DVT PROPH BY END HOSPITAL DAY 2		BR				
12083	G8220		PT NOT DOC RECEIVED DVT PROPH BY END HOSP DAY 2		BR				
12084	G8221		CLIN DOC PT NOT ELIG DVT PROPH BY END HOSP DAY 2		BR				
12085	G8223		PT NOT DOC REC RX ANTIPLATELET THERAPY DISCHARGE		BR				
12086	G8226		PT NOT DOC REC RX ANTICOAGULANT TX AT DISCHARGE		BR				
12087	G8231		PT NOT DOC REC TPA OR NOT DOC CONSIDERD TPA ADMN		BR				
12088	G8234		PT NOT DOC HAVE RECEIVED DYSPHAGIA SCREENING		BR				
12089	G8238		PT NOT DOC REC ORDER OR CONSIDERATION REHAB SRVC		BR				
12090	G8240		IC STENOSIS PT 30-99% RANGE NO DOC DIST IC DIA		BR				
12091	G8243		PT NOT DOC REC CT/MRI HEM LES INF NOT FINAL RPT		BR				
12092	G8246		PT NOT ELIG MED HX REV ASSESS NEW/CHANGING MOLES		BR				
12093	G8248		PT AT LEAST 1 ALARM SX NOT DOC HAD UP ENDO/REF		BR				
12094	G8251		PT NOT DOC REC ESOPH BX SUSPICION BARRETT ESOPH		BR				
12095	G8254		PATIENT WITH NO DOC ORDER BARIUM SW SWALLOW TEST		BR				
12096	G8257		CLIN NOT DOC RECONCILIATION DC MED CURR MED LIST		BR				

	A	B	C	D	E	F	G	H	I
12097	G8260		PT NOT DOC SURROGATE DECISN MAKER/ADV CARE PLAN		BR				
12098	G8263		PT NOT DOC ASSESS PRESENCE/ABSENCE URIN INCONT		BR				
12099	G8266		PT NOT DOC CHARACTERIZATION URINARY INCONTINENCE		BR				
12100	G8268		PT NOT DOC PLAN OF CARE FOR URINARY INCONTINENCE		BR				
12101	G8271		PT W/NO DOC SCREENING FUTURE FALL RISKS		BR				
12102	G8274		CLIN NOT DOC PRESENCE/ABSENCE OF ALARM SYMPTOMS		BR				
12103	G8276		PT NOT DOC RECVD MED HX W/ASSESS NEW/CHNG MOLES		BR				
12104	G8279		PT NOT DOC HAVE RECEIVED CMPL PHYSICAL SKIN EXAM		BR				
12105	G8282		PT NOT DOC RECEIVED COUNSELING PRFRM SELF-EXAM		BR				
12106	G8285		PT NOT DOC HAVE RECEIVED PHRMCL THERAPY		BR				
12107	G8289		PT NO DOC CAL&VIT D USE/CNSL CAL&VIT D USE/EXER		BR				
12108	G8293		COPD PATIENT W/O SPIROMETRY RESULTS DOCUMENTED		BR				
12109	G8296		COPD PT NOT DOC INHALED BRONCHODILATOR TX PRSCED		BR				
12110	G8298		PT DOC RECEIVED OPTIC NERVE HEAD EVALUATION		BR				
12111	G8299		PT NOT DOC RECEIVED OPTIC NERVE HEAD EVALUATION		BR				
12112	G8302		PT DOC SPEC TARGET INTRAOCULAR PRESS RANGE GOAL		BR				
12113	G8303		PT NOT DOC SPEC TARGET IO PRESS RANGE GOAL		BR				
12114	G8304		CLIN DOC PT NOT ELIG SPEC TRGT IO PRESS RNG GOAL		BR				
12115	G8305		CLIN NOT PROV CARE POAG PT TIME TX GOAL DOC MSR		BR				
12116	G8306		PRIM OAG PT W/IO PRESS ABVE TRGT GOAL DOC POC		BR				
12117	G8307		PRIM OAG PT W/IO PRESS @/BELW GOAL NO POC NECES		BR				
12118	G8308		POAG PT W/IO PRESS ABV TARGET & NOT DOC RECV POC		BR				
12119	G8310		PT NOT DOC PRESC AT LEAST 1 VIT/MINERAL DUR YR		BR				
12120	G8314		PT NOT DOC MAC EX MAC THICK/HEM&NO DOC MD SEV		BR				
12121	G8318		PT DOC NOT TO HAVE VISUAL FUNC STATUS ASSESSED		BR				
12122	G8322		PT NOT DOC PRE-SURG AXL LEN CRN PWR&IOL PWR CALC		BR				
12123	G8326		PT NOT DOC FUNDUS EVAL 6 MO PRIOR CATARACT SURG		BR				
12124	G8330		PT NOT DOC D MAC/FUND EX MAC EDEMA NOT DOC		BR				
12125	G8334		DOC FIND MAC/FUND EX NOT CMNC PHYS MAN DIAB CARE		BR				
12126	G8338		CLIN NOT DOC CMNC PHYS PT FRAC PT TESTED OSTEO		BR				
12127	G8341		PT NOT DOC DEXA MEAS OR PHARMACOLOGICAL THERAPY		BR				
12128	G8345		PT NOT DOC DEXA MEAS ORDERED/PERFORM OR PHARM TX		BR				
12129	G8351		PATIENT NOT DOCUMENTED TO HAVE HAD ECG		BR				
12130	G8354		PT NOT DOC RECV/TAKEN ASPIRIN 24 HRS B4 ER		BR				
12131	G8357		PATIENT NOT DOCUMENTED TO HAVE HAD ECG		BR				
12132	G8360		PT NOT DOC HAVE VITAL SIGNS RECORDED & REVIEWED		BR				
12133	G8362		PT NOT DOC TO HAVE OXYGEN SATURATION ASSESSED		BR				
12134	G8365		PT NOT DOC TO HAVE MENTAL STATUS ASSESSED		BR				
12135	G8367		PT NOT DOC TO HAVE APPROP EMPIRIC ABX PRSC		BR				
12136	G8370		ASTHMA PT W/NUM FREQ SYMP/PT CMPL ASSESS NOT DOC		BR				
12137	G8371		CHEMO DOC NOT RECVD/PRSC STAGE III COLON CA PTS		BR				
12138	G8372		CHEMO DOC RECVD/PRSC STAGE III COLON CANCER PTS		BR				
12139	G8373		CHEMOTHAPY PLAN DOC PRIOR CHEMO ADMINISTRATION		BR				
12140	G8374		CHEMO PLAN NOT DOC PRIOR CHEMO ADMINISTRATION		BR				
12141	G8375		CLL PT W/NO DOC BASELINE FLOW CYTOMETRY PERFORMD		BR				
12142	G8376		CLIN DOC BRST CA PT NOT ELIG TAMOXIFEN/AIT MSR		BR				
12143	G8377		CLIN DOC COLON CA PT NOT ELIGIBLE CHEMO MEASURE		BR				
12144	G8378		CLIN DOC PT NOT ELIG RADIATION THERAPY MEASURE		BR				

	A	B	C	D	E	F	G	H	I
12145	G8379		DOC RADIATION TX RECOMMEND WITHIN 12 MOS 1ST OV		BR				
12146	G8380		FOR PT STG IC-III BRST CA NOT DOC REC TAMOXIFEN		BR				
12147	G8381		FOR PT STG IC-III BRST CA DOC REC TAMOXIFEN		BR				
12148	G8382		MM PT NO DOC PRSRB/RECV IV BISPHOSPHONATE TX		BR				
12149	G8383		NO DOC RADIATION TX RECOMMEND IN 12 MOS 1ST OV		BR				
12150	G8384		BL CYTOGENETIC TEST NOT PRFRM PT MDS/ACUT LEUKEM		BR				
12151	G8385		DIABETIC PT W/NO DOC OF HEMOGLOBIN A1C LEVEL		BR				
12152	G8386		DIABETIC PT W/NO DOC OF LOW-DENSITY LIPOPROTEIN		BR				
12153	G8387		ESRD PT WITH HEMATOCRIT OR HEMOGLOBIN NOT DOC		BR				
12154	G8388		ESRD PT WITH URR OR KT/V NOT DOC BUT ELIG MSR		BR				
12155	G8389		MDS PT NO DOC IRON STORE PRIOR ERYTHROPOIETIN TX		BR				
12156	G8390		DIABETIC PT W/NO DOC BLOOD PRESSURE MEASUREMENT		BR				
12157	G8391		PT ASTHMA NO DOC LT CNTRL MED/ACCEPT ALT TX PRSC		BR				
12158	G8395		LVEF >=40% OR DOC NORMAL/MILD DEPRESSED LVS FUNC		BR				
12159	G8396		LEFT VENTRICULAR EJECT FRACTION NOT PERFORM/DOC		BR				
12160	G8397		DILATED MACULAR OR FUNDUS EXAM PERFORMED		BR				
12161	G8398		DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED		BR				
12162	G8399		PT CNTRL DXA RESULT DOC/ORDER/RX TX OSTEOPOROSIS		BR				
12163	G8400		PT CNTRL DXA RESULT NOT DOC/ORD/RX OSTEOPOROSIS		BR				
12164	G8401		CLIN DOC PT NOT ELIG SCREEN/TX OSTEOPOROS WOMEN		BR				
12165	G8402		TOBACCO USE CESSATION INTERVENTION COUNSELING		BR				
12166	G8403		TOBACCO CESSATION INTERVENTION NOT COUNSELED		BR				
12167	G8404		LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED&DOC		BR				
12168	G8405		LOWER EXTREM NEUROLOGICAL EXAM NOT PERFORMED		BR				
12169	G8406		CLIN DOC PT NOT ELIG LOWER EXT NEURO EXAM MEAS		BR				
12170	G8407		ABI MEASURED AND DOCUMENTED		BR				
12171	G8408		ABI MEASUREMENT WAS NOT OBTAINED		BR				
12172	G8409		CLIN DOC PT NOT ELIG FOR ABI MEASUREMENT MEASURE		BR				
12173	G8410		FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED		BR				
12174	G8415		FOOTWEAR EVALUATION WAS NOT PERFORMED		BR				
12175	G8416		CLIN DOC PT NOT ELIG FOOTWEAR EVALUATION MEASURE		BR				
12176	G8417		CALCULATD BMI ABVE UPPER PARAM & F/U PLAN DOC MR		BR				
12177	G8418		CALC BMI BELOW LOWER PARAM & F/U PLAN DOC IN MR		BR				
12178	G8419		CALC BMI OUTSIDE NL PARAM NO F/U PLAN DOC IN MR		BR				
12179	G8420		CALCULATED BMI W/I NORMAL PARAMETERS&DOCUMENTED		BR				
12180	G8421		BMI NOT CALCULATED		BR				
12181	G8422		PATIENT NOT ELIGIBLE FOR BMI CALCULATION		BR				
12182	G8423		DOC PT SCREENED FLU VACC CURRENT OR PT COUNSELED		BR				
12183	G8424		FLU VACCINE STATUS WAS NOT SCREENED		BR				
12184	G8425		FLU VACC STAT SCREEN PT NOT CURR & CNSL NOT PROV		BR				
12185	G8426		DOC PT NOT APPROP SCREEN &/ COUNSELING FLU VACC		BR				
12186	G8427		LIST CUR MEDS W/DOSAGES DOC BY THE PROVIDER		BR				
12187	G8428		PROV DOC CUR MED DOSAGES W/O DOC PT VERIFICATION		BR				
12188	G8429		INCOMPL/NO DOC PT CURR MEDS W/DOSAGES ASSESSED		BR				
12189	G8430		PROV DOC PT NOT ELIG FOR MEDICATION ASSESSMENT		BR				
12190	G8431		POS SCR CLIN DEPRESSION STD TOOL & F/U PLAN DOC		BR				
12191	G8432		NO DOC CLIN DEPRESSION SCR USE STANDARDIZED TOOL		BR				
12192	G8433		SCR CLIN D STD TOOL NOT DOC PT NOT ELIG/APPROP		BR				

	A	B	C	D	E	F	G	H	I
12193	G8434		DOC COGNITIVE IMPAIR SCR USING STANDARDIZED TOOL		BR				
12194	G8435		NO DOC COGNITIVE IMPAIR SCR USE STANDARD TOOL		BR				
12195	G8436		PT NOT ELIGIBLE/NOT APPROP COGNITIVE IMPR SCR		BR				
12196	G8437		DOC CLIN & PT INVLV W/DLVP PLAN OF CARE		BR				
12197	G8438		NO DOC CLIN & PT INVLV DLVP TX PLAN/PLAN OF CARE		BR				
12198	G8439		DOC PT NOT ELIGIBLE CO-DEVELOPMENT PLAN OF CARE		BR				
12199	G8440		DOC PAIN ASSESSMENT PRIOR TO TX/DOC ABSENCE PAIN		BR				
12200	G8441		NO DOC PAIN ASSESS PRIOR TO INIT OF TREATMENT		BR				
12201	G8442		DOC THAT PATIENT IS NOT ELIGIBLE PAIN ASSESSMENT		BR				
12202	G8443		ALL PRSC DUR ENCOUNTR GEN BY QUAL E-PRSC SYS		BR				
12203	G8445		NO PRSC GEN DUR ENCNTR NO ACCESS QUAL E-PRSC SYS		BR				
12204	G8446		PROV ACCESS QUAL E-PRSC SYS PRSC GEN DUR ENCNTR		BR				
12205	G8447		PT ENCOUNTER WAS DOC USING CCHIT CERTIFIED EHR		BR				
12206	G8448		PT ENCOUNTER DOC USING QUALIFIED EHR		BR				
12207	G8449		PT ENCOUNTER NOT DOC EMR D/T SYSTEM REASONS		BR				
12208	G8450		BB TX PRSC LVEF <40%/DOC MOD/SEV DPRSD LVS		BR				
12209	G8451		CLIN DOC PT LVEF <40%/DOC MOD/SEV DPRSD LVS FUNC		BR				
12210	G8452		BB TX NOT PRSC LVEF <40%/DOC MOD/SEV DPRSD LVS		BR				
12211	G8453		TOBACCO USE CESSATION INTERVENTION COUNSELING		BR				
12212	G8454		TOBACCO USE CESSATION INTERVEN NOT CNSL RSN NS		BR				
12213	G8455		CURRENT TOBACCO SMOKER		BR				
12214	G8456		CURRENT SMOKELESS TOBACCO USER		BR				
12215	G8457		CURRENT TOBACCO NONUSER		BR				
12216	G8458		CLIN DOC PT NOT ELIG GENOTYPE TEST NO ANTIVIRAL		BR				
12217	G8459		CLIN DOC PT RECV ANTIVIRAL TX FOR HEP C		BR				
12218	G8460		CLIN DOC NOT ELIG QUAN RNA TEST WK 12;NO ANTIVRL		BR				
12219	G8461		PATIENT RECEIVINGNTIVIRAL TREATMENT HEPATITIS C		BR				
12220	G8462		CLIN DOC PT NOT ELIG CNSL CONTRCP PRI ANTIVIRAL;		BR				
12221	G8463		PATIENT RECEIVING ANTIVIRAL TX HEPATITIS C DOC		BR				
12222	G8464		CLIN DOC PROS CA NOT ELIG ADJVANT HORMONAL TX		BR				
12223	G8465		HIGH RISK RECURRENCE PROSTATE CANCER		BR				
12224	G8466		CLINC DOC PT NOT ELIG SUICIDE RISK ASSESS MDD		BR				
12225	G8467		DOC NEW DX INITIAL/RECUR EPIS MAJOR DPRESSV D/O		BR				
12226	G8468		ACE I/ARB PRSC PT LVEF<40%/DOC MOD/SEV DPRSD LVS		BR				
12227	G8469		CLIN DOC PT LVEF <40%/DPRESD LVS NO ELIG ACE I		BR				
12228	G8470		PT W/VEF >=40%/DOC NOR/MILD DEPRESSED LVS FUNCT		BR				
12229	G8471		LVEF WAS NOT PERFORMED OR DOCUMENTED		BR				
12230	G8472		ACE I/ARB TX NOT PRSC PT LVEF <40%/DOC DPRSD LVS		BR				
12231	G8473		ACE INHIBITOR/ARB THERAPY PRESCRIBED		BR				
12232	G8474		ACE INHIBITOR/ARB TX NOT PRSC RSNS DOC BY CLIN		BR				
12233	G8475		ACE INHIBITOR/ARB TX NOT PRSC RSN NOT SPECIFIED		BR				
12234	G8476		MOST RECENT BP SYST<130MM/HG & DIAS<80MM/HG		BR				
12235	G8477		MOST RECENT BP SYST >=130 &/ DIAS >=80		BR				
12236	G8478		BP MEASUREMENT NOT PRFRM/DOC REASON NOT SPEC		BR				
12237	G8479		CLINICIAN PRESCRIBED ACE INHIBITOR/ARB THERAPY		BR				
12238	G8480		CLIN DOC PT NOT ELIG FOR ACE INHIBITOR/ARB TX		BR				
12239	G8481		CLIN NOT PRSC ACE INHIBITOR/ARB TX RSN NOT SPEC		BR				
12240	G8482		INFLUENZA IMMUNIZATION WAS ORDERED/ADMINISTERED		BR				

	A	B	C	D	E	F	G	H	I
12241	G8483		FLU IMMUN NOT ORDERED/ADMINISTERED RSNS DOC CLIN		BR				
12242	G8484		FLU IMMUN NOT ORDERED/ADMINISTERED RSN NOT SPEC		BR				
12243	G8485		I INTEND TO REPORT THE DIABETES MELLITUS MSR GRP		BR				
12244	G8486		I INTEND TO REPORT THE PREVENTIVE CARE MSR GRP		BR				
12245	G8487		I INTEND TO REPORT THE CHRONIC KIDNEY DZ MSR GRP		BR				
12246	G8488		CLINICIAN INTENDS TO REPORT THE ESRD MSR GRP		BR				
12247	G8489		I INTEND TO REPORT THE CAD MEASURES GROUP		BR				
12248	G8490		I INTEND TO RPT RHEUMATOID ARTHRITIS MSR GROUP		BR				
12249	G8491		I INTEND TO REPORT THE HIV/AIDS MEASURES GROUP		BR				
12250	G8492		I INTEND TO RPT THE PERIOPERATIVE CARE MSR GROUP		BR				
12251	G8493		I INTEND TO REPORT THE BACK PAIN MEASURES GROUP		BR				
12252	G8494		ALL QUAL ACTION APPL MSR DM MSR GRP PERFORMED		BR				
12253	G8495		ALL QUAL ACTION APPL MSR CKD MSR GRP PERFORMED		BR				
12254	G8496		ALL QUAL ACTION APPL MSR PREV CARE MSR GRP PRFRM		BR				
12255	G8497		ALL QUAL ACTION APPL MSR CABG MSR GRP PERFORMED		BR				
12256	G8498		ALL QUAL ACTION APPL MSR CAD MSR GRP PERFORMED		BR				
12257	G8499		ALL QUAL ACTION APPL MSR RA MSR GRP PERFORMED		BR				
12258	G8500		ALL QUAL ACTION APPL MSR HIV/AIDS MSR GRP PRFRM		BR				
12259	G8501		ALL QUAL ACTN APPL MSR PERIOP CARE MSR GRP PRFRM		BR				
12260	G8502		ALL QUAL ACTION APPL MSR BACK PAIN MSR GRP PRFRM		BR				
12261	G8506		PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY		BR				
12262	G8507		PROV DOC PT NOT ELIG PT VERFICATN CURRNT MEDS		BR				
12263	G8508		DOC PAIN ASSESS NO DOC F/U PLAN PT NOT ELIG		BR				
12264	G8509		DOC PAIN ASSESSMENT NO DOC F/U PLAN RNS		BR				
12265	G8510		NEG SCR CLIN DEPRESSN PT NOT ELIG/F/U PLN DOC		BR				
12266	G8511		SCR CLIN DEPRESSION F/U PLAN NOT DOC RNS		BR				
12267	G8518		CLINICAL STAGE PRIOR TO SURG RESECTION REC		BR				
12268	G8519		CLIN DOC PT NOT ELIG CLIN STAGE B4 SURG RES MSR		BR				
12269	G8520		CLIN STAGE PRIOR SURG RESECTION NOT RECORDED RNS		BR				
12270	G8524		PATCH CLOSURE FOR PT UNDERGOING CONVENTNAL CEA		BR				
12271	G8525		CLINICIAN DOC PT DID NOT RECEIVE CONVENTIONL CEA		BR				
12272	G8526		PATCH CLOS NOT USED PT UNDRGOING CNVNTNL CES RNS		BR				
12273	G8530		AUTOGENOUS AV FISTULA RECEIVED		BR				
12274	G8531		CLIN DOC PT NOT ELIG AUTOGENOUS AV FISTULA		BR				
12275	G8532		CLIN DOC PT VAS ACCESS NO AUTOGEN AV FIST RNS		BR				
12276	G8534		DOC OF AN ELDER MALTREATMENT SCREEN & F/U PLAN		BR				
12277	G8535		NO DOC OF AN ELDER MALTX SCREEN PT NOT ELIG		BR				
12278	G8536		NO DOC OF AN ELDER MALTREATMENT SCREEN RNS		BR				
12279	G8537		ELDER MALTX SCR DOC F/U PLAN NOT DOC PT NOT ELIG		BR				
12280	G8538		ELDER MALTX SCR DOC F/U PLAN NOT DOC RNS		BR				
12281	G8539		DOC FUNC ASSESS & CARE PLAN ID DEFICIENCIES		BR				
12282	G8540		DOC PT NOT ELIG FUNC OUTCOME ASSESS STD TOOL		BR				
12283	G8541		NO DOC CURRNT FUNC OUTCOME ASSESS STD TOOL RNS		BR				
12284	G8542		DOC CURRNT FUNC ASSESS NO DOC PLAN PT NOT ELIG		BR				
12285	G8543		DOC CURRNT FUNC ASSESS NO DOC PLAN RNS		BR				
12286	G8544		I INTEND TO REPORT THE CABG MEASURES GROUP		BR				
12287	G8545		I INTEND TO REPORT HEPATITIS C MEASURES GROUP		BR				
12288	G8546		I INTEND TO REPORT CA PNEUMONIA MEASURES GROUP		BR				

	A	B	C	D	E	F	G	H	I
12289	G8547		I INTEND TO REPORT THE ISCHEMIC VASCULAR DISEASE		BR				
12290	G8548		I INTEND TO REPORT HEART FAILURE MEASURES GROUP		BR				
12291	G8549		ALL QUAL ACTIONS HEP C MSR PERFORMED FOR PATIENT		BR				
12292	G8550		ALL QUAL ACTIONS CAP MSR PERFORMED FOR PATIENT		BR				
12293	G8551		ALL QUAL ACTIONS HEART FAIL MSR PERFORMED FOR PT		BR				
12294	G8552		ALL QUAL ACTIONS ISCHEMIC VASC DZ MSR PERFORMED		BR				
12295	G8553		AT LEAST ONE RX CREATED DUR ENC TRANSMIT ERX SYS		BR				
12296	G8556		REFERRED TO A PHYSICIAN FOR AN OTOLOGIC EVAL		BR				
12297	G8557		PT NOT ELIGIBLE REFERRAL OTOLOGIC EVALUATION MSR		BR				
12298	G8558		NOT REFERRED PHYS OTOLOGIC EVAL REASON NOT SPEC		BR				
12299	G8559		PATIENT REFERRED TO PHYSICIAN FOR OTOLOGIC EVAL		BR				
12300	G8560		PT HISTORY ACTIVE DRAINAGE FROM EAR PREV 90 DAYS		BR				
12301	G8561		PT NOT ELIG REF OTOLOGIC EVAL HX ACTV DRAIN MSR		BR				
12302	G8562		PT NO HISTORY ACTIVE DRAINAGE EAR PREV 90 DAYS		BR				
12303	G8563		PT NOT REFER PHYS OTOLOGIC EVAL REASON NOT SPEC		BR				
12304	G8564		PT REFERRED PHYS OTOLOGIC EVAL REASON NOT SPEC		BR				
12305	G8565		VERIFICATION & DOC SUDDEN/RAPIDLY PROG HEAR LOSS		BR				
12306	G8566		PT NOT ELIG REF OTO EVAL SUDDEN HEARING LOSS MSR		BR				
12307	G8567		PT NO VERIFICATION & DOC SUDDEN HEARING LOSS		BR				
12308	G8568		PT NOT REFER PHYS OTOLOGIC EVAL REASON NOT SPEC		BR				
12309	G8569		PROLONGED INTUBATION >24 HRS REQUIRED		BR				
12310	G8570		PROLONGED INTUBATION >24 HRS NOT REQUIRED		BR				
12311	G8571		DEV DEEP STERNAL WOUND INF WITHIN 30 DAYS POSTOP		BR				
12312	G8572		NO DEEP STERNAL WOUND INFECTION		BR				
12313	G8573		STROKE/CVA FOLLOWING ISOLATED CABG SURGERY		BR				
12314	G8574		NO STROKE/CVA FOLLOWING ISOLATED CABG SURGERY		BR				
12315	G8575		DEVELOPED POSTOP RENAL INSUFF OR REQ DIALYSIS		BR				
12316	G8576		NO POSTOP RENAL INSUFF/DIALYSIS NOT REQUIRED		BR				
12317	G8577		REOP D/T BLEED/TAMPONADE GFT OCCL OR OTH REASON		BR				
12318	G8578		REOP NOT REQ D/T BLEED GFT OCCL OR OTH REASON		BR				
12319	G8579		ANTIPLATELET MEDICATION AT DISCHARGE		BR				
12320	G8580		ANTIPLATELET MED CONTRAINDICATED/NOT INDICATED		BR				
12321	G8581		NO ANTIPLATELET MEDICATION AT DISCHARGE		BR				
12322	G8582		BETA-BLOCKER AT DISCHARGE		BR				
12323	G8583		BETA-BLOCKER CONTRAINDICATED/NOT INDICATED		BR				
12324	G8584		NO BETA-BLOCKER AT DISCHARGE		BR				
12325	G8585		ANTILIPID TREATMENT AT DISCHARGE		BR				
12326	G8586		ANTILIPID TREATMNT CONTRAINDICATED/NOT INDICATED		BR				
12327	G8587		NO ANTILIPID TREATMENT AT DISCHARGE		BR				
12328	G8588		MOST RECENT SYSTOLIC BLOOD PRESSURE <140 MM HG		BR				
12329	G8589		MOST RECENT SYSTOLIC BLOOD PRESSURE >=140 MM HG		BR				
12330	G8590		MOST RECENT DIASTOLIC BLOOD PRESSURE <90 MM HG		BR				
12331	G8591		MOST RECENT DIASTOLIC BLOOD PRESSURE >=90 MM HG		BR				
12332	G8592		NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT		BR				
12333	G8593		LIPID PROFILE RESULTS DOCUMENTED AND REVIEWED		BR				
12334	G8594		LIPID PROFILE NOT PERFORMED REASON NOS		BR				
12335	G8595		MOST RECENT LDL-C <100 MG/DL		BR				
12336	G8596		LDL-C WAS NOT PERFORMED		BR				

	A	B	C	D	E	F	G	H	I
12337	G8597		MOST RECENT LDL-C >=100 MG/DL		BR				
12338	G8598		ASPIRIN OR ANOTHER ANTITHROMBOTIC THERAPY USED		BR				
12339	G8599		ASPIRIN/OTH ANTITHROMBOTIC TX NOT USED REASN NOS		BR				
12340	G8600		IV T-PA INITIATED W/IN 3 HRS TIME LAST KNWN WELL		BR				
12341	G8601		IV T-PA NOT INIT IN 3 HRS LAST WELL RSN DOC CLIN		BR				
12342	G8602		IV T-PA NOT INIT IN 3 HRS LAST WELL RSN NOT SPEC		BR				
12343	G8603		SCORE SPOKEN LANG COMP FCM D/C HIGHER THAN ADMIS		BR				
12344	G8604		SCORE SPKN LANG COMP FCM D/C NOT HI ADMIS RSN NS		BR				
12345	G8605		PT NOT SCORED SPOKEN LANG COMP FCM AT ADMIS/D/C		BR				
12346	G8606		SCORE ATTENTION FCM D/C HIGHER THAN ADMISSION		BR				
12347	G8607		SCORE ATTN FCM D/C NOT HIGHER ADMISSION RSN NS		BR				
12348	G8608		PT NOT SCORED ATTN FCM AT ADMISSION/DISCHARGE		BR				
12349	G8609		SCORE MEMORY FCM DISCHARGE HIGHER THAN ADMISSION		BR				
12350	G8610		SCORE MEMORY FCM D/C NOT HI THAN ADMIS RSN NS		BR				
12351	G8611		PT NOT SCORED MEMORY FCM ADMISSION/AT DISCHARGE		BR				
12352	G8612		SCORE MOTOR SPEECH FCM D/C HIGHER THAN ADMISSION		BR				
12353	G8613		SCORE MOTOR SPEECH FCM D/C NOT HI ADMIS RSN NS		BR				
12354	G8614		PT NOT SCORED MOTOR SPEECH FCM ADMIS/DISCHARGE		BR				
12355	G8615		SCORE READING FCM D/C HIGHER THAN AT ADMISSION		BR				
12356	G8616		SCORE READING FCM D/C NOT HI THAN ADMIS RSN NS		BR				
12357	G8617		PT SCORED READING FCM ADMISSION OR AT DISCHARGE		BR				
12358	G8618		SCORE SPOKEN LANG EXPRSSN FCM D/C HI THAN ADMIS		BR				
12359	G8619		SCR SPKN LNG EXPRSSN FCM D/C NOT HI ADMIS RSN NS		BR				
12360	G8620		PTNOT SCORE SPOKEN LANG EXPRESSN FCM ADMIS/D/C		BR				
12361	G8621		SCORE WRITING FCM D/C WAS HIGHER THAN AT ADMIS		BR				
12362	G8622		SCORE WRITING FCM D/C NOT HI THAN ADMIS RSN NS		BR				
12363	G8623		PT NOT SCORED WRITING FCM ADMISSION/DISCHARGE		BR				
12364	G8624		SCORE SWALLOWING FCM AT D/C HIGHER THAN ADMIS		BR				
12365	G8625		SCORE SWALLOWNG FCM D/C NOT HI THAN ADMIS RSN NS		BR				
12366	G8626		PT NOT SCORED SWALLOWING FCM ADMISSION/DISCHARGE		BR				
12367	G8627		SURG PROC W/IN 30 DA FLW CATARACT SURG MAJ COMP		BR				
12368	G8628		SURG PROC NOT W/IN 30 DAY FLW CAT SURG MAJ COMP		BR				
12369	G9001		COORDINATED CARE FEE INITIAL RATE		BR				
12370	G9002		COORDINATED CARE FEE MAINTENANCE RATE		BR				
12371	G9003		COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL		BR				
12372	G9004		COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL		BR				
12373	G9005		COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE		BR				
12374	G9006		COORDINATED CARE FEE HOME MONITORING		BR				
12375	G9007		COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE		BR				
12376	G9008		COORD CARE FEE PHYS COORDD CARE OVRSIGHT SRVC		BR				
12377	G9009		COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 3		BR				
12378	G9010		COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 4		BR				
12379	G9011		COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5		BR				
12380	G9012		OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC		BR				
12381	G9013		ESRD DEMO BASIC BUNDLE LEVEL I		BR				2097.37
12382	G9014		ESRD DEMO EXPND BUNDLE INCL VENOUS ACSS&REL SRVC		BR				2097.37
12383	G9016		SMOK CESSATN CNSL IND ABSNCE/ADD OTH E&M-SESS		BR				2097.37
12384	G9017		AMANTADINE HCI ORAL PER 100 MG		1.35				

	A	B	C	D	E	F	G	H	I
12385	G9018		ZANAMIVIR INHAL POWDR INHAL GENRIC PER 10 MG		7.78				
12386	G9019		OSELTAMIVIR PHOSPHATE ORAL GENERIC PER 75 MG		8.24				
12387	G9020		RIMANTADINE HCI ORAL PER 100 MG		2.34				
12388	G9033		AMANTADINE HCI ORAL BRAN PER 100 MG		BR				
12389	G9034		ZANAMIVIR INHAL PWDR ADMIN INHAL BRAND PER 10 MG		BR				
12390	G9035		OSELTAMIVIR PHOSPHATE ORAL BRAND NAME PER 75 MG		BR				
12391	G9036		RIMANTADINE HCI ORAL BRAND NAME PER 100 MG		BR				
12392	G9041		LW VISN REHAB SRVC QUALIFIED OT 1 ON 1 EA 15 MIN		BR				
12393	G9042		LW VIS REHAB SRVC CERT ORNT&MOBIL SPCLIST 15 MIN		BR				
12394	G9043		LW VISN REHAB SRVC CERT LW VISN TRPST EA 15 MIN		BR				
12395	G9044		LW VISN REHAB SRVC QUAL REHAB TEACHR EA 15 MIN		BR				
12396	G9050		ONC; PRIM FOCUS VST; WRKUP EVAL/STAG@TM DX/RECUR		BR				2097.37
12397	G9051		ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS		BR				2097.37
12398	G9052		ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE		BR				2097.37
12399	G9053		ONC; PRIM FOCUS; EXP MGMT EVIDENCE CA; TX FUTURE		BR				2097.37
12400	G9054		ONC; PRIM FOCUS; SUP PT TERM CA; PALLIATIVE TX		BR				2097.37
12401	G9055		ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST		BR				2097.37
12402	G9056		ONC; PRAC GUIDELINES; MGMT ADHERES TO GUIDELINES		BR				2097.37
12403	G9057		ONC; PRAC GUIDE; MGMT DIFFR PT ENROLL CLIN TRIAL		BR				2097.37
12404	G9058		ONC; PRAC GUIDE; MGMT DIFFER PHYS DISAGREE GUIDE		BR				2097.37
12405	G9059		ONC; PRAC GUIDELINES; MGMT DIFFERS PT OPT ALT TX		BR				2097.37
12406	G9060		ONC; PRAC GUIDELINE; MGMT DIFFER PT COMORBID ILL		BR				2097.37
12407	G9061		ONC; PRAC GUIDE; PTS COND NOT ADDRESSED GUIDE		BR				2097.37
12408	G9062		ONC; PRAC GUIDELINES; MGMT DIFFERS OTH REASON		BR				2097.37
12409	G9063		ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION		BR				
12410	G9064		ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION		BR				
12411	G9065		ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN		BR				
12412	G9066		ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR		BR				
12413	G9067		ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL		BR				
12414	G9068		ONC; STATUS; SC& COMB SM/NONSM; LTD NO PROGRESSN		BR				
12415	G9069		ONC; STATUS; SCLC SM CELL&COMB SM/NONSM; EXT MET		BR				
12416	G9070		ONC; STATUS; SCLC SC&COMB SM/NONSM; EXTENT UNKN		BR				
12417	G9071		ONC; F BRST;ACA; ST I/II;ER&/PR POS;NO PROGRESSN		BR				
12418	G9072		ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROGRESSN		BR				
12419	G9073		ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROGRESSN		BR				
12420	G9074		ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROGRESSN		BR				
12421	G9075		ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR		BR				
12422	G9077		ONC;PROS CA;T1-T2C&GLESN 27&PSA</=20 NO PROGRSSN		BR				
12423	G9078		ONC; PROS CA; T2/T3A GLEASON 8-10/PSA>20 NO METS		BR				
12424	G9079		ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN		BR				
12425	G9080		ONC; STATUS; PROS CA; TX RISING PSA/FAIL DECLINE		BR				
12426	G9083		ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL		BR				
12427	G9084		ONC; STATUS; COLON CA; T1-3 N0 M0 NO PROGRESSION		BR				
12428	G9085		ONC; STATUS; COLON CA; T4 N0 M0 NO PROGRESSION		BR				
12429	G9086		ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN		BR				
12430	G9087		ONC; STATUS; COLON CA; M1 MET W/CURR EVIDENCE DZ		BR				
12431	G9088		ONC; STATUS; COLON CA;M1 MET NO CURR EVIDENCE DZ		BR				
12432	G9089		ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL		BR				

	A	B	C	D	E	F	G	H	I
12433	G9090		ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN		BR				
12434	G9091		ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION		BR				
12435	G9092		ONC; STATUS; RECTAL CA;T1-3 N1-2 M0 NO PROGRESSN		BR				
12436	G9093		ONC; STATUS; RECTAL CA; T4 ANY N M0 NO PROGRESSN		BR				
12437	G9094		ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR		BR				
12438	G9095		ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL		BR				
12439	G9096		ONC; STATUS; ESOPH CA;T1-T3 N0-N1/NX NO PROGRSSN		BR				
12440	G9097		ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN		BR				
12441	G9098		ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR		BR				
12442	G9099		ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL		BR				
12443	G9100		ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN		BR				
12444	G9101		ONC; STATUS; GASTRC CA; R1/R2 RESECT NO PRGRESSN		BR				
12445	G9102		ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN		BR				
12446	G9103		ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR		BR				
12447	G9104		ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL		BR				
12448	G9105		ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION		BR				
12449	G9106		ONC; STATUS; PAN CA; R1/R2 RESECT NO PROGRESSION		BR				
12450	G9107		ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR		BR				
12451	G9108		ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL		BR				
12452	G9109		ONC; STATUS; HEAD&NCK CA; T1-T2&N0 M0 NO PROGRSS		BR				
12453	G9110		ONC; STATUS; HEAD&NCK CA;T3-4&/N1-3 M0 NO PROGRS		BR				
12454	G9111		ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR		BR				
12455	G9112		ONC; STATUS; HEAD&NECK CA; EXTENT OF DZ UNKNOWN		BR				
12456	G9113		ONC DS STATUS OVARIAN CA ST IA-B NO PROGRESSN		BR				
12457	G9114		ONC;OV CA; ST IA-B GR 2-3;ST IC;ST II; NO PROGRS		BR				
12458	G9115		ONC; STATUS; OVARIAN CA; ST III-IV; NO PROGRESSN		BR				
12459	G9116		ONC; STATUS; OVARIAN CA; PROGRSSN&/PLATINM RSIST		BR				
12460	G9117		ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL		BR				
12461	G9123		ONC; CML; CHRON PHASE NOT HEMATOL CYT/MOL REMISS		BR				
12462	G9124		ONC; CML; ACCEL PHASE NOT HEMA CYT/MOL REMISS		BR				
12463	G9125		ONC; CML BP NOT HEMAT CYTOGENIC/MOLECULAR REMISS		BR				
12464	G9126		ONC; CML HEMATOLOGIC CYTOGENIC/MOLECULAR REMISS		BR				
12465	G9128		ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I		BR				
12466	G9129		ONC; LTD TO MX MYELOMA SYS DZ ST II/HIGHER		BR				
12467	G9130		ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL		BR				
12468	G9131		ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED		BR				
12469	G9132		ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS		BR				
12470	G9133		ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS/M1		BR				
12471	G9134		ONC;DZ STS;NHL;STAGE I II NOT RELPSD NOT RFRCTRY		BR				
12472	G9135		ONC;DIZ STS;NHL;STG III IV NOT RLPSD NOT RFRCTRY		BR				
12473	G9136		ONC;DZ STS;NHL TRNSFRM ORIG CELLR 2ND CELLR CLSS		BR				
12474	G9137		ONC; DZ STS; NHL; RELAPSED/REFRACTORY		BR				
12475	G9138		ONC;DZ STS;NHL;DIAG EVAL STAGE NOT DETERMINED		BR				
12476	G9139		ONC;DZ STS;CML; EXTENT DZ UNKN STAG NOT LISTED		BR				
12477	G9140		FRONTIER EXTENDED STAY CLIN DEM0; CMS DEMO PROJ		BR				
12478	G9141		INFLUENZA A H1N1 IMMUNIZATION ADMINISTRATION		18.35				34.73
12479	G9142		INFLUENZA A H1N1 VACCINE ANY ROUTE ADMIN		BR				2097.37
12480	G9143		WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC		BR				

	A	B	C	D	E	F	G	H	I
12481	H0001		ALCOHOL AND/OR DRUG ASSESSMENT		BR				
12482	H0002		BHVAL HEALTH SCR DETERM ELIGBLITY ADMIS TX PROGM		BR				
12483	H0003		ALCOHL &/ RX SCR; LAB ANALY PRESENC ALCOHL &/ RX		BR				
12484	H0004		BEHAVIORAL HEALTH CNSL&THERAPY PER 15 MINUTES		BR				
12485	H0005		ALCOHOL &OR DRUG SERVICES; GROUP CNSL CLINICIAN		BR				
12486	H0006		ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT		BR				
12487	H0007		ALCOHOL &OR DRUG SERVICES; CRISIS INTERVENTION		BR				
12488	H0008		ALCOHOL &OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP		BR				
12489	H0009		ALCOHOL &OR DRUG SERVICES; ACUTE DTOX HOSP IP		BR				
12490	H0010		ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP		BR				
12491	H0011		ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP		BR				
12492	H0012		ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP		BR				
12493	H0013		ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP		BR				
12494	H0014		ALCOHOL &OR DRUG SERVICES; AMB DETOXIFICATION		BR				
12495	H0015		ALCOHL&/RX SRVC;INTENSV OP;CRISIS INTRVN&ACTV TX		BR				
12496	H0016		ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC		BR				
12497	H0017		BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM		BR				
12498	H0018		BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM		BR				
12499	H0019		BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM		BR				
12500	H0020		ALCOHL &OR RX SRVC; METHADONE ADMIN &OR SERVICE		BR				
12501	H0021		ALCOHOL AND/OR DRUG TRAINING SERVICE		BR				
12502	H0022		ALCOHOL AND/OR DRUG INTERVENTION SERVICE		BR				
12503	H0023		BEHAVIORAL HEALTH OUTREACH SERVICE		BR				
12504	H0024		BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE		BR				
12505	H0025		BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE		BR				
12506	H0026		ALCOHL&/RX PREVENTION PROCESS SERVICE CMTY-BASED		BR				
12507	H0027		ALCOHOL &OR DRUG PREVENTION ENVIR SERVICE		BR				
12508	H0028		ALCOHL&/RX PREV PROB ID&REF SRVC NOT W/ASSESS		BR				
12509	H0029		ALCOHOL &OR DRUG PREVENTION ALTERNATIVES SERVICE		BR				
12510	H0030		BEHAVIORAL HEALTH HOTLINE SERVICE		BR				
12511	H0031		MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN		BR				
12512	H0032		MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN		BR				
12513	H0033		ORAL MEDICATION ADMIN DIRECT OBSERVATION		BR				
12514	H0034		MEDICATION TRAINING AND SUPPORT PER 15 MINUTES		BR				
12515	H0035		MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS		BR				
12516	H0036		CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN		BR				
12517	H0037		COMMUNITY PSYC SUPPORTIVE TX PROGM PER DIEM		BR				
12518	H0038		SELF-HELP/PEER SERVICES PER 15 MINUTES		BR				
12519	H0039		ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN		BR				
12520	H0040		ASSERTIVE COMMUNITY TREATMENT PROGRAM PER DIEM		BR				
12521	H0041		FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM		BR				
12522	H0042		FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH		BR				
12523	H0043		SUPPORTED HOUSING PER DIEM		BR				
12524	H0044		SUPPORTED HOUSING PER MONTH		BR				
12525	H0045		RESPITE CARE SERVICES NOT IN THE HOME PER DIEM		BR				
12526	H0046		MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED		BR				
12527	H0047		ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS		BR				
12528	H0048		ALC &/OTH RX TST: CLCT&HNDLING ONLY OTH THAN BLD		BR				

	A	B	C	D	E	F	G	H	I
12529	H0049		ALCOHOL AND/OR DRUG SCREENING		BR				
12530	H0050		ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN		BR				
12531	H1000		PRENATAL CARE AT-RISK ASSESSMENT		BR				
12532	H1001		PRENATAL CARE AT-RISK ENHNCD SRVC; ANTPRTM MGMT		BR				
12533	H1002		PRENATAL CARE AT-RISK ENHNCD SRVC;CARE COORD		BR				
12534	H1003		PRENATAL CARE AT-RISK ENHNCD SERVICE; EDUCATION		BR				
12535	H1004		PRENATAL CARE AT-RISK ENHNCD SRVC; F/U HOM VISIT		BR				
12536	H1005		PRENATAL CARE AT-RISK ENHANCED SERVICE PACKAGE		BR				
12537	H1010		NON-MEDICAL FAM PLANNING EDUCATION PER SESSION		BR				
12538	H1011		FAM ASSESS LIC BHVAL HLTH PROF STATE DEFINED		BR				
12539	H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION		BR				
12540	H2001		REHABILITATION PROGRAM PER 1/2 DAY		BR				
12541	H2010		COMPREHENSIVE MEDICATION SERVICES PER 15 MINUTES		BR				
12542	H2011		CRISIS INTERVENTION SERVICE PER 15 MINUTES		BR				
12543	H2012		BEHAVIORAL HEALTH DAY TREATMENT PER HOUR		BR				
12544	H2013		PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM		BR				
12545	H2014		SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES		BR				
12546	H2015		COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES		BR				
12547	H2016		COMP COMMUNITY SUPPORT SERVICES PER DIEM		BR				
12548	H2017		PSYCHOSOCIAL REHAB SERVICES PER 15 MUNUTES		BR				
12549	H2018		PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM		BR				
12550	H2019		THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES		BR				
12551	H2020		THERAPEUTIC BEHAVIORAL SERVICES PER DIEM		BR				
12552	H2021		COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN		BR				
12553	H2022		COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM		BR				
12554	H2023		SUPPORTED EMPLOYMENT PER 15 MINUTES		BR				
12555	H2024		SUPPORTED EMPLOYMENT PER DIEM		BR				
12556	H2025		ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN		BR				
12557	H2026		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT PER DIEM		BR				
12558	H2027		PSYCHOEDUCATIONAL SERVICE PER 15 MINUTES		BR				
12559	H2028		SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES		BR				
12560	H2029		SEXUAL OFFENDER TREATMENT SERVICE PER DIEM		BR				
12561	H2030		MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES		BR				
12562	H2031		MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM		BR				
12563	H2032		ACTIVITY THERAPY PER 15 MINUTES		BR				
12564	H2033		MULTISYSTEMIC THERAPY JUVENILES PER 15 MINUTES		BR				
12565	H2034		ALCOHOL &OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM		BR				
12566	H2035		ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER HOUR		BR				
12567	H2036		ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM		BR				
12568	H2037		DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN		BR				
12569	J0120		INJECTION TETRACYCLINE UP TO 250 MG		BR				
12570	J0128		INJECTION ABARELIX 10 MG		119.01				2097.37
12571	J0129		INJECTION ABATACEPT 10 MG		33.09				
12572	J0130		INJECTION ABCIXIMAB 10 MG		1125.65				
12573	J0132		INJECTION ACETYLCYSTEINE 100 MG		4.44				
12574	J0133		INJECTION ACYCLOVIR 5 MG		BR				
12575	J0135		INJECTION ADALIMUMAB 20 MG		514.89				
12576	J0150		INJECTION ADENOSINE THERAPEUTIC USE 6 MG		53.56				

	A	B	C	D	E	F	G	H	I
12577	J0152		INJECTION ADENOSINE DIAGNOSTIC USE 30 MG		BR				
12578	J0170		INJECTION ADRENALIN EPINEPHRINE UP 1 ML AMPULE		BR				
12579	J0180		INJECTION AGALSIDASE BETA 1 MG		220.61				
12580	J0190		INJECTION BIPERIDEN LACTATE PER 5 MG		BR				
12581	J0200		INJECTION ALATROFLOXACIN MESYLATE 100 MG		BR				
12582	J0205		INJECTION ALGLUCERASE PER 10 UNITS		60.51				
12583	J0207		INJECTION AMIFOSTINE 500 MG		854.92				
12584	J0210		INJECTION METHYLDOPATE HCL UP TO 250 MG		19.15				
12585	J0215		INJECTION ALEFACEPT 0.5 MG		50.82				
12586	J0220		INJECTION ALGLUCOSIDASE ALFA 10 MG		BR				
12587	J0256		INJECTION ALPHA 1-PROTASE INHIBITOR - HUMN 10 MG		BR				
12588	J0270		INJECTION ALPROSTADIL 1.25 MCG		4.52				
12589	J0275		ALPROSTADIL URETHRAL SUPPOSITORY		BR				
12590	J0278		INJECTION AMIKACIN SULFATE 100 MG		3.26				
12591	J0280		INJECTION AMINOPHYLLIN UP TO 250 MG		3.22				
12592	J0282		INJECTION AMIODARONE HYDROCHLORIDE 30 MG		1.27				
12593	J0285		INJECTION AMPHOTERICIN B 50 MG		44.15				
12594	J0287		INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG		36.77				
12595	J0288		INJ AMPHOTERICIN B CHOLESTRYL SULFAT CMPLX 10 MG		142.98				
12596	J0289		INJECTION AMPHOTERICIN B LIPOSOME 10 MG		57.73				
12597	J0290		INJECTION AMPICILLIN SODIUM 500 MG		6.88				
12598	J0295		INJECTION AMPCLLN SODIUM/SULBACTAM SODIUM-1.5 G		15.00				
12599	J0300		INJECTION AMOBARBITAL UP TO 125 MG		22.87				
12600	J0330		INJECTION SUCCINYLCHOLINE CHLORIDE UP TO 20 MG		1.27				
12601	J0348		INJECTION ANIDULAFUNGIN 1 MG		3.31				
12602	J0350		INJECTION ANISTREPLASE PER 30 UNITS		BR				2097.37
12603	J0360		INJECTION HYDRALAZINE HCL UP TO 20 MG		25.86				
12604	J0364		INJECTION APOMORPHINE HYDROCHLORIDE 1 MG		5.70				
12605	J0365		INJECTION APROTININ 10000 KIU		4.99				
12606	J0380		INJECTION METARAMINOL BITARTRATE PER 10 MG		2.19				
12607	J0390		INJECTION CHLOROQUINE HCL UP TO 250 MG		BR				
12608	J0395		INJECTION ARBUTAMINE HCL 1 MG		BR				2097.37
12609	J0400		INJECTION ARIPIPRAZOLE INTRAMUSCULAR 0.25 MG		0.52				
12610	J0456		INJECTION AZITHROMYCIN 500 MG		31.13				
12611	J0461		INJECTION ATROPINE SULFATE 0.01 MG		0.03				
12612	J0470		INJECTION DIMERCAPROL PER 100 MG		BR				
12613	J0475		INJECTION BACLOFEN 10 MG		BR				
12614	J0476		INJECTION BACLOFEN 50 MCG FOR INTRATHECAL TRIAL		128.69				
12615	J0480		INJECTION BASILIXIMAB 20 MG		2951.29				
12616	J0500		INJECTION DICYCLOMINE HCL UP TO 20 MG		21.26				
12617	J0515		INJECTION BENZTROPINE MESYLATE PER 1 MG		26.26				
12618	J0520		INJ BETHANECHOL CHLORIDE UP TO 5 MG		BR				
12619	J0559		INJ PCN G BENZATHINE & PCN G PROCAINE 2500 U		BR				
12620	J0560		INJECTION PENICILLIN G BENZ UP TO 600000 UNITS		31.61				
12621	J0570		INJECTION PENICILLIN G BENZ TO 1200000 UNITS		72.51				
12622	J0580		INJECTION PENICILLIN G BENZ TO 2400000 UNITS		154.44				
12623	J0583		INJECTION BIVALIRUDIN 1 MG		4.23				
12624	J0585		BOTULINUM TOXIN TYPE A PER UNIT		9.18				

	A	B	C	D	E	F	G	H	I
12625	J0586		INJECTION ABOBOTULINUMTOXINA 5 UNITS		BR				
12626	J0587		INJECTION RIMABOTULINUMTOXINB 100 UNITS		15.29				
12627	J0592		INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG		1.59				
12628	J0594		INJECTION BUSULFAN 1 MG		25.57				
12629	J0595		INJECTION BUTORPHANOL TARTRATE 1 MG		7.77				
12630	J0598		INJECTION C1 ESTERASE INHIBITOR 10 UNITS		71.70				
12631	J0600		INJECTION EDETATE CALCIUM DISODIUM UP TO 1000 MG		92.66				
12632	J0610		INJECTION CALCIUM GLUCONATE PER 10 ML		1.92				
12633	J0620		INJ CALCM GLYCEROPHOSPHATE&CALCM LACTAT-10 ML		22.03				
12634	J0630		INJECTION CALCITONIN-SALMON UP TO 400 UNITS		88.83				
12635	J0636		INJECTION CALCITRIOL 0.1 MCG		2.36				
12636	J0637		INJECTION CASPOFUNGIN ACETATE 5 MG		60.58				
12637	J0640		INJECTION LEUCOVORIN CALCIUM PER 50 MG		3.68				
12638	J0641		INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG		BR				
12639	J0670		INJECTION MEPIVACAINE HCL PER 10 ML		BR				
12640	J0690		INJECTION CEFAZOLIN SODIUM 500 MG		5.19				
12641	J0692		INJECTION CEFEPIME HYDROCHLORIDE 500 MG		24.40				
12642	J0694		INJECTION CEFOXITIN SODIUM 1 G		14.46				
12643	J0696		INJECTION CEFTRIAXONE SODIUM PER 250 MG		14.11				
12644	J0697		INJECTION STERILE CEFUROXIME SODIUM PER 750 MG		11.63				
12645	J0698		INJECTION CEFOTAXIME SODIUM PER G		14.46				
12646	J0702		INJ BETAMETHASONE ACETATE & PHOSPHATE 3 MG		9.67				
12647	J0704		INJECTION BETAMETHASONE SODIUM PHOSPHATE-4 MG		0.52				
12648	J0706		INJECTION CAFFEINE CITRATE 5 MG		5.82				
12649	J0710		INJECTION CEPHAPIRIN SODIUM UP TO 1 G		BR				
12650	J0713		INJECTION CEFTAZIDIME PER 500 MG		10.91				
12651	J0715		INJECTION CEFTIZOXIME SODIUM PER 500 MG		BR				
12652	J0718		INJECTION CERTOLIZUMAB PEGOL 1 MG		12.68				
12653	J0720		INJECTION CHLORAMPHENICOL SODIUM SUCCNAT TO 1 G		45.78				
12654	J0725		INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS		6.69				
12655	J0735		INJECTION CLONIDINE HYDROCHLORIDE 1 MG		118.64				
12656	J0740		INJECTION CIDOFOVIR 375 MG		1433.14				
12657	J0743		INJECTION CILASTATIN SODIUM IMIPENEM PER 250 MG		33.12				
12658	J0744		INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG		22.98				
12659	J0745		INJECTION CODEINE PHOSPHATE PER 30 MG		1.79				
12660	J0760		INJECTION COLCHICINE PER 1 MG		11.40				
12661	J0770		INJECTION COLISTIMETHATE SODIUM UP TO 150 MG		87.32				
12662	J0780		INJ PROCHLORPERAZINE TO 10 MG		BR				
12663	J0795		INJ CORTICORELIN OVINE TRIFLUTATE 1 MICROGM		8.32				
12664	J0800		INJECTION CORTICOTROPIN UP TO 40 UNITS		BR				
12665	J0833		INJ COSYNTROPIN NOT OTHERWISE SPECIFIED 0.25 MG		183.70				
12666	J0834		INJECTION COSYNTROPIN 0.25 MG		195.94				
12667	J0850		INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL		1620.11				
12668	J0878		INJECTION DAPTOMYCIN 1 MG		0.63				
12669	J0881		INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE		8.41				
12670	J0882		INJ DARBEPOETIN ALFA 1 MCG FOR ESRD DIALYSIS		8.41				
12671	J0885		INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS		22.54				
12672	J0886		INJ EPOETIN ALFA 1000 UNITS FOR ESRD DIALYSIS		22.54				

	A	B	C	D	E	F	G	H	I
12673	J0894		INJECTION DECITABINE 1 MG		45.96				
12674	J0895		INJECTION DEFEROXAMINE MESYLATE 500 MG		29.43				
12675	J0900		INJ TESTO ENANTHATE&ESTRADIOL VALERATETOP 1 CC		BR				
12676	J0945		INJECTION BROMPHENIRAMINE MALEATE PER 10 MG		0.03				
12677	J0970		INJECTION ESTRADIOL VALERATE UP TO 40 MG		21.79				
12678	J1000		INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG		12.38				
12679	J1020		INJECTION METHYLPREDNISOLONE ACETATE 20 MG		5.27				
12680	J1030		INJECTION METHYLPREDNISOLONE ACETATE 40 MG		11.05				
12681	J1040		INJECTION METHYLPREDNISOLONE ACETATE 80 MG		17.54				
12682	J1051		INJECTION MEDROXYPROGESTERONE ACETATE 50 MG		20.61				
12683	J1055		INJ MDRXYPRGESTRON ACTAT CNTRACPT USE 150 MG		102.32				2097.37
12684	J1056		INJ MEDROXYPROGESTRON/ESTRADIOL CYPIONATE 5/25MG		48.99				2097.37
12685	J1060		INJ TESTO CYPIONATE&ESTRADIOL CYPIONATE TO 1 ML		BR				
12686	J1070		INJECTION TESTOSTERONE CYPIONATE UP TO 100 MG		11.52				
12687	J1080		INJECTION TESTOSTERONE CYPIONATE 1 CC 200 MG		28.48				
12688	J1094		INJECTION DEXAMETHASONE ACETATE 1 MG		0.89				
12689	J1100		INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG		0.89				
12690	J1110		INJECTION DIHYDROERGOTAMINE MESYLATE PER 1 MG		64.74				
12691	J1120		INJECTION ACETAZOLAMIDE SODIUM UP TO 500 MG		66.18				
12692	J1160		INJECTION DIGOXIN UP TO 0.5 MG		4.14				
12693	J1162		INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL		1017.17				
12694	J1165		INJECTION PHENYTOIN SODIUM PER 50 MG		2.42				
12695	J1170		INJECTION HYDROMORPHONE UP TO 4 MG		2.33				
12696	J1180		INJECTION DYPHYLLINE UP TO 500 MG		BR				
12697	J1190		INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG		634.43				
12698	J1200		INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG		2.96				
12699	J1205		INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG		330.79				
12700	J1212		INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML		91.92				
12701	J1230		INJECTION METHADONE HCL UP TO 10 MG		BR				
12702	J1240		INJECTION DIMENHYDRINATE UP TO 50 MG		3.32				
12703	J1245		INJECTION DIPYRIDAMOLE PER 10 MG		52.56				
12704	J1250		INJECTION DOBUTAMINE HCI PER 250 MG		5.47				
12705	J1260		INJECTION DOLASETRON MESYLATE 10 MG		7.17				
12706	J1265		INJECTION DOPAMINE HCL 40 MG		0.63				
12707	J1267		INJECTION DORIPENEM 10 MG		1.41				
12708	J1270		INJECTION DOXERCALCIFEROL 1 MCG		573.12				
12709	J1300		INJECTION ECULIZUMAB 10 MG		BR				
12710	J1320		INJECTION AMITRIPTYLINE HCL UP TO 20 MG		BR				
12711	J1324		INJECTION ENFUVIRTIDE 1 MG		0.67				
12712	J1325		INJECTION EPOPROSTENOL 0.5 MG		BR				
12713	J1327		INJECTION EPTIFIBATIDE 5 MG		41.06				
12714	J1330		INJECTION ERGONOVINE MALEATE UP TO 0.2 MG		BR				
12715	J1335		INJECTION ERTAPENEM SODIUM 500 MG		103.38				
12716	J1364		INJECTION ERYTHROMYCIN LACTOBIONATE PER 500 MG		18.41				
12717	J1380		INJECTION ESTRADIOL VALERATE UP TO 10 MG		12.98				
12718	J1390		INJECTION ESTRADIOL VALERATE UP TO 20 MG		13.18				
12719	J1410		INJECTION ESTROGEN CONJUGATED PER 25 MG		146.64				
12720	J1430		INJECTION ETHANOLAMINE OLEATE 100 MG		141.54				

	A	B	C	D	E	F	G	H	I
12721	J1435		INJECTION ESTRONE PER 1 MG		0.61				
12722	J1436		INJECTION ETIDRONATE DISODIUM PER 300 MG		BR				
12723	J1438		INJECTION ETANERCEPT 25 MG		283.39				
12724	J1440		INJECTION FILGRASTIM 300 MCG		398.24				
12725	J1441		INJECTION FILGRASTIM 480 MCG		580.20				
12726	J1450		INJECTION FLUCONAZOLE 200 MG		61.65				
12727	J1451		INJECTION FOMEPIZOLE 15 MG		13.67				
12728	J1452		INJECTION FOMIVIRSEN SODIUM INTRAOCULAR 1.65 MG		BR				2097.37
12729	J1453		INJECTION FOSAPREPITANT 1 MG		2.80				
12730	J1455		INJECTION FOSCARNET SODIUM PER 1000 MG		38.36				
12731	J1457		INJECTION GALLIUM NITRATE 1 MG		2.86				
12732	J1458		INJECTION GALSULFASE 1 MG		599.32				
12733	J1459		INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG		BR				
12734	J1460		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC		BR				
12735	J1470		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 2 CC		BR				
12736	J1480		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 3 CC		BR				
12737	J1490		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 4 CC		BR				
12738	J1500		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 5 CC		BR				
12739	J1510		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 6 CC		BR				
12740	J1520		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 7 CC		BR				
12741	J1530		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 8 CC		BR				
12742	J1540		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 9 CC		BR				
12743	J1550		INJECTION GAMMA GLOBULIN INTRAMUSCULAR 10 CC		BR				
12744	J1560		INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC		BR				
12745	J1561		INJ IG GAMUNEX IV NONLYOPHILIZED 500 MG		75.57				
12746	J1562		INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG		18.38				
12747	J1566		INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG		109.20				
12748	J1568		INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG		82.73				
12749	J1569		INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG		93.45				
12750	J1570		INJECTION GANCICLOVIR SODIUM 500 MG		107.99				
12751	J1571		INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML		140.02				
12752	J1572		INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG		74.15				
12753	J1573		INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML		BR				
12754	J1580		INJECTION GARAMYCIN GENTAMICIN UP TO 80 MG		3.36				
12755	J1590		INJECTION GATIFLOXACIN 10 MG		BR				
12756	J1595		INJECTION GLATIRAMER ACETATE 20 MG		3128.93				
12757	J1600		INJECTION GOLD SODIUM THIOMALATE UP TO 50 MG		26.49				
12758	J1610		INJECTION GLUCAGON HYDROCHLORIDE PER 1 MG		144.61				
12759	J1620		INJECTION GONADORELIN HYDROCHLORIDE PER 100 MCG		BR				
12760	J1626		INJECTION GRANISETRON HYDROCHLORIDE 100 MCG		17.68				
12761	J1630		INJECTION HALOPERIDOL UP TO 5 MG		17.62				
12762	J1631		INJECTION HALOPERIDOL DECANOATE PER 50 MG		23.85				
12763	J1640		INJECTION HEMIN 1 MG		12.64				
12764	J1642		INJECTION HEPARIN SODIUM PER 10 UNITS		1.26				
12765	J1644		INJECTION HEPARIN SODIUM PER 1000 UNITS		1.99				
12766	J1645		INJECTION DALTEPARIN SODIUM PER 2500 IU		29.37				
12767	J1650		INJECTION ENOXAPARIN SODIUM 10 MG		11.95				
12768	J1652		INJECTION FONDAPARINUX SODIUM 0.5 MG		14.06				

	A	B	C	D	E	F	G	H	I
12769	J1655		INJECTION TINZAPARIN SODIUM 1000 IU		6.96				
12770	J1670		INJECTION TETANUS IMMUNE GLOB HUMAN TO 250 UNITS		410.51				
12771	J1675		INJECTION HISTRELIN ACETATE 10 MICROGRAMS		1.84				
12772	J1680		INJECTION HUMAN FIBRINOGEN CONCENTRATE 100 MG		BR				
12773	J1700		INJECTION HYDROCORTISONE ACETATE UP TO 25 MG		BR				
12774	J1710		INJ HYDROCORTISONE SODIUM PHOSPHATE TO 50 MG		BR				
12775	J1720		INJ HYDROCORTISONE SODIUM SUCCINATE TO 100 MG		3.55				
12776	J1730		INJECTION DIAZOXIDE UP TO 300 MG		198.27				
12777	J1740		INJECTION IBANDRONATE SODIUM 1 MG		789.16				
12778	J1742		INJ IBUTILIDE FUMARATE 1 MG		519.35				
12779	J1743		INJECTION IDURSULFASE 1 MG		805.22				
12780	J1745		INJECTION INFLIXIMAB 10 MG		102.80				
12781	J1750		INJECTION IRON DEXTRAN 50 MG		28.88				
12782	J1756		INJECTION IRON SUCROSE 1 MG		1.04				
12783	J1785		INJECTION IMIGLUCERASE PER UNIT		6.05				
12784	J1790		INJECTION DROPERIDOL UP TO 5 MG		5.79				
12785	J1800		INJECTION PROPRANOLOL HCL UP TO 1 MG		17.53				
12786	J1810		INJ DROPERIDOL&FENTANYL CITRATE UP TO 2 ML AMP		BR				2097.37
12787	J1815		INJECTION INSULIN PER 5 UNITS		BR				
12788	J1817		INSULIN ADMINISTRATION THROUGH DME PER 50 UNITS		BR				
12789	J1825		INJECTION INTERFERON BETA-1A 33 MCG		640.45				2097.37
12790	J1830		INJECTION INTERFERON BETA-1B 0.25 MG		BR				
12791	J1835		INJECTION ITRACONAZOLE 50 MG		1833.27				
12792	J1840		INJECTION KANAMYCIN SULFATE UP TO 500 MG		10.05				
12793	J1850		INJECTION KANAMYCIN SULFATE UP TO 75 MG		0.98				
12794	J1885		INJECTION KETOROLAC TROMETHAMINE PER 15 MG		6.66				
12795	J1890		INJECTION CEPHALOTHIN SODIUM UP TO 1 G		BR				
12796	J1930		INJECTION LANREOTIDE 1 MG		52.39				
12797	J1931		INJECTION LARONIDASE 0.1 MG		BR				
12798	J1940		INJECTION FUROSEMIDE UP TO 20 MG		2.28				
12799	J1945		INJECTION LEPIRUDIN 50 MG		292.67				
12800	J1950		INJECTION LEUPROLIDE ACETATE PER 3.75 MG		933.77				
12801	J1953		INJECTION LEVETIRACETAM 10 MG		1.10				
12802	J1955		INJECTION LEVOCARNITINE PER 1 G		53.02				
12803	J1956		INJECTION LEVOFLOXACIN 250 MG		35.40				
12804	J1960		INJECTION LEVORPHANOL TARTRATE UP TO 2 MG		6.07				
12805	J1980		INJECTION HYOSCYAMINE SULFATE UP TO 0.25 MG		18.12				
12806	J1990		INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG		40.31				
12807	J2001		INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG		BR				
12808	J2010		INJECTION LINCOMYCIN HCL UP TO 300 MG		8.96				
12809	J2020		INJECTION LINEZOLID 200 MG		BR				
12810	J2060		INJECTION LORAZEPAM 2 MG		2.41				
12811	J2150		INJECTION MANNITOL 25% IN 50 ML		5.45				
12812	J2170		INJECTION MECASERMIN 1 MG		13.80				
12813	J2175		INJECTION MEPERIDINE HCL PER 100 MG		1.87				
12814	J2180		INJECTION MEPERIDINE&PROMETHAZINE HCL TO 50 MG		15.23				
12815	J2185		INJECTION MEROPENEM 100 MG		11.63				
12816	J2210		INJECTION METHYLERGONOVINE MALEATE UP TO 0.2 MG		9.02				

	A	B	C	D	E	F	G	H	I
12817	J2248		INJECTION MICAFUNGIN SODIUM 1 MG		3.43				
12818	J2250		INJECTION MIDAZOLAM HCL PER 1 MG		1.06				
12819	J2260		INJECTION MILRINONE LACTATE 5 MG		82.35				
12820	J2270		INJECTION MORPHINE SULFATE UP TO 10 MG		6.24				
12821	J2271		INJECTION MORPHINE SULFATE 100 MG		11.84				
12822	J2275		INJECTION MORPHINE SULFATE PER 10 MG		11.75				
12823	J2278		INJECTION ZICONOTIDE 1 MICROGRAM		14.69				
12824	J2280		INJECTION MOXIFLOXACIN 100 MG		16.09				
12825	J2300		INJECTION NALBUPHINE HCL PER 10 MG		6.60				
12826	J2310		INJECTION NALOXONE HCL PER 1 MG		11.52				
12827	J2315		INJECTION NALTREXONE DEPOT FORM 1 MG		BR				
12828	J2320		INJECTION NANDROLONE DECANOATE UP TO 50 MG		7.57				
12829	J2321		INJECTION NANDROLONE DECANOATE UP TO 100 MG		14.42				
12830	J2322		INJECTION NANDROLONE DECANOATE UP TO 200 MG		26.04				
12831	J2323		INJECTION NATALIZUMAB 1 MG		13.33				
12832	J2325		INJECTION NESIRITIDE 0.1 MG		58.37				
12833	J2353		INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG		285.92				
12834	J2354		INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG		8.73				
12835	J2355		INJECTION OPRELVEKIN 5 MG		482.56				
12836	J2357		INJECTION OMALIZUMAB 5 MG		31.71				
12837	J2360		INJECTION ORPHENADRINE CITRATE UP TO 60 MG		22.66				
12838	J2370		INJECTION PHENYLEPHRINE HCL UP TO 1 ML		3.52				
12839	J2400		INJECTION CHLOROPROCAINE HCL PER 30 ML		10.54				
12840	J2405		INJECTION ONDANSETRON HCL PER 1 MG		11.37				
12841	J2410		INJECTION OXYMORPHONE HCL UP TO 1 MG		4.80				
12842	J2425		INJECTION PALIFERMIN 50 MICROGRAMS		20.22				
12843	J2430		INJECTION PAMIDRONATE DISODIUM PER 30 MG		415.00				
12844	J2440		INJECTION PAPAVERINE HCL UP TO 60 MG		5.21				
12845	J2460		INJECTION OXYTETRACYCLINE HCL UP TO 50 MG		BR				2097.37
12846	J2469		INJECTION PALONOSETRON HCL 25 MCG		59.75				
12847	J2501		INJECTION PARICALCITOL 1 MCG		8.59				
12848	J2503		INJECTION PEGAPTANIB SODIUM 0.3 MG		1829.21				
12849	J2504		INJECTION PEGADEMASE BOVINE 25 IU		311.50				
12850	J2505		INJECTION PEGFILGRASTIM 6 MG		5232.09				
12851	J2510		INJECTION PCN G PROCAINE AQUEOUS TO 600000 UNITS		19.27				
12852	J2513		INJECTION PENTASTARCH 10% SOLUTION 100 ML		BR				
12853	J2515		INJECTION PENTOBARBITAL SODIUM PER 50 MG		13.41				
12854	J2540		INJECTION PENICILLIN G POTASSIUM TO 600000 UNITS		4.20				
12855	J2543		INJ PIPERACILLIN SOD/TAZOBACTAM SOD 1 G/0.125 G		BR				
12856	J2545		PENTAMIDINE ISETHIONATE I SOL NONCP UD P 300 MG		116.59				
12857	J2550		INJECTION PROMETHAZINE HCL UP TO 50 MG		5.64				
12858	J2560		INJECTION PHENOBARBITAL SODIUM UP TO 120 MG		5.33				
12859	J2562		INJECTION PLERIXAFOR 1 MG		478.75				
12860	J2590		INJECTION OXYTOCIN UP TO 10 UNITS		6.94				
12861	J2597		INJECTION DESMOPRESSIN ACETATE PER 1 MCG		15.18				
12862	J2650		INJECTION PREDNISOLONE ACETATE UP TO 1 ML		BR				
12863	J2670		INJECTION TOLAZOLINE HCL UP TO 25 MG		BR				
12864	J2675		INJECTION PROGESTERONE PER 50 MG		5.94				

	A	B	C	D	E	F	G	H	I
12865	J2680		INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG		11.11				
12866	J2690		INJECTION PROCAINAMIDE HCL UP TO 1 GM		6.79				
12867	J2700		INJECTION OXACILLIN SODIUM UP TO 250 MG		4.44				
12868	J2710		INJECTION NEOSTIGMINE METHYLSULFATE UP TO 0.5 MG		0.92				
12869	J2720		INJECTION PROTAMINE SULFATE PER 10 MG		2.04				
12870	J2724		INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU		BR				
12871	J2725		INJECTION PROTIRELIN PER 250 MCG		BR				
12872	J2730		INJECTION PRALIDOXIME CHLORIDE UP TO 1 GM		159.39				
12873	J2760		INJECTION PHENTOLAMINE MESYLATE UP TO 5 MG		99.27				
12874	J2765		INJECTION METOCLOPRAMIDE HCL UP TO 10 MG		3.39				
12875	J2770		INJECTION QUINUPRISTIN/DALFOPRISTIN 500 MG		230.27				
12876	J2778		INJECTION RANIBIZUMAB 0.1 MG		746.85				
12877	J2780		INJECTION RANITIDINE HYDROCHLORIDE 25 MG		3.06				
12878	J2783		INJECTION RASBURICASE 0.5 MG		256.15				
12879	J2785		INJECTION REGADENOSON 0.1 MG		BR				
12880	J2788		INJ RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50 MCG		125.35				
12881	J2790		INJECTION RHO D IG HUMAN FULL DOSE 300 MCG		205.90				
12882	J2791		INJ RHO D IG HUMAN RHOPHYLAC IM/IV 100 IU		19.66				
12883	J2792		INJ RHO D IMMUE GLOBULIN IV HUMN 100 IU		BR				
12884	J2793		INJECTION RILONACEPT 1 MG		41.78				
12885	J2794		INJECTION RISPERIDONE LONG ACTING 0.5 MG		3.63				
12886	J2795		INJECTION ROPIVACAINE HYDROCHLORIDE 1 MG		0.32				
12887	J2796		INJECTION ROMIPLOSTIM 10 MCG		78.13				
12888	J2800		INJECTION METHOCARBAMOL UP TO 10 ML		29.23				
12889	J2805		INJECTION SINCALIDE 5 MICROGRAMS		107.24				
12890	J2810		INJECTION THEOPHYLLINE PER 40 MG		BR				
12891	J2820		INJECTION SARGRAMOSTIM 50 MCG		52.85				
12892	J2850		INJECTION SECRETIN SYNTHETIC HUMAN 1 MICROGRAM		37.35				
12893	J2910		INJECTION AUROTHIOGLUCOSE UP TO 50 MG		BR				
12894	J2916		INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG		13.18				
12895	J2920		INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 40 MG		5.53				
12896	J2930		INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 125 MG		12.23				
12897	J2940		INJECTION SOMATREM 1 MG		BR				
12898	J2941		INJECTION SOMATROPIN 1 MG		87.32				
12899	J2950		INJECTION PROMAZINE HCL UP TO 25 MG		BR				
12900	J2993		INJECTION RETEPLASE 18.1 MG		2216.10				
12901	J2995		INJECTION STREPTOKINASE PER 250000 IU		143.63				
12902	J2997		INJECTION ALTEPLASE RECOMBINANT 1 MG		62.75				
12903	J3000		INJECTION STREPTOMYCIN UP TO 1 G		13.94				
12904	J3010		INJECTION FENTANYL CITRATE 0.1 MG		0.25				
12905	J3030		INJECTION SUMATRIPTAN SUCCINATE 6 MG		104.25				
12906	J3070		INJECTION PENTAZOCINE 30 MG		53.48				
12907	J3101		INJECTION TENECTEPLASE 1 MG		89.39				
12908	J3105		INJECTION TERBUTALINE SULFATE UP TO 1 MG		45.24				
12909	J3110		INJECTION TERIPARATIDE 10 MCG		15.47				
12910	J3120		INJECTION TESTOSTERONE ENANTHATE UP TO 100 MG		17.40				
12911	J3130		INJECTION TESTOSTERONE ENANTHATE UP TO 200 MG		34.79				
12912	J3140		INJECTION TESTOSTERONE SUSPENSION UP TO 50 MG		BR				

	A	B	C	D	E	F	G	H	I
12913	J3150		INJECTION TESTOSTERONE PROPIONATE UP TO 100 MG		1.29				
12914	J3230		INJECTION CHLORPROMAZINE HCL UP TO 50 MG		4.95				
12915	J3240		INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL		1332.84				
12916	J3243		INJECTION TIGECYCLINE 1 MG		1.85				
12917	J3246		INJECTION TIROFIBAN HCI 0.25 MG		16.27				
12918	J3250		INJECTION TRIMETHOBENZAMIDE HCL UP TO 200 MG		9.77				
12919	J3260		INJECTION TOBRAMYCIN SULFATE UP TO 80 MG		6.13				
12920	J3265		INJECTION TORSEMIDE 10 MG/ML		BR				
12921	J3280		INJECTION THIETHYLPERAZINE MALEATE UP TO 10 MG		9.12				
12922	J3285		INJECTION TREPROSTINIL 1 MG		103.03				
12923	J3300		INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG		BR				
12924	J3301		INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG		3.45				
12925	J3302		INJECTION TRIAMCINOLONE DIACETATE PER 5 MG		0.43				
12926	J3303		INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG		4.35				
12927	J3305		INJECTION TRIMETREXATE GLUCORONATE PER 25 MG		BR				
12928	J3310		INJECTION PERPHENAZINE UP TO 5 MG		BR				
12929	J3315		INJECTION TRIPTORELIN PAMOATE 3.75 MG		891.62				
12930	J3320		INJ SPECTINOMYCIN DIHYDROCHLORIDE UP TO 2 GM		BR				
12931	J3350		INJECTION UREA UP TO 40 G		BR				
12932	J3355		INJECTION UROFOLLITROPIN 75 IU		119.50				
12933	J3360		INJECTION DIAZEPAM UP TO 5 MG		2.14				
12934	J3364		INJECTION UROKINASE 5000 IU VIAL		BR				
12935	J3365		INJECTION IV UROKINASE 250000 IU VIAL		BR				
12936	J3370		INJECTION VANCOMYCIN HCL 500 MG		10.16				
12937	J3396		INJECTION VERTEPORFIN 0.1 MG		16.88				
12938	J3400		INJECTION TRIFLUPROMAZINE HCL UP TO 20 MG		BR				
12939	J3410		INJECTION HYDROXYZINE HCL UP TO 25 MG		1.36				
12940	J3411		INJECTION THIAMINE HCL 100 MG		2.34				
12941	J3415		INJECTION PYRIDOXINE HCL 100 MG		4.67				
12942	J3420		INJECTION VIT B-12 CYANOCOBALAMIN TO 1000 MCG		0.12				
12943	J3430		INJECTION PHYTONADIONE PER 1 MG		8.15				
12944	J3465		INJECTION VORICONAZOLE 10 MG		9.31				
12945	J3470		INJECTION HYALURONIDASE UP TO 150 UNITS		45.96				
12946	J3471		INE HYALURONIDASE OVINE PRES FREE 1 USP UNIT		0.26				
12947	J3472		INJ HYALURONIDASE OVINE PRES FREE-1000 USP UNITS		214.48				
12948	J3473		INJECTION HYALURONIDASE RECOMBINANT 1 USP UNIT		0.70				
12949	J3475		INJECTION MAGNESIUM SULPHATE PER 500 MG		1.33				
12950	J3480		INJECTION POTASSIUM CHLORIDE PER 2 MEQ		0.77				
12951	J3485		INJECTION ZIDOVUDINE 10 MG		2.19				
12952	J3486		INJECTION ZIPRASIDONE MESYLATE 10 MG		9.01				
12953	J3487		INJECTION ZOLEDRONICCID ZOMETA 1 MG		376.90				
12954	J3488		INJECTION ZOLEDRONICCID RECLAST 1 MG		376.87				
12955	J3490		UNCLASSIFIED DRUGS		BR				
12956	J3520		EDETATE DISODIUM PER 150 MG		0.77				2097.37
12957	J3530		NASAL VACCINE INHALATION		BR				
12958	J3535		DRUG ADMINISTERED THROUGH A METERED DOSE INHALER		BR				2097.37
12959	J3570		LAETRILE AMYGDALIN VITAMIN B17		BR				2097.37
12960	J3590		UNCLASSIFIED BIOLOGICS		BR				

	A	B	C	D	E	F	G	H	I
12961	J7030		INFUSION NORMAL SALINE SOLUTION 1000 CC		18.71				
12962	J7040		INFUSION NORMAL SALINE SOLUTION STERILE		9.77				
12963	J7042		5% DEXTROSE/NORMAL SALINE		7.58				
12964	J7050		INFUSION NORMAL SALINE SOLUTION 250 CC		8.46				
12965	J7060		5% DEXTROSE/WATER		10.42				
12966	J7070		INFUSION D-5-W 1000 CC		14.69				
12967	J7100		INFUSION DEXTRAN 40500 ML		152.33				
12968	J7110		INFUSION DEXTRAN 75500 ML		BR				
12969	J7120		RINGERS LACTATE INFUSION UP TO 1000 CC		BR				
12970	J7130		HYPERTONIC SALINE SOLUTION 50/100 MEQ 20 CC VIAL		BR				
12971	J7185		INJECTION FACTOR VIII PER IU		2.54				
12972	J7186		INJ AHF/ VWF CMPLX PER FACTOR VIIII IU		2.18				
12973	J7187		INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU		BR				
12974	J7189		FACTOR VIIA 1 MICROGRAM		BR				
12975	J7190		FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU		1.53				
12976	J7191		FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU		BR				
12977	J7192		FACTOR VIII PER IU NOT OTHERWISE SPECIFIED		2.31				
12978	J7193		FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU		1.81				
12979	J7194		FACTOR IX COMPLEX PER IU		1.39				
12980	J7195		FACTOR IX PER IU		1.23				
12981	J7197		ANTITHROMBIN III PER IU		3.48				
12982	J7198		ANTI-INHIBITOR PER IU		2.53				
12983	J7199		HEMOPHILIA CLOTTING FACTOR NOC		BR				
12984	J7300		INTRAUTERINE COPPER CONTRACEPTIVE		727.70				2097.37
12985	J7302		LEVONORGESTREL-RLSE INTRAUTERN CNTRACPT 52 MG		757.85				2097.37
12986	J7303		CONTRACEPT SUPPLY HORMONE CONTAINING VAG RING EA		70.58				2097.37
12987	J7304		CONTRACEPTIVE SUPPLY HORMONE CONTAINING PATCH EA		BR				2097.37
12988	J7306		LEVONORGESTREL CNTRACPTV IMPL SYS INCL IMPL&SPL		757.85				2097.37
12989	J7307		ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL		BR				2097.37
12990	J7308		AMINOLEVULINIC ACID HCL TOP ADMN 20% 1 U DOSE		262.97				
12991	J7310		GANCICLOVIR 45 MG LONG-ACTING IMPLANT		8272.80				
12992	J7311		FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT		BR				
12993	J7321		HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE		223.67				
12994	J7323		HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE		222.14				
12995	J7324		HYALURONAN/DERIV ORTHOVISC IA INJ PER DOSE		BR				
12996	J7325		HYALURONAN/DERIV SYNVISC/SYNVISC-ONE IA INJ 1 MG		545.85				
12997	J7330		AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT		BR				
12998	J7500		AZATHIOPRINE ORAL 50 MG		2.37				
12999	J7501		AZATHIOPRINE PARENTERAL100 MG		125.01				
13000	J7502		CYCLOSPORINE ORAL 100 MG		9.50				
13001	J7504		LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG		617.46				
13002	J7505		MUROMONAB-CD3 PARENTERAL 5 MG		1750.49				
13003	J7506		PREDNISONE ORAL PER 5 MG		0.37				
13004	J7507		TACROLIMUS ORAL PER 1 MG		6.68				
13005	J7509		METHYLPREDNISOLONE ORAL PER 4 MG		1.13				
13006	J7510		PREDNISOLONE ORAL PER 5 MG		0.23				
13007	J7511		LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG		716.98				
13008	J7513		DACLIZUMAB PARENTERAL 25 MG		755.80				

	A	B	C	D	E	F	G	H	I
13009	J7515		CYCLOSPORINE ORAL 25 MG		2.30				
13010	J7516		CYCLOSPORINE PARENTERAL 250 MG		23.79				
13011	J7517		MYCOPHENOLATE MOFETIL ORAL 250 MG		4.99				
13012	J7518		MYCOPHENOLIC ACID ORAL 180 MG		4.14				
13013	J7520		SIROLIMUS ORAL 1 MG		13.41				
13014	J7525		TACROLIMUS PARENTERAL 5 MG		251.16				
13015	J7599		IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED		BR				
13016	J7604		ACETYLCYSTEINE INHAL SOL COMP PROD UNIT DOSE P G		BR				
13017	J7605		ARFORMOTEROL INHAL SOL NONCOMP UNIT DOSE 15 MG		BR				
13018	J7606		FORMOTEROL FUMARATE INHAL SOL U DOSE FORM 20 MCG		8.55				
13019	J7607		LEVALBUTEROL INHAL CP PROD THRU DME CONC 0.5 MG		BR				
13020	J7608		ACETYLCYSTEINE INHAL SOL NONCOMP UNIT DOSE PER G		BR				
13021	J7609		ALBUTEROL INHAL CP PROD THRU DME UNIT DOSE 1 MG		BR				
13022	J7610		ALBUTEROL INHAL SOL ADMIN THRU DME CONC 1 MG		BR				
13023	J7611		ALBUTEROL INHAL NON-CP THRU DME CONC FORM 1 MG		BR				
13024	J7612		LEVALBUTEROL INHAL NON-CP THRU DME CONC 0.5 MG		3.80				
13025	J7613		ALBUTEROL INHAL NON-CP PROD THRU DME U DOSE 1 MG		0.77				
13026	J7614		LEVALBUTEROL INHAL NON-CP THRU DME U DOSE 0.5 MG		3.80				
13027	J7615		LEVALBUTEROL INHAL SOL THRU DME UNIT DOSE 0.5 MG		3.80				
13028	J7620		ALBUTEROL TO 2.5 MG & IPRATROPIUM BROM TO 0.5 MG		BR				
13029	J7622		BECLOMETHASOME INHAL CP PROD UNIT DOSE PER MG		BR				
13030	J7624		BETAMETHASONE INHAL CP PROD DME UNIT DOSE PER MG		BR				
13031	J7626		BUDESONIDE INHAL NON-CP UNIT DOSE UP TO 0.5 MG		9.25				
13032	J7627		BUDESONIDE INHAL CP PROD UNIT DOSE UP TO 0.5 MG		9.25				
13033	J7628		BITOLTEROL MESYLATE INHAL CP PROD CONC PER MG		BR				
13034	J7629		BITOLTEROL MESYLATE INHAL CP UNIT DOSE PER MG		BR				
13035	J7631		CROMOLYN SODIUM INHALATION SOL NONCP UD P 10 MG		0.63				
13036	J7632		CROMOLYN SODIUM INHAL SOL COMP PROD UD 10 MG		0.60				
13037	J7633		BUDESONIDE INHAL NON-CP CONC FORM PER 0.25 MG		BR				
13038	J7634		BUDESONIDE INHAL CP PROD THRU DME CONC 0.25 MG		BR				
13039	J7635		ATROPINE INHAL SOL COMP PROD CONC FORM PER MG		BR				
13040	J7636		ATROPINE INHAL COMP PROD UNIT DOSE FORM PER MG		BR				
13041	J7637		DEXAMETHASONE INHAL COMP PROD CONC FORM PER MG		BR				
13042	J7638		DEXAMETHASONE INHAL COMP PROD UNIT DOSE PER MG		BR				
13043	J7639		DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG		38.61				
13044	J7640		FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG		BR				2097.37
13045	J7641		FLUNISOLIDE INHAL COMP PROD UNIT DOSE PER MG		20.44				
13046	J7642		GLYCOPYRROLATE INHAL COMP PROD CONC FORM PER MG		BR				
13047	J7643		GLYCOPYRROLATE INHAL COMP UNIT DOSE FORM PER MG		BR				
13048	J7644		IPRATROPIUM BROMIDE INHAL NON-CP U DOSE PER MG		BR				
13049	J7645		IPRATROPIUM BROMIDE INHAL THRU DME U DOSE PER MG		BR				
13050	J7647		ISOETHARINE HCL INHAL CP PROD THRU DME PER MG		BR				
13051	J7648		ISOETHARINE HCI INHAL NON-CP CONC FORM PER MG		BR				
13052	J7649		ISOETHARINE HCI NON-COMP UNIT DOSE FORM PER MG		BR				
13053	J7650		ISOETHARINE HCI INHAL THRU DME UNIT DOSE PER MG		BR				
13054	J7657		ISOPROTERENOL HCI INHAL CP PROD THRU DME PER MG		BR				
13055	J7658		ISOPROTERENOL HCI INHAL NON-CP CONC FORM PER MG		BR				
13056	J7659		ISOPROTERENOL HCI INHAL NON-CP UNIT DOSE PER MG		BR				

	A	B	C	D	E	F	G	H	I
13057	J7660		ISOPROTERENOL HCI INHAL THRU DME U DOSE PER MG		BR				
13058	J7667		METAPROTERENOL SULFATE INHAL CP PROD CONC 10 MG		BR				
13059	J7668		METAPROTERENOL SULF INHAL NON-CP CONC PER 10 MG		BR				
13060	J7669		METAPROTERENOL SULF INHAL NON-CP UNIT DOSE 10 MG		BR				
13061	J7670		METAPROTERENOL SULFATE INHAL THRU DME PER 10 MG		BR				
13062	J7674		METHACHOLINE CHLORID INHAL SOL THRU NEB PER 1 MG		0.67				
13063	J7676		PENTAMIDINE ISETHIONATE I SOL CP PROD U D 300 MG		BR				
13064	J7680		TERBUTALINE SULFATE INHAL COMP CONC FORM PER MG		25.11				
13065	J7681		TERBUTALINE SULFATE INHAL COMP UNIT DOSE PER MG		25.11				
13066	J7682		TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG		119.99				
13067	J7683		TRIAMCINOLONE INHAL COMP PROD CONC FORM PER MG		9.01				
13068	J7684		TRIAMCINOLONE INHAL COMP PROD UNIT DOSE PER MG		BR				
13069	J7685		TOBRAMYCIN INHAL CP PROD THRU DME U DOSE 300 MG		116.43				
13070	J7699		NOC DRUGS INHALATION SOLUTION ADMINED THRU DME		BR				
13071	J7799		NOC RX OTH THAN INHALATION RX ADMINED THRU DME		BR				
13072	J8498		ANTIEMETIC DRUG RECTAL/SUPPOSITORY NOS		BR				
13073	J8499		PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS		BR				2097.37
13074	J8501		APREPITANT ORAL 5 MG		9.96				
13075	J8510		BUSULFAN; ORAL 2 MG		4.35				
13076	J8515		CABERGOLINE ORAL 0.25 MG		27.65				2097.37
13077	J8520		CAPECITABINE ORAL 150 MG		8.87				
13078	J8521		CAPECITABINE ORAL 500 MG		25.81				
13079	J8530		CYCLOPHOSPHAMIDE ORAL 25 MG		5.16				
13080	J8540		DEXAMETHASONE ORAL 0.25 MG		BR				
13081	J8560		ETOPOSIDE ORAL 50 MG		84.72				
13082	J8565		GEFITINIB ORAL 250 MG		104.30				2097.37
13083	J8597		ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED		BR				
13084	J8600		MELPHALAN; ORAL 2 MG		9.02				
13085	J8610		METHOTREXATE ORAL 2.5 MG		4.93				
13086	J8650		NABILONE ORAL 1 MG		30.64				
13087	J8700		TEMOZOLOMIDE ORAL 5 MG		14.45				
13088	J8705		TOPOTECAN ORAL 0.25 MG		BR				
13089	J8999		PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS		BR				
13090	J9000		INJECTION DOXORUBICIN HCL 10 MG		25.66				
13091	J9001		INJ DOXORUBICIN HCL ALL LIPID FORMULATIONS 10 MG		781.14				
13092	J9010		INJECTION ALEMTUZUMAB 10 MG		983.96				
13093	J9015		INJECTION ALDESLEUKIN PER SINGLE USE VIAL		1450.21				
13094	J9017		INJECTION ARSENIC TRIOXIDE 1 MG		61.82				
13095	J9020		INJECTION ASPARAGINASE 10000 UNITS		102.75				
13096	J9025		INJECTION AZACITIDINE 1 MG		7.91				
13097	J9027		INJECTION CLOFARABINE 1 MG		206.82				
13098	J9031		BCG PER INSTILLATION		274.58				
13099	J9033		INJECTION BENDAMUSTINE HCL 1 MG		BR				
13100	J9035		INJECTION BEVACIZUMAB 10 MG		105.33				
13101	J9040		INJECTION BLEOMYCIN SULFATE 15 UNITS		96.27				
13102	J9041		INJECTION BORTEZOMIB 0.1 MG		44.03				
13103	J9045		INJECTION CARBOPLATIN 50 MG		39.95				
13104	J9050		INJECTION CARMUSTINE 100 MG		294.51				

	A	B	C	D	E	F	G	H	I
13105	J9055		INJECTION CETUXIMAB 10 MG		88.24				
13106	J9060		CISPLATIN POWDER OR SOLUTION PER 10 MG		6.74				
13107	J9062		CISPLATIN 50 MG		33.67				
13108	J9065		INJECTION CLADRIBINE PER 1 MG		101.71				
13109	J9070		CYCLOPHOSPHAMIDE 100 MG		13.96				
13110	J9080		CYCLOPHOSPHAMIDE 200 MG		16.30				
13111	J9090		CYCLOPHOSPHAMIDE 500 MG		23.30				
13112	J9091		CYCLOPHOSPHAMIDE 1 G		83.68				
13113	J9092		CYCLOPHOSPHAMIDE 2 G		150.60				
13114	J9093		CYCLOPHOSPHAMIDE LYOPHILIZED 100 MG		9.01				
13115	J9094		CYCLOPHOSPHAMIDE LYOPHILIZED 200 MG		18.02				
13116	J9095		CYCLOPHOSPHAMIDE LYOPHILIZED 500 MG		45.04				
13117	J9096		CYCLOPHOSPHAMIDE LYOPHILIZED 1 G		90.08				
13118	J9097		CYCLOPHOSPHAMIDE LYOPHILIZED 2 G		180.16				
13119	J9098		INJECTION CYTARABINE LIPOSOME 10 MG		824.22				
13120	J9100		INJECTION CYTARABINE 100 MG		20.45				
13121	J9110		INJECTION CYTARABINE 500 MG		21.91				
13122	J9120		INJECTION DACTINOMYCIN 0.5 MG		873.24				
13123	J9130		DACARBAZINE 100 MG		31.18				
13124	J9140		DACARBAZINE 200 MG		36.26				
13125	J9150		INJECTION DAUNORUBICIN 10 MG		98.77				
13126	J9151		INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG		104.18				
13127	J9155		INJECTION DEGARELIX 1 MG		BR				
13128	J9160		INJECTION DENILEUKIN DIFTITOX 300 MCG		2536.99				
13129	J9165		INJECTION DIETHYLSTILBESTROL DIPHOSPHATE 250 MG		BR				
13130	J9171		INJECTION DOCETAXEL 1 MG		67.56				
13131	J9175		INJECTION ELLIOTTS B SOLUTION 1 ML		7.22				
13132	J9178		INJECTION EPIRUBICIN HCL 2 MG		44.08				
13133	J9181		INJECTION ETOPOSIDE 10 MG		8.87				
13134	J9185		INJECTION FLUDARABINE PHOSPHATE 50 MG		532.91				
13135	J9190		INJECTION FLUOROURACIL 500 MG		5.39				
13136	J9200		INJECTION FLOXURIDINE 500 MG		209.70				
13137	J9201		INJECTION GEMCITABINE HCL 200 MG		241.38				
13138	J9202		GOSERELIN ACETATE IMPLANT PER 3.6 MG		720.02				
13139	J9206		INJECTION IRINOTECAN 20 MG		230.34				
13140	J9207		INJECTION IXABEPILONE 1 MG		112.99				
13141	J9208		INJECTION IFOSFAMIDE 1 G		142.71				
13142	J9209		INJECTION MESNA 200 MG		99.83				
13143	J9211		INJECTION IDARUBICIN HCL 5 MG		659.33				
13144	J9212		INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG		12.53				
13145	J9213		INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U		68.16				
13146	J9214		INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U		25.69				
13147	J9215		INJECTION INTERFERON ALFA-N3 250000 IU		32.94				
13148	J9216		INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS		583.74				
13149	J9217		LEUPROLIDE ACETATE 7.5 MG		907.82				
13150	J9218		LEUPROLIDE ACETATE PER 1 MG		BR				
13151	J9219		LEUPROLIDE ACETATE IMPLANT 65 MG		BR				
13152	J9225		HISTRELIN IMPLANT VANTAS 50 MG		9192.00				

	A	B	C	D	E	F	G	H	I
13153	J9226		HISTRELIN IMPLANT SUPPRELIN LA 50 MG		BR				
13154	J9230		INJECTION MECHLORETHAMINE HCL 10 MG		255.63				
13155	J9245		INJECTION MELINJECTION MELPHALAN HCL 50 MG		2767.19				
13156	J9250		METHOTREXATE SODIUM 5 MG		1.59				
13157	J9260		METHOTREXATE SODIUM 50 MG		15.90				
13158	J9261		INJECTION NELARABINE 50 MG		151.48				
13159	J9263		INJECTION OXALIPLATIN 0.5 MG		16.45				
13160	J9264		INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG		15.81				
13161	J9265		INJECTION PACLITAXEL 30 MG		142.22				
13162	J9266		INJECTION PEGASPARGASE PER SINGLE DOSE VIAL		5024.96				
13163	J9268		INJECTION PENTOSTATIN 10 MG		3492.96				
13164	J9270		INJECTION PLICAMYCIN 2.5 MG		BR				
13165	J9280		MITOMYCIN 5 MG		144.80				
13166	J9290		MITOMYCIN 20 MG		481.08				
13167	J9291		MITOMYCIN 40 MG		773.71				
13168	J9293		INJECTION MITOXANTRONE HCL PER 5 MG		502.17				
13169	J9300		INJECTION GEMTUZUMAB OZOGAMICIN 5 MG		4527.37				
13170	J9303		INJECTION PANITUMUMAB 10 MG		147.07				
13171	J9305		INJECTION PEMETREXED 10 MG		83.39				
13172	J9310		INJECTION RITUXIMAB 100 MG		955.81				
13173	J9320		INJECTION STREPTOZOCIN 1 G		342.40				
13174	J9328		INJECTION TEMOZOLOMIDE 1 MG		BR				
13175	J9330		INJECTION TEMSIROLIMUS 1 MG		84.77				
13176	J9340		INJECTION THIOTEPA 15 MG		181.08				
13177	J9350		INJECTION TOPOTECAN 4 MG		1663.19				
13178	J9355		INJECTION TRASTUZUMAB 10 MG		110.38				
13179	J9357		INJECTION VALRUBICIN INTRAVESICAL 200 MG		1139.53				
13180	J9360		INJECTION VINBLASTINE SULFATE 1 MG		4.20				
13181	J9370		VINCRISTINE SULFATE 1 MG		21.19				
13182	J9375		VINCRISTINE SULFATE 2 MG		43.54				
13183	J9380		VINCRISTINE SULFATE 5 MG		BR				
13184	J9390		INJECTION VINORELBINE TARTRATE 10 MG		105.65				
13185	J9395		INJECTION FULVESTRANT 25 MG		146.12				
13186	J9600		INJECTION PORFIMER SODIUM 75 MG		4433.88				
13187	J9999		NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG		BR				
13188	K0001	NU	STANDARD WHEELCHAIR		BR				
13189	K0001	RR	STANDARD WHEELCHAIR		BR				
13190	K0001	UE	STANDARD WHEELCHAIR		BR				
13191	K0002	NU	STANDARD HEMI WHEELCHAIR		972.03				
13192	K0002	RR	STANDARD HEMI WHEELCHAIR		97.20				
13193	K0002	UE	STANDARD HEMI WHEELCHAIR		729.03				
13194	K0003	NU	LIGHTWEIGHT WHEELCHAIR		1064.27				
13195	K0003	RR	LIGHTWEIGHT WHEELCHAIR		106.43				
13196	K0003	UE	LIGHTWEIGHT WHEELCHAIR		798.20				
13197	K0004	NU	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		1587.48				
13198	K0004	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		158.75				
13199	K0004	UE	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		1190.62				
13200	K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR		2196.18				

	A	B	C	D	E	F	G	H	I
13201	K0005	RR	ULTRALIGHTWEIGHT WHEELCHAIR		219.60				
13202	K0005	UE	ULTRALIGHTWEIGHT WHEELCHAIR		1647.11				
13203	K0006	NU	HEAVY-DUTY WHEELCHAIR		1489.79				
13204	K0006	RR	HEAVY-DUTY WHEELCHAIR		148.98				
13205	K0006	UE	HEAVY-DUTY WHEELCHAIR		1117.35				
13206	K0007	NU	EXTRA HEAVY-DUTY WHEELCHAIR		2120.55				
13207	K0007	RR	EXTRA HEAVY-DUTY WHEELCHAIR		212.05				
13208	K0007	UE	EXTRA HEAVY-DUTY WHEELCHAIR		1590.41				
13209	K0009		OTHER MANUAL WHEELCHAIR/BASE		BR				
13210	K0010	NU	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR		5060.46				
13211	K0010	RR	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR		506.05				
13212	K0010	UE	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR		3795.35				
13213	K0011	NU	STD-WT FRME MOTRIZD/PWR WHLCHAIR W/PROG CNTRL		BR				
13214	K0011	RR	STD-WT FRME MOTRIZD/PWR WHLCHAIR W/PROG CNTRL		BR				
13215	K0011	UE	STD-WT FRME MOTRIZD/PWR WHLCHAIR W/PROG CNTRL		BR				
13216	K0012	NU	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR		3859.77				
13217	K0012	RR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR		385.98				
13218	K0012	UE	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR		2894.83				
13219	K0014		OTHER MOTORIZED/POWER WHEELCHAIR BASE		BR				
13220	K0015	NU	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH		186.03				
13221	K0015	RR	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH		18.61				
13222	K0015	UE	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH		139.52				
13223	K0017	NU	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH		52.32				
13224	K0017	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH		5.23				
13225	K0017	UE	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH		39.25				
13226	K0018	NU	DETACHBLE ADJUSTBLE HEIGHT ARMREST UPPER PRTN EA		29.23				
13227	K0018	RR	DETACHBLE ADJUSTBLE HEIGHT ARMREST UPPER PRTN EA		2.90				
13228	K0018	UE	DETACHBLE ADJUSTBLE HEIGHT ARMREST UPPER PRTN EA		21.93				
13229	K0019	NU	ARM PAD EACH		17.65				
13230	K0019	RR	ARM PAD EACH		1.77				
13231	K0019	UE	ARM PAD EACH		13.24				
13232	K0020	NU	FIXED ADJUSTABLE HEIGHT ARMREST PAIR		47.57				
13233	K0020	RR	FIXED ADJUSTABLE HEIGHT ARMREST PAIR		4.76				
13234	K0020	UE	FIXED ADJUSTABLE HEIGHT ARMREST PAIR		35.66				
13235	K0037	NU	HIGH MOUNT FLIP-UP FOOTREST EACH		49.30				
13236	K0037	RR	HIGH MOUNT FLIP-UP FOOTREST EACH		4.41				
13237	K0037	UE	HIGH MOUNT FLIP-UP FOOTREST EACH		37.00				
13238	K0038	NU	LEG STRAP EACH		24.85				
13239	K0038	RR	LEG STRAP EACH		2.49				
13240	K0038	UE	LEG STRAP EACH		18.63				
13241	K0039	NU	LEG STRAP H STYLE EACH		55.17				
13242	K0039	RR	LEG STRAP H STYLE EACH		5.54				
13243	K0039	UE	LEG STRAP H STYLE EACH		41.37				
13244	K0040	NU	ADJUSTABLE ANGLE FOOTPLATE EACH		76.45				
13245	K0040	RR	ADJUSTABLE ANGLE FOOTPLATE EACH		7.63				
13246	K0040	UE	ADJUSTABLE ANGLE FOOTPLATE EACH		57.33				
13247	K0041	NU	LARGE SIZE FOOTPLATE EACH		54.19				
13248	K0041	RR	LARGE SIZE FOOTPLATE EACH		5.44				

	A	B	C	D	E	F	G	H	I
13249	K0041	UE	LARGE SIZE FOOTPLATE EACH		40.64				
13250	K0042	NU	STANDARD SIZE FOOTPLATE EACH		37.29				
13251	K0042	RR	STANDARD SIZE FOOTPLATE EACH		3.73				
13252	K0042	UE	STANDARD SIZE FOOTPLATE EACH		27.96				
13253	K0043	NU	FOOTREST LOWER EXTENSION TUBE EACH		19.99				
13254	K0043	RR	FOOTREST LOWER EXTENSION TUBE EACH		2.00				
13255	K0043	UE	FOOTREST LOWER EXTENSION TUBE EACH		15.01				
13256	K0044	NU	FOOTREST UPPER HANGER BRACKET EACH		17.04				
13257	K0044	RR	FOOTREST UPPER HANGER BRACKET EACH		1.70				
13258	K0044	UE	FOOTREST UPPER HANGER BRACKET EACH		12.78				
13259	K0045	NU	FOOTREST COMPLETE ASSEMBLY		57.97				
13260	K0045	RR	FOOTREST COMPLETE ASSEMBLY		5.99				
13261	K0045	UE	FOOTREST COMPLETE ASSEMBLY		43.48				
13262	K0046	NU	ELEVATING LEGREST LOWER EXTENSION TUBE EACH		19.99				
13263	K0046	RR	ELEVATING LEGREST LOWER EXTENSION TUBE EACH		2.00				
13264	K0046	UE	ELEVATING LEGREST LOWER EXTENSION TUBE EACH		15.01				
13265	K0047	NU	ELEVATING LEGREST UPPER HANGER BRACKET EACH		78.30				
13266	K0047	RR	ELEVATING LEGREST UPPER HANGER BRACKET EACH		7.85				
13267	K0047	UE	ELEVATING LEGREST UPPER HANGER BRACKET EACH		58.71				
13268	K0050	NU	RATCHET ASSEMBLY		33.28				
13269	K0050	RR	RATCHET ASSEMBLY		3.31				
13270	K0050	UE	RATCHET ASSEMBLY		24.97				
13271	K0051	NU	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH		53.87				
13272	K0051	RR	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH		5.42				
13273	K0051	UE	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH		40.38				
13274	K0052	NU	SWINGAWAY DETACHABLE FOOTRESTS EACH		94.65				
13275	K0052	RR	SWINGAWAY DETACHABLE FOOTRESTS EACH		9.46				
13276	K0052	UE	SWINGAWAY DETACHABLE FOOTRESTS EACH		70.97				
13277	K0053	NU	ELEVATING FOOTRESTS ARTICULATING EACH		104.44				
13278	K0053	RR	ELEVATING FOOTRESTS ARTICULATING EACH		10.44				
13279	K0053	UE	ELEVATING FOOTRESTS ARTICULATING EACH		78.33				
13280	K0056	NU	SEAT HT<17/=TO/>21 IN LTWT/ULTRALTWT WHLCHAIR		112.98				
13281	K0056	RR	SEAT HT<17/=TO/>21 IN LTWT/ULTRALTWT WHLCHAIR		11.30				
13282	K0056	UE	SEAT HT<17/=TO/>21 IN LTWT/ULTRALTWT WHLCHAIR		84.74				
13283	K0065	NU	SPOKE PROTECTORS EACH		52.81				
13284	K0065	RR	SPOKE PROTECTORS EACH		5.28				
13285	K0065	UE	SPOKE PROTECTORS EACH		39.61				
13286	K0069	NU	REAR WHL ASSEMBL CMPL W/SOLID TIRE SPOKE/MOLD EA		118.70				
13287	K0069	RR	REAR WHL ASSEMBL CMPL W/SOLID TIRE SPOKE/MOLD EA		12.36				
13288	K0069	UE	REAR WHL ASSEMBL CMPL W/SOLID TIRE SPOKE/MOLD EA		89.03				
13289	K0070	NU	REAR WHL ASSMBL CMPL-PNEUMAT TIRE SPOKE/MOLD EA		217.58				
13290	K0070	RR	REAR WHL ASSMBL CMPL-PNEUMAT TIRE SPOKE/MOLD EA		21.78				
13291	K0070	UE	REAR WHL ASSMBL CMPL-PNEUMAT TIRE SPOKE/MOLD EA		163.18				
13292	K0071	NU	FRONT CASTER ASSEMBLY COMPLETE W/PNEUMAT TIRE EA		129.77				
13293	K0071	RR	FRONT CASTER ASSEMBLY COMPLETE W/PNEUMAT TIRE EA		12.99				
13294	K0071	UE	FRONT CASTER ASSEMBLY COMPLETE W/PNEUMAT TIRE EA		97.32				
13295	K0072	NU	FRONT CASTR ASSEMBLY CMPL W/SEMIPNEUMAT TIRE EA		78.12				
13296	K0072	RR	FRONT CASTR ASSEMBLY CMPL W/SEMIPNEUMAT TIRE EA		7.81				

	A	B	C	D	E	F	G	H	I
13297	K0072	UE	FRONT CASTR ASSEMBLY CMPL W/SEMIPNEUMAT TIRE EA		58.59				
13298	K0073	NU	CASTER PIN LOCK EACH		41.34				
13299	K0073	RR	CASTER PIN LOCK EACH		4.13				
13300	K0073	UE	CASTER PIN LOCK EACH		31.01				
13301	K0077	NU	FRONT CASTER ASSEMBLY COMPLETE W/SOLID TIRE EACH		69.90				
13302	K0077	RR	FRONT CASTER ASSEMBLY COMPLETE W/SOLID TIRE EACH		6.97				
13303	K0077	UE	FRONT CASTER ASSEMBLY COMPLETE W/SOLID TIRE EACH		52.43				
13304	K0098	NU	DRIVE BELT FOR POWER WHEELCHAIR		27.87				
13305	K0098	RR	DRIVE BELT FOR POWER WHEELCHAIR		2.78				
13306	K0098	UE	DRIVE BELT FOR POWER WHEELCHAIR		20.87				
13307	K0105	NU	IV HANGER EACH		118.11				
13308	K0105	RR	IV HANGER EACH		11.81				
13309	K0105	UE	IV HANGER EACH		88.59				
13310	K0108		OTHER ACCESSORIES		BR				
13311	K0195	RR	ELEVATING LEGREST PAIR		21.58				
13312	K0455	RR	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED		314.64				
13313	K0462		TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE		BR				
13314	K0552		SPL EXT INF PUMP SYRINGE TYPE CARTRIDGE STERL EA		3.14				
13315	K0601		REPL BATTRY EXT INFUS PUMP SILVER OXIDE 1.5 V EA		1.32				
13316	K0602		REPL BATTERY EXT INFUS PUMP SILVER OXIDE 3 V EA		7.56				
13317	K0603		REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA		0.68				
13318	K0604		REPL BATTERY EXT INFUS PUMP LITHIUM 3.6 VOLT EA		7.23				
13319	K0605		REPL BATTERY EXT INFUS PUMP LITHIUM 4.5 VOLT EA		17.34				
13320	K0606	RR	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE		2694.44				
13321	K0607	NU	REPL BATTRY AUTO EXT DEFIB GARMNT TYPE ONLY EA		230.73				
13322	K0607	RR	REPL BATTRY AUTO EXT DEFIB GARMNT TYPE ONLY EA		23.08				
13323	K0607	UE	REPL BATTRY AUTO EXT DEFIB GARMNT TYPE ONLY EA		173.04				
13324	K0608	NU	REPLACEMENT GARMENT USE W/AUTO EXTERNAL DEFIB EA		143.99				
13325	K0608	RR	REPLACEMENT GARMENT USE W/AUTO EXTERNAL DEFIB EA		14.43				
13326	K0608	UE	REPLACEMENT GARMENT USE W/AUTO EXTERNAL DEFIB EA		108.00				
13327	K0609		REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA		957.56				
13328	K0669		WC ACCESS WC SEAT/BACK CUSHION NO DME PDAC		BR				
13329	K0672		ADD LOW EXT ORTHOSIS REMV SOFT INTERFACE REPL EA		91.51				
13330	K0730	NU	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM		2048.00				
13331	K0730	RR	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM		204.80				
13332	K0730	UE	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM		1535.99				
13333	K0733	NU	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA		30.93				
13334	K0733	RR	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA		3.11				
13335	K0733	UE	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA		23.21				
13336	K0734	NU	SKIN PROTECTION WC SEAT CUSH ADJ WIDTH <22 INCH		339.38				
13337	K0734	RR	SKIN PROTECTION WC SEAT CUSH ADJ WIDTH <22 INCH		33.94				
13338	K0734	UE	SKIN PROTECTION WC SEAT CUSH ADJ WIDTH <22 INCH		254.53				
13339	K0735	NU	SKIN PROTECTION WC SEAT CUSH ADJ WIDTH 22 INCH/>		431.84				
13340	K0735	RR	SKIN PROTECTION WC SEAT CUSH ADJ WIDTH 22 INCH/>		43.19				
13341	K0735	UE	SKIN PROTECTION WC SEAT CUSH ADJ WIDTH 22 INCH/>		323.89				
13342	K0736	NU	SKIN PROTCT&PSTN WC CUSHN ADJ WDTH <22 IN DEPTH		342.16				
13343	K0736	RR	SKIN PROTCT&PSTN WC CUSHN ADJ WDTH <22 IN DEPTH		34.22				
13344	K0736	UE	SKIN PROTCT&PSTN WC CUSHN ADJ WDTH <22 IN DEPTH		256.64				

	A	B	C	D	E	F	G	H	I
13345	K0737	NU	SKIN PROTECT& PSTN WC CUSHN ADJ WIDTH 22 IN />		433.16				
13346	K0737	RR	SKIN PROTECT& PSTN WC CUSHN ADJ WIDTH 22 IN />		43.31				
13347	K0737	UE	SKIN PROTECT& PSTN WC CUSHN ADJ WIDTH 22 IN />		324.87				
13348	K0738		PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR		BR				
13349	K0739		REPR/SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS		BR				
13350	K0740		REPR/SRVC FOR O2 EQP RQR TECH CMPNT PER 15 MINS		BR				2097.37
13351	K0800	NU	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS		1323.64				
13352	K0800	RR	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS		132.37				
13353	K0800	UE	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS		992.73				
13354	K0801	NU	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS		2133.98				
13355	K0801	RR	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS		213.37				
13356	K0801	UE	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS		1600.46				
13357	K0802	NU	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS		2414.97				
13358	K0802	RR	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS		241.48				
13359	K0802	UE	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS		1811.24				
13360	K0806	NU	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS		1601.25				
13361	K0806	RR	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS		160.12				
13362	K0806	UE	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS		1200.93				
13363	K0807	NU	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS		2429.70				
13364	K0807	RR	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS		242.97				
13365	K0807	UE	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS		1822.29				
13366	K0808	NU	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS		3759.25				
13367	K0808	RR	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS		375.91				
13368	K0808	UE	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS		2819.43				
13369	K0812		POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED		BR				
13370	K0813	RR	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS		246.99				
13371	K0814	RR	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS		316.15				
13372	K0815	RR	PWR WC GRP 1 STD SLING SEAT PT UP TO &= 300 LBS		360.04				
13373	K0816	RR	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO &=300 LBS		344.78				
13374	K0820	RR	PWR WC GRP 2 STD PORT SLING SEAT PT TO &=300 LBS		263.80				
13375	K0821	RR	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO &=300 LBS		338.67				
13376	K0822	RR	PWR WC GRP 2 STD SLING SEAT PT TO &=300 LBS		409.28				
13377	K0823	RR	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO &=300 LBS		411.97				
13378	K0824	RR	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS		495.82				
13379	K0825	RR	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS		453.90				
13380	K0826	RR	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB		641.89				
13381	K0827	RR	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS		545.82				
13382	K0828	RR	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/>		707.31				
13383	K0829	RR	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/>		649.51				
13384	K0830		PWR WC GRP 2 STD SEAT ELEV SLING PT TO &=300 LBS		BR				
13385	K0831		PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB		BR				
13386	K0835	RR	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS		415.42				
13387	K0836	RR	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS		430.79				
13388	K0837	RR	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS		495.82				
13389	K0838	RR	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS		443.57				
13390	K0839	RR	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS		641.89				
13391	K0840	RR	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>		972.51				
13392	K0841	RR	PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS		442.17				

	A	B	C	D	E	F	G	H	I
13393	K0842	RR	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS		442.17				
13394	K0843	RR	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS		532.37				
13395	K0848	RR	PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS		541.05				
13396	K0849	RR	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS		520.19				
13397	K0850	RR	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS		627.62				
13398	K0851	RR	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS		603.44				
13399	K0852	RR	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB		725.17				
13400	K0853	RR	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS		744.92				
13401	K0854	RR	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/>		986.87				
13402	K0855	RR	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>		932.25				
13403	K0856	RR	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB		580.77				
13404	K0857	RR	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB		592.41				
13405	K0858	RR	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS		720.56				
13406	K0859	RR	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS		687.20				
13407	K0860	RR	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB		1029.42				
13408	K0861	RR	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB		581.70				
13409	K0862	RR	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS		720.56				
13410	K0863	RR	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB		1029.42				
13411	K0864	RR	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/>		1225.01				
13412	K0868		PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS		BR				
13413	K0869		PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS		BR				
13414	K0870		PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS		BR				
13415	K0871		PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB		BR				
13416	K0877		PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB		BR				
13417	K0878		PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB		BR				
13418	K0879		PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS		BR				
13419	K0880		PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB		BR				
13420	K0884		PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB		BR				
13421	K0885		PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS		BR				
13422	K0886		PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS		BR				
13423	K0890		PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB		BR				
13424	K0891		PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB		BR				
13425	K0898		POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED		BR				
13426	K0899		PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT		BR				
13427	L0112		CRANIL CERV ORTHOT CONGN TORTICOLLIS TYPE CUSTOM		1506.84				
13428	L0113		CRANIAL CERVL ORTHOTIC TORTICOLLIS TYPE PREFAB		BR				
13429	L0120		CERVICAL FLEXIBLE NONADJUSTABLE		29.89				
13430	L0130		CERV FLEXIBLE THERMOPLASTIC COLLAR MOLDED PT		183.85				
13431	L0140		CERVICAL SEMI-RIGID ADJUSTABLE		72.14				
13432	L0150		CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP		121.77				
13433	L0160		CERV SEMI-RIGID WIRE FRAME OCCIP/MAND SUPPORT		176.49				
13434	L0170		CERVICAL COLLAR MOLDED TO PATIENT MODEL		726.74				
13435	L0172		CERV COLLAR SEMI-RIGID THERMOPCERV COLLAR SEMI-R		143.07				
13436	L0174		CERV COLLR SEMI-RIGD THERMOPLSTC W/THOR EXT		309.56				
13437	L0180		CERV MX POST COLLAR OCCIP/MAND SUPPORTS ADJUSTBL		417.53				
13438	L0190		CERV MX POST COLLR OCCIP/MAND SUPP ADJ CERV BARS		558.21				
13439	L0200		CERV MX POST COLLR OCCIP/MAND ADJ CERV&THOR EXT		581.93				
13440	L0220		THORACIC RIB BELT CUSTOM FABRICATED		138.01				

	A	B	C	D	E	F	G	H	I
13441	L0430		SP ORTHOTIC ANT-POST-LAT CNTRL INTRFCE MATL CSTM		1509.94				
13442	L0450		TLSO FLEX TRNK SUPP UP THOR RGN PRFAB FIT&ADJ		195.84				
13443	L0452		TLSO FLXIBLE PROV TRNK SUPP UP THOR RGN CSTM FAB		BR				
13444	L0454		TLSO FLEX TRNK SACROCOCCYGEAL JUNC TO T-9 PRFAB		373.40				
13445	L0456		TLSO FLEX TRNK SACROCOCCYGEAL TO SCAP SPN PRFAB		1070.78				
13446	L0458		TLSO TRIPLANAR 2 RIGD SHELL ANT TO XIPHOID PRFAB		960.16				
13447	L0460		TLSO TRIPLANAR 2 SHELL ANT TO STERNL NOTCH PRFAB		1080.73				
13448	L0462		TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB		1344.24				
13449	L0464		TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB		1600.30				
13450	L0466		TLSO SAGIT RIGD POST FRME&FLEX ANT APRON PRFAB		421.01				
13451	L0468		TLSO SAGIT-CORONAL POST FRME&ANT APRON PRFAB		516.53				
13452	L0470		TLSO TRIPLANAR POST FRME&ANT APRON W/STRAP PRFAB		718.45				
13453	L0472		TLSO TRIPLANAR HYPREXT RIGD ANT&LAT FRME PRFAB		455.64				
13454	L0480		TLSO TRIPLANAR 1 PIECE W/O INTERFCE LINER CSTM		1604.60				
13455	L0482		TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER CSTM		1747.47				
13456	L0484		TLSO TRIPLANAR 2 PIECE W/O INTERFCE LINER CSTM		2002.61				
13457	L0486		TLSO TRIPLANAR 2 PIECE W/INTERFCE LINER CSTM		2124.66				
13458	L0488		TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER PRFAB		1080.73				
13459	L0490		TLSO SAGIT-CORONAL W/OVRLAP REINFORCED ANT PRFAB		304.55				
13460	L0491		TLSO TWO RIGID PLASTIC SHELLS PREFABRICATED		826.84				
13461	L0492		TLSO THREE RIGID PLASTIC SHELLS PREFABRICATED		536.89				
13462	L0621		SACROILIAC ORTHOTIC FLEXIBLE PREFABRICATED		103.91				
13463	L0622		SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED		291.12				
13464	L0623		SACROILIAC ORTHOT RIGID/SEMI-RIGID PANELS PREFAB		BR				
13465	L0624		SACROIL ORTHOT W/ RIGD/SEMI-RIGD PANELS CSTM FAB		BR				
13466	L0625		LUMBAR ORTHOTIC FLEXIBLE PREFABRICATED		59.32				
13467	L0626		LUMBAR ORTHOTIC W/RIGID POST PANEL PREFAB		83.93				
13468	L0627		LUMBAR ORTHOTIC RIGID ANT & POST PANEL PREFAB		442.65				
13469	L0628		LUMBAR-SCARAL ORTHOTIC FLEXIBLE PREFABRICATED		90.33				
13470	L0629		LUMBAR-SACRAL ORTHOTIC FLEXIBLE CUSTOM FAB		BR				
13471	L0630		LUMB-SACRAL ORTHOTIC W/RIGID POST PANEL PREFAB		174.40				
13472	L0631		LUMB-SACRAL ORTHOTIC RIGID ANT/POST PANEL PREFAB		1105.50				
13473	L0632		LUMBAR-SACR ORTHOT W/RIGD ANT&POST PANL CSTM FAB		BR				
13474	L0633		LUMBAR-SACRAL ORTHOT RIGD POST FRAME/PANL PREFAB		308.81				
13475	L0634		LUMBAR-SAC ORTHOT RIGD POST FRAME/PANL CSTM FAB		BR				
13476	L0635		LSO LUMB FLEX RIGD POST FRAME/PANL PREFAB		1078.64				
13477	L0636		LSO LUMB FLEX RIGD POST FRAME/PANL CSTM FAB		1596.79				
13478	L0637		LSO W/RIGID ANT & POST FRAME/PANEL PREFAB		1263.65				
13479	L0638		LSO W/RIGID ANT & POST FRAME/PANEL CUSTOM FAB		1419.95				
13480	L0639		LUMBA-SACRAL ORTHOTIC RIGID SHELL/PANEL PREFAB		1263.65				
13481	L0640		LUMBAR-SACRAL ORTHOT RIGID SHELL/PANEL CSTM FAB		1126.56				
13482	L0700		CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL		2278.21				
13483	L0710		CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL		2353.49				
13484	L0810		HALO PROC CERV HALO INCORPORATED IN JACKET VEST		2906.68				
13485	L0820		HALO PROC CERV HALO INC IN PLASTR BDY JACKET		2434.15				
13486	L0830		HALO PROC CERV HALO INC IN MLWAKEE TYPE ORTHOSIS		3533.65				
13487	L0859		ADD HALO PROC MRI COMPAT SYS RINGS&PINS ANY MATL		1372.79				
13488	L0861		ADD HALO PROC REPLCMT LINER/INTERFCE MATERIAL		232.05				

	A	B	C	D	E	F	G	H	I
13489	L0970		TLSO CORSET FRONT		128.79				
13490	L0972		LSO CORSET FRONT		115.97				
13491	L0974		TLSO FULL CORSET		201.75				
13492	L0976		LSO FULL CORSET		180.19				
13493	L0978		AXILLARY CRUTCH EXTENSION		216.91				
13494	L0980		PERONEAL STRAPS PAIR		19.67				
13495	L0982		STOCKING SUPPORTER GRIPS SET OF 4		18.34				
13496	L0984		PROTECTIVE BODY SOCK EACH		67.47				
13497	L0999		ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED		BR				
13498	L1000		CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL		2287.83				
13499	L1001		CERV THOR LUMB SACRAL IMMOBLIZR INFANT SZ PREFAB		BR				
13500	L1005		TENSION BASED SCOLIOSIS ORTHOTIC&ACCESSORY PADS		3445.84				
13501	L1010		ADDITION CTLSO/SCOLIOSIS ORTHOSIS AXILLA SLING		75.63				
13502	L1020		ADDITION CTLSO/SCOLIOSIS ORTHOSIS KYPHOSIS PAD		97.40				
13503	L1025		ADD CTLSO/SCOLIOS ORTHOS KYPHOS PAD FLOATING		140.51				
13504	L1030		ADD CTLSO/SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD		71.69				
13505	L1040		ADD CTLSO/SCOLIOSIS ORTHOSIS LUMB/LUMB RIB PAD		87.91				
13506	L1050		ADDITION TO CTLSO/SCOLIOSIS ORTHOSIS STERNAL PAD		93.82				
13507	L1060		ADDITION CTLSO/SCOLIOSIS ORTHOSIS THORACIC PAD		107.77				
13508	L1070		ADD CTLSO/SCOLIOSIS ORTHOSIS TRAPEZIUS SLING		101.40				
13509	L1080		ADDITION TO CTLSO/SCOLIOSIS ORTHOSIS OUTRIGGER		62.37				
13510	L1085		ADD CTLSO/SCOLIO ORTHO OUTRIG BIL-VERTICL EXT		173.46				
13511	L1090		ADDITION CTLSO/SCOLIOSIS ORTHOSIS LUMBAR SLING		103.29				
13512	L1100		ADD CTLSO/SCOLIOS ORTHOS RING FLNGE PLSTC/LEATHR		179.21				
13513	L1110		ADD CTLSO/SCOLIOS RING FLNGE MOLD PT MDL		287.80				
13514	L1120		ADDITION CTLSO SCOLIOSIS ORTHOSIS COVER UPRT EA		44.75				
13515	L1200		TLSO INCLUSIVE FURNISHING INITIAL ORTHOTIC ONLY		1765.62				
13516	L1210		ADDITION TO TLSO LATERAL THORACIC EXTENSION		294.86				
13517	L1220		ADDITION TO TLSO ANTERIOR THORACIC EXTENSION		249.64				
13518	L1230		ADDITION TO TLSO MILWAUKEE TYPE SUPERSTRUCTURE		640.57				
13519	L1240		ADDITION TO TLSO LUMBAR DEROTATION PAD		87.50				
13520	L1250		ADDITION TO TLSO ANTERIOR ASIS PAD		81.42				
13521	L1260		ADDITION TLSO ANTERIOR THORACIC DEROTATION PAD		85.25				
13522	L1270		ADDITION TO TLSO ABDOMINAL PAD		87.31				
13523	L1280		ADDITION TO TLSO RIB GUSSET EACH		97.20				
13524	L1290		ADDITION TO TLSO LATERAL TROCHANTERIC PAD		88.56				
13525	L1300		OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL		1882.37				
13526	L1310		OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET		1936.96				
13527	L1499		SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED		BR				
13528	L1500		THORACIC-HIP-KNEE-ANKLE ORTHOTIC MOBILITY FRAME		2140.46				
13529	L1510		THKAO STANDING FRAME W/WO TRAY AND ACCESSORIES		1354.16				
13530	L1520		THKAO SWIVEL WALKER		2570.81				
13531	L1600		HIP ORTHOT ABDUCT-FLX FREJKA W/CVR PRFAB FIT&ADJ		145.21				
13532	L1610		HIP ORTHOTIC ABDUCT HIP JNT FLX PRFAB W/FIT&ADJ		49.47				
13533	L1620		HIP ORTHOS ABDUCT-FLX PAVLIK HARN PREFAB FIT&ADJ		150.98				
13534	L1630		HO ABDUCT CONTROL OF HIP JNT SEMI-FLEX CSTM FAB		190.95				
13535	L1640		HIP ORTHOTIC-PELV BAND/SPRDR BAR THI CUFFS FAB		519.97				
13536	L1650		HIP ORTHOTIC ABDUCT CNTRL STAT ADJ PRFAB-FIT&ADJ		260.90				

	A	B	C	D	E	F	G	H	I
13537	L1652		HIP ORTHOTIC BIL THI CUFF ADLT SZ PRFAB ANY TYPE		383.78				
13538	L1660		HIP ORTHOT ABDUCT CNTRL STAT PLSTC PRFAB-FIT&ADJ		192.85				
13539	L1680		HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB		1373.02				
13540	L1685		HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM		1340.40				
13541	L1686		HIP ORTHOT ABDUCT CNTRL POSTOP HIP PRFAB-FIT&ADJ		1027.93				
13542	L1690		COMB BIL LUMBO-SAC HIP FEM ORTHOT PRFB W/FIT&ADJ		2081.88				
13543	L1700		LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED		1720.86				
13544	L1710		LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB		2014.47				
13545	L1720		LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB		1484.90				
13546	L1730		LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB		1275.39				
13547	L1755		LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB		1784.11				
13548	L1810		KO ELASTIC W/JOINTS PREFAB INCLUDES FITTING&ADJ		110.98				
13549	L1820		KO ELAST W/CONDYLR PADS&JNT PRFAB INCL FIT&ADJ		146.12				
13550	L1830		KO IMMOBLIZR CANVAS LNGTUDNL PRFAB INCL FIT&ADJ		98.57				
13551	L1831		KNEE ORTHOT LOCK KNEE JNT PSTN ORTHOT PRFAB		316.87				
13552	L1832		KO ADJ KNEE JNT UNICENT/POLYCNT RIGD PREFAB		685.11				
13553	L1834		KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED		874.75				
13554	L1836		KNEE ORTHOTIC RIGID WITHOUT JOINT PREFABRICATED		143.65				
13555	L1840		KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB		1036.14				
13556	L1843		KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF PREFAB		966.00				
13557	L1844		KO 1 UPRT THI&CALF ADJ UNICNT/POLYCNT CSTM FAB		1791.81				
13558	L1845		KO DBL UPRT THI&CALF ADJ UNICNT/POLYCNT PREFAB		921.05				
13559	L1846		KO DBL UPRT THI&CALF ADJ UNICNT/POLYCNT CSTM FAB		1258.87				
13560	L1847		KO DBL UPRT W/ADJ JNT-INFLAT AIR SUPP CHMB PRFAB		619.23				
13561	L1850		KO SWEDISH TYPE PREFAB INCLUDES FIT & ADJ		324.36				
13562	L1860		KO MOD SUPRACONDYLR PROSTHETIC SOCKT CSTM FAB		1209.20				
13563	L1900		AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB		304.00				
13564	L1902		AFO ANK GAUNTLET PREFAB INCLUDES FIT & ADJ		89.96				
13565	L1904		AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED		529.91				
13566	L1906		AFO MULTILIGUS ANK SUPPORT PREFAB INCL FIT & ADJ		135.52				
13567	L1907		AFO SUPRAMALLEOLAR W/STRAPS CUSTOM FABRICATED		605.79				
13568	L1910		AFO POST 1 BAR CLASP ATTCH SHOE COUNTER PRFAB		301.35				
13569	L1920		AFO SINGLE UPRT W/STATIC/ADJUSTBL STOP CSTM FAB		393.95				
13570	L1930		ANKLE FOOT ORTHOTIC PLASTIC/OTH MATL PREFAB		266.57				
13571	L1932		AFO RIGD ANT TIBL TOT CARB FIBER/EQUL MATL PRFAB		960.72				
13572	L1940		ANK FT ORTHOTIC PLASTIC/OTH MATERIAL CUSTOM FAB		557.29				
13573	L1945		AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM		1043.14				
13574	L1950		ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB		839.34				
13575	L1951		ANK FT ORTHOT SPIRAL PLSTC/OTH MATL PRFAB W/FIT		904.17				
13576	L1960		AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB		624.61				
13577	L1970		AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED		801.85				
13578	L1971		ANK FT ORTHOTIC PLSTC/OTH MATL W/ANK JNT PREFAB		504.64				
13579	L1980		AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB		413.57				
13580	L1990		AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM		502.31				
13581	L2000		KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM		1142.98				
13582	L2005		KAFO ANY MATL AUTO LOCK&SWNG RLSE W/ANK JNT CSTM		4412.74				
13583	L2010		KAFO 1 UPRT SOLID STIRUP W/O KNEE JNT CSTM FAB		1041.93				
13584	L2020		KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB		1315.80				

	A	B	C	D	E	F	G	H	I
13585	L2030		KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM		1141.57				
13586	L2034		KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB		2206.12				
13587	L2035		KAFO FULL PLSTC STAT PED W/O FREE MOT ANK PRFAB		187.67				
13588	L2036		KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB		2090.72				
13589	L2037		KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB		1876.92				
13590	L2038		KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB		1611.14				
13591	L2040		HKAFO TORSION CNTRL BIL ROTAT STRAPS CSTM		200.06				
13592	L2050		HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB		536.81				
13593	L2060		HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM		654.25				
13594	L2070		HKAFO TORSION CNTRL UNI ROTAT STRAPS CSTM FAB		151.55				
13595	L2080		HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB		405.32				
13596	L2090		HKAFO UNI TORSION CABLE BALL BEAR CSTM		494.12				
13597	L2106		AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB		766.18				
13598	L2108		AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB		1204.02				
13599	L2112		AFO FX ORTHO TIB FX ORTHO SFT PRFAB W/FIT & ADJ		525.75				
13600	L2114		AFO TIBL FX ORTHOS SEMI-RIGD PRFAB W/FIT & ADJ		654.08				
13601	L2116		AFO TIB FX ORTHOTIC RIGID PRFAB W/FIT & ADJ		802.22				
13602	L2126		KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB		1349.38				
13603	L2128		KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB		1932.29				
13604	L2132		KAFO FEM FX CAST ORTHOTIC SFT PRFAB W/FIT & ADJ		909.03				
13605	L2134		KAFO FEM FX CAST ORTHOT SEMI-RIGD PRFAB FIT&ADJ		1089.89				
13606	L2136		KAFO FEM FX CAST ORTHOTIC RIGD PRFAB W/FIT & ADJ		1332.65				
13607	L2180		ADD LW EXTRM FX ORTHOT PLSTC SHOE INSRT ANK JNT		131.97				
13608	L2182		ADD LOW EXTREM FX ORTHOTIC DROP LOCK KNEE JOINT		103.29				
13609	L2184		ADD LOW EXTREM FX ORTHOTIC LTD MOTION KNEE JOINT		139.60				
13610	L2186		ADD LW EXT FX ORTH ADJ MOT KNEE JNT LERMAN TYPE		169.65				
13611	L2188		ADD LOW EXTREM FRACTURE ORTHOTIC QUADRILAT BRIM		337.49				
13612	L2190		ADDITION LOW EXTREM FRACTURE ORTHOTIC WAIST BELT		98.41				
13613	L2192		ADD LW EXT ORTHOTIC HIP JNT THI FLNGE&PELV BELT		401.79				
13614	L2200		ADDITION LOWER EXTREMITY LTD ANK MOTION EA JOINT		53.57				
13615	L2210		ADDITION LOWER EXTREM DORSIFLEX ASSIST EA JOINT		75.75				
13616	L2220		ADD LW EXTRM DORSIFLX&PLANTR ASST/RSIST EA JNT		92.29				
13617	L2230		ADD LW EXTRM SPLIT FLAT CALIPRR STIRRUPS & PLATE		86.46				
13618	L2232		ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM		105.36				
13619	L2240		ADD LOW EXTREM ROUND CALIPER&PLATE ATTACHMENT		94.23				
13620	L2250		ADD LOW EXTREM FT PLATE MOLD PT MDL STIRUP ATTCH		400.42				
13621	L2260		ADDITION LOWER EXTREM REINFORCED SOLID STIRRUP		225.90				
13622	L2265		ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP		132.70				
13623	L2270		ADD LW EXT VARUS/VALGUS CORR STRAP PAD/LINE PAD		60.52				
13624	L2275		ADD LW EXTRM VARUS/VULGUS CORR PLSTC MOD PADD/LN		141.34				
13625	L2280		ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT		510.27				
13626	L2300		ADDITION LOW EXTREM ABDUCT BAR JOINTED ADJUSTBLE		303.40				
13627	L2310		ADDITION LOWER EXTREMITY ABDUCTION BAR STRAIGHT		138.62				
13628	L2320		ADD LOW EXT NONMOLD LACER CSTM FAB ORTHOS ONLY		231.86				
13629	L2330		ADD LOW EXT LACER MOLD PT MDL CSTM ORTHOTIC ONLY		442.48				
13630	L2335		ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND		255.99				
13631	L2340		ADD LOW EXTREM PRETIBL SHELL MOLDED PT MODEL		503.64				
13632	L2350		ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL		1004.11				

	A	B	C	D	E	F	G	H	I
13633	L2360		ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK		58.30				
13634	L2370		ADDITION TO LOWER EXTREMITY PATTEN BOTTOM		289.28				
13635	L2375		ADD LW EXT TORSION CNTRL ANK JNT&HALF STIRUP		127.32				
13636	L2380		ADD LW EXT TORSION CNTRL STRAIT KNEE JNT EA JNT		138.73				
13637	L2385		ADD LOW EXTREM STRAIT KNEE JNT HEVY DUTY EA JNT		150.94				
13638	L2387		ADD LW EXT POLYCENTRIC KNEE JNT CSTM KAFO EA JNT		186.50				
13639	L2390		ADDITION LOWER EXTREM OFFSET KNEE JOINT EA JOINT		123.36				
13640	L2395		ADD LOW EXTREM OFFSET KNEE JNT HEVY DUTY EA JNT		176.30				
13641	L2397		ADDITION LOWER EXTREM ORTHOTIC SUSPENSION SLEEVE		126.64				
13642	L2405		ADDITION TO KNEE JOINT DROP LOCK EACH		93.86				
13643	L2415		ADD KNEE LOCK W/INTEGRATED RLSE MECH MATL EA JNT		130.77				
13644	L2425		ADD KNEE JNT DISC/DIAL LOCK ADJ KNEE FLX EA JNT		154.32				
13645	L2430		ADD KNEE JNT RATCHET LOCK KNEE EXT EA JNT		154.32				
13646	L2492		ADDITION TO KNEE JOINT LIFT LOOP DROP LOCK RING		114.91				
13647	L2500		ADD LW EXTRM THI/WT BEAR GLUTL/ISCH WT BEAR RING		355.50				
13648	L2510		ADD LW EXTRM THI/WT BEAR QUADRI-LAT BRIM MOLD PT		818.54				
13649	L2520		ADD LW EXTRM THI/WT BEAR QUADRI-LAT BRIM CSTM		519.13				
13650	L2525		ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL		1373.66				
13651	L2526		ADD LW EXTRM ISCH M-L BRIM CSTM FIT		771.85				
13652	L2530		ADD LOW EXTREM THIGH/WEIGHT BEAR LACER NONMOLDED		264.78				
13653	L2540		ADD LOW EXTREM THI/WEIGHT BEAR LACER MOLD PT MDL		476.42				
13654	L2550		ADD LOW EXTREM THIGH/WEIGHT BEAR HIGH ROLL CUFF		323.65				
13655	L2570		ADD LW EXT PELV HIP JNT CLEVIS TYPE 2 PSTN JNT		536.74				
13656	L2580		ADDITION LOWER EXTREM PELV CONTROL PELV SLING		522.99				
13657	L2600		ADD LW EXT PELV HIP JNT CLEVIS/THRUST BEAR FREE		231.43				
13658	L2610		ADD LW EXT PELV HIP JNT CLEVIS/THRUST BEAR LOCK		273.67				
13659	L2620		ADD LOW EXTREM PELV CNTRL HIP JOINT HEVY-DUTY EA		301.30				
13660	L2622		ADD LOW EXTRM PELV CNTRL HIP JNT ADJUSTBL FLX EA		345.57				
13661	L2624		ADD LW EXTRM PELV HIP JNT ADJ FLX EXT ABDUCT EA		373.16				
13662	L2627		ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT&CABLES		1931.80				
13663	L2628		ADD LW EXT PELV METL FRME RECIP HIP JNT&CABLES		1887.96				
13664	L2630		ADD LOW EXTREM PELVIC CONTROL BAND & BELT UNI		279.04				
13665	L2640		ADDITION LOW EXTREM PELV CONTROL BAND & BELT BIL		378.70				
13666	L2650		ADD LOW EXTREM PELV&THOR CONTROL GLUTEAL PAD EA		135.23				
13667	L2660		ADDITION LOWER EXTREM THOR CONTROL THOR BAND		210.03				
13668	L2670		ADD LOW EXTREM THOR CONTROL PARASPINAL UPRIGHTS		192.22				
13669	L2680		ADD LOW EXTREM THOR CNTRL LAT SUPPORT UPRIGHTS		176.34				
13670	L2750		ADD LOW EXTREM ORTHOTIC PLATING CHROME/NICKL-BAR		94.19				
13671	L2755		ADD LOW EXT ORTHOTIC HYBRID COMPOS PER SEG CSTM		140.67				
13672	L2760		ADDITION LOW EXTREM ORTHOTIC EXT PER EXT PER BAR		68.47				
13673	L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR		140.27				
13674	L2780		ADD LOW EXTREM ORTHOTIC NONCORROSIVE FINISH BAR		76.27				
13675	L2785		ADDITION LOW EXTREM ORTHOTIC DROP LOCK RETAIN EA		35.71				
13676	L2795		ADD LOW EXTREM ORTHOTIC KNEE CNTRL FULL KNEECAP		95.75				
13677	L2800		ADD LOW EXT ORTHOT KNEE CNTRL KNEE CAP CSTM ONLY		120.20				
13678	L2810		ADD LOW EXTREM ORTHOTIC KNEE CONTROL CONDYLR PAD		88.02				
13679	L2820		ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE		97.86				
13680	L2830		ADD LW EXT ORTHOTIC SOFT INTERFCE MOLD ABVE KNEE		105.87				

	A	B	C	D	E	F	G	H	I
13681	L2840		ADD LOW EXTREM ORTHOTIC TIB LENGTH SOCK FX/= EA		49.23				
13682	L2850		ADD LOW EXTREM ORTHOT FEM LENGTH SOCK FX/EQUL EA		69.77				
13683	L2861		ADD LOW EXT JOINT KNEE/ANK CSTM FAB ONLY EA		BR				2097.37
13684	L2999		LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED		BR				
13685	L3000		FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA		338.19				
13686	L3001		FOOT INSERT REMOVABLE MOLDED PT MODEL SPENCO EA		142.39				
13687	L3002		FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE/EQUL EA		173.88				
13688	L3003		FOOT INSERT REMV MOLDED PT MODEL SILICONE GEL EA		187.59				
13689	L3010		FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA		187.59				
13690	L3020		FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA		213.60				
13691	L3030		FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH		82.16				
13692	L3031		FOOT INSRT/PLAT REMV ADD LW EXT ORTHOT HI STRGTH		BR				
13693	L3040		FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA		50.66				
13694	L3050		FOOT ARCH SUPPORT REMOVABLE PREMOLDED MT EA		50.66				
13695	L3060		FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA		79.41				
13696	L3070		FOOT ARCH SUPPORT NONREMV ATTCH SHOE LNGTUDNL EA		34.22				
13697	L3080		FOOT ARCH SUPPORT NONREMOVABLE ATTCH SHOE MT EA		34.22				
13698	L3090		FOOT ARCH SUPP NONREMV ATTCH SHOE LNGTUDNL/MT EA		43.83				
13699	L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT		46.55				
13700	L3140		FOOT ABDUCTION ROTATION BAR INCLUDING SHOES		95.86				
13701	L3150		FOOT ABDUCTION ROTATION BAR WITHOUT SHOES		87.63				
13702	L3160		FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE		19.97				
13703	L3170		FOOT PLASTIC SILICONE/EQUAL HEEL STABILIZER EACH		54.78				
13704	L3201		ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR INFNT		76.53				
13705	L3202		ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR CHILD		75.20				
13706	L3203		ORTHOPEDIC SHOE OXFORD W/SUPINATOR/PRONATOR JR		73.21				
13707	L3204		ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR INFNT		73.21				
13708	L3206		ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR CHILD		76.20				
13709	L3207		ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR/PRONATOR JR		77.53				
13710	L3208		SURGICAL BOOT EACH INFANT		40.60				
13711	L3209		SURGICAL BOOT EACH CHILD		57.57				
13712	L3211		SURGICAL BOOT EACH JUNIOR		61.23				
13713	L3212		BENESCH BOOT PAIR INFANT		85.52				
13714	L3213		BENESCH BOOT PAIR CHILD		103.15				
13715	L3214		BENESCH BOOT PAIR JUNIOR		109.81				
13716	L3215		ORTHOPEDIC FOOTWEAR LADIES SHOE OXFORD EACH		139.76				2097.37
13717	L3216		ORTHOPEDIC FOOTWEAR LADIES SHOE DEPTH INLAY EACH		169.04				2097.37
13718	L3217		ORTHOPED FTWEAR LADIES SHOE HITOP DEPTH INLAY EA		183.35				2097.37
13719	L3219		ORTHOPEDIC FOOTWEAR MENS SHOE OXFORD EACH		157.06				2097.37
13720	L3221		ORTHOPEDIC FOOTWEAR MENS SHOE DEPTH INLAY EACH		188.34				2097.37
13721	L3222		ORTHOPED FOOTWEAR MENS SHOE HITOP DEPTH INLAY EA		207.97				2097.37
13722	L3224		ORTHOPEDIC FOOTWEAR WOMAN SHOE OXFRD PART BRACE		66.27				
13723	L3225		ORTHOPEDIC FOOTWEAR MAN SHOE OXFORD PART BRACE		76.23				
13724	L3230		ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH		244.90				
13725	L3250		ORTHOPED FTWEAR CSTM MOLD REMV INNR MOLD PROSTH		476.50				
13726	L3251		FOOT SHOE MOLDED PATIENT MODEL SILICONE SHOE EA		65.55				
13727	L3252		FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA		260.88				
13728	L3253		FOOT MOLDED SHOE PLASTAZOTE CUSTOM FITTED EACH		65.22				

	A	B	C	D	E	F	G	H	I
13729	L3254		NONSTANDARD SIZE OR WIDTH		BR				
13730	L3255		NONSTANDARD SIZE OR LENGTH		BR				
13731	L3257		ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE		47.25				
13732	L3260		SURGICAL BOOT/SHOE EACH		26.62				2097.37
13733	L3265		PLASTAZOTE SANDAL EACH		28.95				
13734	L3300		LIFT ELEVATION HEEL TAPERED METATARSALS PER INCH		56.13				
13735	L3310		LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH		87.63				
13736	L3320		LIFT ELEVATION HEEL AND SOLE CORK PER INCH		176.36				
13737	L3330		LIFT ELEVATION METAL EXTENSION		609.29				
13738	L3332		LIFT ELEV INSIDE SHOE TAPERED UP ONE-HALF INCH		79.41				
13739	L3334		LIFT ELEVATION HEEL PER INCH		41.07				
13740	L3340		HEEL WEDGE SACH		91.76				
13741	L3350		HEEL WEDGE		24.64				
13742	L3360		SOLE WEDGE OUTSIDE SOLE		38.33				
13743	L3370		SOLE WEDGE BETWEEN SOLE		53.39				
13744	L3380		CLUBFOOT WEDGE		53.39				
13745	L3390		OUTFLARE WEDGE		53.39				
13746	L3400		METATARSAL BAR WEDGE ROCKER		43.83				
13747	L3410		METATARSAL BAR WEDGE BETWEEN SOLE		99.96				
13748	L3420		FULL SOLE AND HEEL WEDGE BETWEEN SOLE		58.87				
13749	L3430		HEEL COUNTER PLASTIC REINFORCED		172.52				
13750	L3440		HEEL COUNTER LEATHER REINFORCED		82.16				
13751	L3450		HEEL SACH CUSHION TYPE		113.64				
13752	L3455		HEEL NEW LEATHER STANDARD		43.83				
13753	L3460		HEEL NEW RUBBER STANDARD		36.96				
13754	L3465		HEEL THOMAS WITH WEDGE		63.00				
13755	L3470		HEEL THOMAS EXTENDED TO BALL		67.10				
13756	L3480		HEEL PAD AND DEPRESSION FOR SPUR		67.10				
13757	L3485		HEEL PAD REMOVABLE FOR SPUR		26.62				
13758	L3500		ORTHOPEDIC SHOE ADDITION INSOLE LEATHER		31.49				
13759	L3510		ORTHOPEDIC SHOE ADDITION INSOLE RUBBER		31.49				
13760	L3520		ORTHOPED SHOE ADDITION INSOLE FELT COVR W/LEATHR		34.22				
13761	L3530		ORTHOPEDIC SHOE ADDITION SOLE HALF		34.22				
13762	L3540		ORTHOPEDIC SHOE ADDITION SOLE FULL		54.78				
13763	L3550		ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD		9.58				
13764	L3560		ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE		24.64				
13765	L3570		ORTHOPEDIC SHOE ADDITION SPECIAL EXT INSTEP		91.76				
13766	L3580		ORTHOPED SHOE ADD CONVERT INSTEP VELCRO CLOS		69.82				
13767	L3590		ORTHO SHOE ADD CONVRT FIRM COUNTER SFT COUNTER		57.51				
13768	L3595		ORTHOPEDIC SHOE ADDITION MARCH BAR		45.17				
13769	L3600		TRNSF ER ORTHOTIC SHOE TO SHOE CALIPR PLAT XST		82.16				
13770	L3610		TRNSF ORTHOT ONE SHOE TO ANOTHER CALIP PLATE NEW		108.17				
13771	L3620		TRNSF ORTHOT 1 SHOE-ANOTHR SOLID STIRRUP EXIST		82.16				
13772	L3630		TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW		108.17				
13773	L3640		TRNSF ORTHOT SHOE TO SHOE DENNIS BROWNE SPLNT		46.55				
13774	L3649		ORTHOPED SHOE MODIFICATION ADDITION/TRANSFER NOS		BR				
13775	L3650		SO FIGURE 8 DESN ABDUCT RESTRNER PRFAB W/FIT&ADJ		65.39				
13776	L3660		SO FIG 8 DESN ABDUCT RESTRNER CANVAS&WEB PRFAB		113.33				

	A	B	C	D	E	F	G	H	I
13777	L3670		SO ACROMIO/CLAVICULAR PREFAB INCLUDES FIT&ADJ		124.70				
13778	L3671		SHLDR ORTHOTIC SHLDR CAP DESN W/O JNTS CSTM FAB		882.87				
13779	L3672		SHOULDER ORTHOTIC W/O JOINTS CUSTOM FAB		1097.93				
13780	L3673		SO INCL NONTORSION JOINT/TURNBUCKLE CSTM FAB		1196.61				
13781	L3675		SO VEST ABDUCT RESTRNER CANVAS WEB TYPE/=PRFAB		171.94				
13782	L3677		SHLDR ORTHOT HARD PLSTC SHLDR STABILIZER PRE-FAB		193.00				2097.37
13783	L3702		ELBOW ORTHOTIC W/O JOINTS CUSTOM FABRICATED		282.93				
13784	L3710		EO ELASTIC W/METAL JOINTS PREFAB INCL FIT&ADJ		136.32				
13785	L3720		EO DBL UPRT W/FORARM/ARM CUFF FREE MOT CSTM FAB		721.26				
13786	L3730		EO DBL UPRT W/CUFF EXT/FLX ASST CSTM FAB		994.03				
13787	L3740		EO DBL UPRT W/CUFF ADJ LOCK W/ACTV CNTRL CSTM		1178.51				
13788	L3760		ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT&ADJ TYPE		489.99				
13789	L3762		ELB ORTHOT RIGD W/O JNT W/SFT INTRFCE MATL PRFAB		105.36				
13790	L3763		EWHO RIGID W/O JOINTS CUSTOM FABRICATED		721.32				
13791	L3764		EWHO INCL 1/MORE NONTORSION JOINTS CSTM FAB		814.68				
13792	L3765		EWHFO RIGID W/O JOINTS CUSTOM FABRICATED		1256.36				
13793	L3766		EWHFO INCL 1/MORE NONTORSION JOINTS CSTM FAB		1330.39				
13794	L3806		WHFO CUSTOM FABRICATED INCL FITTING & ADJUSTMENT		445.07				
13795	L3807		WHFO W/O JOINT PREFAB INCL FIT&ADJS ANY TYPE		245.00				
13796	L3808		WRIST HAND FINGER ORTHOTIC RIGID W/O JNT; CUSTOM		365.16				
13797	L3891		ADD UP EXT JNT WRIST/ELB CSTM FAB ORTHOT ONLY EA		BR				2097.37
13798	L3900		WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB		1426.85				
13799	L3901		WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB		1772.07				
13800	L3904		WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED		3229.22				
13801	L3905		WHO INCL 1/MORE NONTORSION JOINTS CSTM FAB		971.68				
13802	L3906		WHO W/O JNT MAY INCL SFT INTRFCE STRAPS CSTM FAB		435.72				
13803	L3908		WHO EXT CNTRL COCK-UP NONMOLD PRFAB W/FIT&ADJ		66.07				
13804	L3912		HFO FLX GLOV W/ELAST FNGR CNTRL PRFAB W/FIT&ADJ		104.58				
13805	L3913		HFO W/O JOINTS CUSTOM FABRICATED		265.37				
13806	L3915		WRIST HAND ORTHOTIC 1/> NONTORSION JOINTS PREFAB		520.85				
13807	L3917		HAND ORTHOTIC MC FX ORTHOTIC PREFAB INCL FIT&ADJ		103.50				
13808	L3919		HAND ORTHOTIC W/O JOINTS CUSTOM FABRICATED		265.37				
13809	L3921		HFO INCL 1/MORE NONTORSION JOINTS CUSTOM FAB		314.71				
13810	L3923		HFO W/O JNT MAY INCL SFT INTERFCE STRAPS PRFAB		95.93				
13811	L3925		FO PIP/DIP NONTORSION JOINT/SPRING PREFABRICATED		54.42				
13812	L3927		FO PIP/DIP W/O JOINT/SPRING PREFABRICATED		34.27				
13813	L3929		HFO PREFABRICATED INCL FITTING AND ADJUSTMENT		86.20				
13814	L3931		WHFO PREFABRICATED INCL FITTING & ADJUSTMENT		201.07				
13815	L3933		FINGER ORTHOTIC W/O JOINTS CUSTOM FABRICATED		209.06				
13816	L3935		FINGER ORTHOTIC NONTORSION JOINT CUSTOM FAB		216.47				
13817	L3956		ADD JNT UPPER EXTREM ORTHOTIC ANY MATERIAL; JNT		BR				
13818	L3960		SEWHO ABDUCT PSTN AIRPLANE DESN PREFAB W/FIT&ADJ		810.41				
13819	L3961		SEWHO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB		1646.21				
13820	L3962		SEWHO ABDUCT PSTN ERBS PALS DESN PRFAB W/FIT&ADJ		791.19				
13821	L3964	NU	SEO MOBIL ARM SUPP ATTCH WC BAL ADJ PRFAB W/FIT		737.83				
13822	L3964	RR	SEO MOBIL ARM SUPP ATTCH WC BAL ADJ PRFAB W/FIT		73.78				
13823	L3964	UE	SEO MOBIL ARM SUPP ATTCH WC BAL ADJ PRFAB W/FIT		553.34				
13824	L3965	NU	SEO MOBIL ARM SUPP ATTCH WC BAL ADJ RANCHO PRFAB		1177.36				

	A	B	C	D	E	F	G	H	I
13825	L3965	RR	SEO MOBIL ARM SUPP ATTCH WC BAL ADJ RANCHO PRFAB		117.77				
13826	L3965	UE	SEO MOBIL ARM SUPP ATTCH WC BAL ADJ RANCHO PRFAB		883.03				
13827	L3966	NU	SEO MOBIL ARM SUPP ATTCH WC BAL RECLIN PRFAB		886.94				
13828	L3966	RR	SEO MOBIL ARM SUPP ATTCH WC BAL RECLIN PRFAB		88.70				
13829	L3966	UE	SEO MOBIL ARM SUPP ATTCH WC BAL RECLIN PRFAB		665.21				
13830	L3967		SEWHO ABDUCTION POSITIONING W/O JOINTS CSTM FAB		1943.61				
13831	L3968	NU	SEO MOBIL ARM SUPP ATTCH WC BAL FRICTN ARM PRFAB		1122.42				
13832	L3968	RR	SEO MOBIL ARM SUPP ATTCH WC BAL FRICTN ARM PRFAB		112.23				
13833	L3968	UE	SEO MOBIL ARM SUPP ATTCH WC BAL FRICTN ARM PRFAB		841.82				
13834	L3969	NU	SEO MOBIL ARM SUPP MONOSUSP ARM&HND SUPP PRFAB		784.90				
13835	L3969	RR	SEO MOBIL ARM SUPP MONOSUSP ARM&HND SUPP PRFAB		78.49				
13836	L3969	UE	SEO MOBIL ARM SUPP MONOSUSP ARM&HND SUPP PRFAB		588.66				
13837	L3970	NU	SEO ADDITION MOBILE ARM SUPPORT ELEV PROX ARM		313.98				
13838	L3970	RR	SEO ADDITION MOBILE ARM SUPPORT ELEV PROX ARM		31.40				
13839	L3970	UE	SEO ADDITION MOBILE ARM SUPPORT ELEV PROX ARM		235.48				
13840	L3971		SEWHO SHOULDER CAP DESIGN CSTM FAB		1844.91				
13841	L3972	NU	SEO ADD MOBIL ARM OFFSET/LAT ROCKR ARM W/ELAST		199.65				
13842	L3972	RR	SEO ADD MOBIL ARM OFFSET/LAT ROCKR ARM W/ELAST		19.97				
13843	L3972	UE	SEO ADD MOBIL ARM OFFSET/LAT ROCKR ARM W/ELAST		149.74				
13844	L3973		SEWHO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB		1943.61				
13845	L3974	NU	SEO ADDITION TO MOBILE ARM SUPPORT SUPINATOR		169.34				
13846	L3974	RR	SEO ADDITION TO MOBILE ARM SUPPORT SUPINATOR		16.94				
13847	L3974	UE	SEO ADDITION TO MOBILE ARM SUPPORT SUPINATOR		127.00				
13848	L3975		SEWHFO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB		1646.21				
13849	L3976		SEWHFO ABDUCT PSTN THOR CMPNT W/O JOINTS CUS FAB		1646.21				
13850	L3977		SEWHFO SHOULD CAP DESIGN CUSTOM FAB		1844.91				
13851	L3978		SEWHFO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB		1943.61				
13852	L3980		UP EXTREM FX ORTHOTIC HUM PREFABR INCL FIT&ADJ		340.90				
13853	L3982		UP EXTRM FX ORTHOT RADUS/ULNAR PREFAB W/FIT&ADJ		411.65				
13854	L3984		UP EXTREM FX ORTHOTIC WRST PREFAB INCL FIT&ADJ		379.53				
13855	L3995		ADD UPPER EXTREM ORTHOTIC SOCK FRACTURE/EQUAL EA		36.06				
13856	L3999		UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED		BR				
13857	L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS		1436.81				
13858	L4002		REPL STRAP ANY ORTHOTIC ALL CMPNTS ANY LEN TYPE		BR				
13859	L4010		REPLACE TRILATERAL SOCKET BRIM		756.27				
13860	L4020		REPLACE QUADRILAT SOCKET BRIM MOLDED PT MODEL		970.61				
13861	L4030		REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED		568.95				
13862	L4040		REPLACE MOLDED THI LACER CSTM FAB ORTHOTIC ONLY		459.99				
13863	L4045		REPLACE NONMOLD THI LACER CSTM FAB ORTHOSIS ONLY		369.65				
13864	L4050		REPLACE MOLDED CALF LACER CSTM FAB ORTHOTIC ONLY		465.22				
13865	L4055		REPLACE NONMOLD CALF LACER CSTM FAB ORTHOS ONLY		301.25				
13866	L4060		REPLACE HIGH ROLL CUFF		358.12				
13867	L4070		REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO		317.14				
13868	L4080		REPLACE METAL BANDS KAFO PROXIMAL THIGH		113.97				
13869	L4090		REPLACE METAL BANDS KAFO-AFO CALF/DISTAL THIGH		101.77				
13870	L4100		REPLACE LEATHER CUFF KAFO PROXIMAL THIGH		117.54				
13871	L4110		REPLACE LEATHER CUFF KAFO-AFO CALF/DISTAL THIGH		95.57				
13872	L4130		REPLACE PRETIBIAL SHELL		559.09				

	A	B	C	D	E	F	G	H	I
13873	L4205		REPAIR ORTHOTIC DEVC LABOR COMPONENT PER 15 MIN		BR				
13874	L4210		REPAIR ORTHOTIC DEVC REPAIR/REPLACE MINOR PARTS		BR				
13875	L4350		ANKLE CNTRL ORTHOSIS STIRRUP RIGID PRFAB FIT&ADJ		100.73				
13876	L4360		WALKING BOOT PNEUMAT &/VACUUM PREFAB W/FIT&ADJ		312.01				
13877	L4370		PNEUMATIC FULL LEG SPLINT PREFAB INCL FIT&ADJ		212.73				
13878	L4380		PNEUMATIC KNEE SPLINT PREFAB INCLUDES FIT&ADJ		121.04				
13879	L4386		WALKING BOOT NON-PNEUMATC PREFAB W/FIT&ADJ		170.70				
13880	L4392		REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO		25.29				
13881	L4394		REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT		18.46				
13882	L4396		STAT ANK FT ORTHOS W/SFT INTERFCE MATL ADJ FIT		180.35				
13883	L4398		FT DROP SPLNT RECUMBNT PSTN DEVC PRFAB W/FIT&ADJ		83.03				
13884	L5000		PART FT SHOE INSERT W/LONGTUDNL ARCH TOE FILLER		606.59				
13885	L5010		PARTIAL FT MOLDED SOCKET ANK HEIGHT W/TOE FILLER		1461.60				
13886	L5020		PART FT MOLDED SOCKET TIB TUBERCLE HT W/TOE FIL		2379.19				
13887	L5050		ANKLE SYMES MOLDED SOCKET SACH FOOT		2755.21				
13888	L5060		ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK		3315.92				
13889	L5100		BELOW KNEE MOLDED SOCKET SHIN SACH FOOT		2790.27				
13890	L5105		BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT		4170.65				
13891	L5150		KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT		4215.94				
13892	L5160		KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT		4585.60				
13893	L5200		ABVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION		3965.98				
13894	L5210		ABVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA		2913.23				
13895	L5220		ABVE KNEE SHRT PROSTH W/ARTIC ANK/FOOT DYN		3311.41				
13896	L5230		ABVE KNEE PROX FEM FOCAL DEFIC SACH FOOT		4567.09				
13897	L5250		HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT		6229.11				
13898	L5270		HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT		6174.54				
13899	L5280		HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT		6112.79				
13900	L5301		BELW KNEE MOLD SOCKT SHIN SACH FT ENDOSKEL SYS		2756.50				
13901	L5311		SHIN SACH FOOT ENDOSKELETAL SYSTEM		3960.00				
13902	L5321		ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE		3945.84				
13903	L5331		JOINT SINGLE AXIS KNEE SACH FOOT		5583.52				
13904	L5341		SINGLE AXIS KNEE SACH FOOT		6067.52				
13905	L5400		IMMED POSTSURG/ERLY FIT APPLY RIGD DRESS W/1 CHG		1444.91				
13906	L5410		IMMED POSTSURG APPL RIGD DRESS W/EA ADD CAST CHG		501.61				
13907	L5420		IMMED POSTSURG INIT RIGD DRESS 1 CHG AK/KNEE		1824.85				
13908	L5430		IMMED POSTSURG INIT RIGD DRSG AK EA ADD CAST CHG		604.13				
13909	L5450		IMMED POSTSURG APPLIC NONWT BEAR RIGD BELW KNEE		489.12				
13910	L5460		IMMED POSTSURG APPLIC NONWT BEAR RIGD ABVE KNEE		654.64				
13911	L5500		INIT BELW KNEE PTB SOCKT NON-ALIGN DIR FORMED		1541.90				
13912	L5505		INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN		2088.14				
13913	L5510		PREP BELW KNEE PTB SOCKT NON-ALIGN MOLD MDL		1747.84				
13914	L5520		PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=DIR FORM		1726.45				
13915	L5530		PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=MOLD MDL		2073.63				
13916	L5535		PREP BELW KNEE PTB NON-ALIGN PRFAB ADJ OPN END		2035.90				
13917	L5540		PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL		2172.94				
13918	L5560		PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL		2333.36				
13919	L5570		PREP AK-DISRTC ISCH LEVL THERMOPLSTC/=DIR FORMED		2425.87				
13920	L5580		PREP AK DISARTIC NON-ALIGN THERMOPLSTC/=MOLD MDL		2832.04				

	A	B	C	D	E	F	G	H	I
13921	L5585		PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT		3071.68				
13922	L5590		PREP AK-DISARTIC NON-ALIGN LAMINATED SCKT MOLD		2886.03				
13923	L5595		PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/=MOLD		4834.01				
13924	L5600		PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD		5338.19				
13925	L5610		ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS		2485.60				
13926	L5611		ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT		1934.29				
13927	L5613		ADD LW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC		2942.18				
13928	L5614		ADD LW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT		1820.28				
13929	L5616		ADD LW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT		1630.53				
13930	L5617		ADD LW EXTRM QUICK CHG SLF-ALIGN U AK/BK EA		607.42				
13931	L5618		ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES		337.63				
13932	L5620		ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE		333.77				
13933	L5622		ADDITION LOWER EXTREM TEST SOCKET KNEE DISARTIC		435.22				
13934	L5624		ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE		436.47				
13935	L5626		ADDITION LOWER EXTREM TEST SOCKET HIP DISARTIC		572.41				
13936	L5628		ADDITION LOWER EXTREM TEST SOCKET HEMIPELVECTOMY		579.65				
13937	L5629		ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET		381.53				
13938	L5630		ADD LOW EXTREM SYMES TYPE EXPANDABLE WALL SOCKT		538.79				
13939	L5631		ADD LW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT		527.49				
13940	L5632		ADD LOW EXTREM SYMES TYPE PTB BRIM DESIGN SOCKT		266.57				
13941	L5634		ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT		365.20				
13942	L5636		ADDITION LOW EXTREM SYMES TYPE MED OPENING SOCKT		305.90				
13943	L5637		ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CNTC		346.82				
13944	L5638		ADDITION LOWER EXTREM BELOW KNEE LEATHER SOCKET		584.27				
13945	L5639		ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET		1346.03				
13946	L5640		ADDITION LOWER EXTREM KNEE DISARTIC LEATHR SOCKT		767.67				
13947	L5642		ADDITION LOWER EXTREM ABOVE KNEE LEATHER SOCKET		743.82				
13948	L5643		ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME		1868.58				
13949	L5644		ADDITION LOWER EXTREMITY ABOVE KNEE WOOD SOCKET		709.09				
13950	L5645		ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME		957.91				
13951	L5646		ADD LOW EXT BELOW KNEE AIR FL GEL/= CUSHN SOCKT		657.79				
13952	L5647		ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET		954.98				
13953	L5648		ADD LOW EXT ABOVE KNEE AIR FL GEL/= CUSHN SOCKT		790.41				
13954	L5649		ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET		2285.77				
13955	L5650		ADD LW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTC		586.08				
13956	L5651		ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME		1441.75				
13957	L5652		ADD LW EXT SUCTN SUSP ABVE KNEE/KNEE DISARTIC		523.42				
13958	L5653		ADD LOW EXTREM KNEE DISARTIC XPNDABLE WALL SOCKT		698.71				
13959	L5654		ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES		398.16				
13960	L5655		ADDITION LOWER EXTREM SOCKET INSERT BELOW KNEE		318.44				
13961	L5656		ADDITION LOWER EXTREM SOCKT INSERT KNEE DISARTIC		445.34				
13962	L5658		ADDITION LOWER EXTREM SOCKET INSERT ABOVE KNEE		436.51				
13963	L5661		ADD LOW EXTREM SOCKT INSERT MULTIDUROMETER SYMES		730.59				
13964	L5665		ADD LW EXTRM SOCKT INSRT MXIDUROMETER BELW KNEE		614.71				
13965	L5666		ADDITION LOWER EXTREM BELOW KNEE CUFF SUSPENSION		84.04				
13966	L5668		ADDITION LOW EXTREM BELOW KNEE MOLDED DIST CUSHN		121.23				
13967	L5670		ADD LOW EXTREM BELW KNEE MOLD SUPRACONDYLR SUSP		325.76				
13968	L5671		ADD LW EXTRM BELW/ABVE KNEE SUSP LOCK MECH		597.17				

	A	B	C	D	E	F	G	H	I
13969	L5672		ADD LOW EXTREM BELOW KNEE REMV MED BRIM SUSP		357.99				
13970	L5673		ADD LW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH		802.22				
13971	L5676		ADD LOW EXTREM BELW KNEE KNEE JNT 1 AXIS PAIR		435.04				
13972	L5677		ADD LOW EXTREM BELW KNEE KNEE JNT POLYCNTRC PAIR		591.94				
13973	L5678		ADDITION LOW EXTREM BELOW KNEE JOINT COVERS PAIR		47.66				
13974	L5679		ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH		668.49				
13975	L5680		ADD LOW EXTREM BELOW KNEE THIGH LACER NONMOLDED		365.41				
13976	L5681		ADD LW EXT CSTM INSRT CNGN/ATYP TRAUMAT AMP INIT		1419.29				
13977	L5682		ADD LW EXTRM BELW KNEE THI LACER GLUTL/ISCH MOLD		750.80				
13978	L5683		ADD LW EXT CSTM INSRT NO CNGN/TRAUMAT AMP INIT		1419.29				
13979	L5684		ADDITION LOWER EXTREMITY BELOW KNEE FORK STRAP		57.78				
13980	L5685		ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA		138.16				
13981	L5686		ADDITION LOWER EXTREMITY BELOW KNEE BACK CHECK		61.33				
13982	L5688		ADD LOW EXTREM BELOW KNEE WAIST BELT WEBBING		73.34				
13983	L5690		ADD LOW EXTREM BELOW KNEE WAIST BELT PADD&LINED		117.47				
13984	L5692		ADD LOW EXTREM ABVE KNEE PELV CONTROL BELT LIGHT		159.53				
13985	L5694		ADD LOW EXTREM ABVE KNEE PELV CNTRL BELT PADD&LN		217.79				
13986	L5695		ADD LW EXTRM ABVE KNEE PELV CNTRL SLV NEOPRENE		195.79				
13987	L5696		ADD LOW EXTREM ABVE KNEE/KNEE DISARTIC PELV JNT		222.13				
13988	L5697		ADD LOW EXTREM ABVE KNEE/KNEE DISARTIC PELV BAND		96.38				
13989	L5698		ADD LW EXTRM AK/KNEE DISRTC SILESIAN BANDGE		125.22				
13990	L5699		ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS		223.85				
13991	L5700		REPLACEMENT SOCKET BELOW KNEE MOLDED PT MODEL		3287.76				
13992	L5701		REPL SOCKT ABVE KNEE/KNEE DISARTIC W/ATTCH PLAT		4082.02				
13993	L5702		REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL		5215.96				
13994	L5703		ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY		2511.38				
13995	L5704		CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE		632.15				
13996	L5705		CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE		1115.22				
13997	L5706		CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC		1094.11				
13998	L5707		CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC		1485.13				
13999	L5710		ADD EXOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK		431.79				
14000	L5711		ADD EXOSKEL KNEE-SHIN 1 AXIS MNL LOCK ULTRA-LGHT		626.87				
14001	L5712		ADD EXOSKEL KNEE-SHIN 1 AXIS FRICT SWING CNTRL		517.31				
14002	L5714		ADD EXOSKEL KNEE-SHIN VARIBL FRICT SWING CNTRL		502.16				
14003	L5716		ADD EXOSKEL KNEE-SHIN POLYCNTRC MECH STANCE LOCK		875.01				
14004	L5718		ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL		1093.67				
14005	L5722		ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL		1083.94				
14006	L5724		ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL		1812.12				
14007	L5726		ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL		2088.43				
14008	L5728		ADD EXOSKEL KNEE-SHIN FLUID SWING&STANCE CNTRL		2856.70				
14009	L5780		ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL		1374.51				
14010	L5781		ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS		4316.11				
14011	L5782		ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY		4550.16				
14012	L5785		ADD EXOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATERIAL		623.75				
14013	L5790		ADD EXOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATERIAL		863.22				
14014	L5795		ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL		1289.02				
14015	L5810		ADD ENDOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK		584.51				
14016	L5811		ADD ENDOSKEL KNEE-SHIN MNL LOCK ULTRA-LGHT MATL		875.57				

	A	B	C	D	E	F	G	H	I
14017	L5812		ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL		678.66				
14018	L5814		ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK		4006.19				
14019	L5816		ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK		1021.00				
14020	L5818		ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL		1152.91				
14021	L5822		ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL		2044.42				
14022	L5824		ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL		1841.12				
14023	L5826		ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME		3389.83				
14024	L5828		ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL		3390.27				
14025	L5830		ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL		2278.07				
14026	L5840		ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT		4069.13				
14027	L5845		ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ		1933.45				
14028	L5848		ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN		1159.95				
14029	L5850		ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST		153.58				
14030	L5855		ADD ENDOSKEL SYS HIP DISARTIC MECH HIP EXT ASST		370.76				
14031	L5856		ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE		25932.87				
14032	L5857		ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY		9226.15				
14033	L5858		ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY		20048.07				
14034	L5910		ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM		434.81				
14035	L5920		ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYS		636.99				
14036	L5925		ADD ENDOSKEL AK-DISARTIC/HIP DISARTIC MNL LOCK		403.39				
14037	L5930		ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME		3654.11				
14038	L5940		ADD ENDOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATL		602.21				
14039	L5950		ADD ENDOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATL		934.04				
14040	L5960		ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL		1157.38				
14041	L5962		ADD ENDOSKEL BK FLXIBLE PROTVE OUTR SURF COVRING		705.67				
14042	L5964		ADD ENDOSKEL AK FLXIBLE PROTVE OUTR SURF COVR		1124.35				
14043	L5966		ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR		1432.69				
14044	L5968		ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE		3919.95				
14045	L5970		ALL LOW EXTREM PROSTH FT EXTERNAL KEEL SACH FOOT		243.83				
14046	L5971		ALL LOWER EXTREM PROS SACH FOOT REPLACEMENT ONLY		243.83				
14047	L5972		ALL LOWER EXTREM PROSTHESES FLEXIBLE KEEL FOOT		423.11				
14048	L5973		ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC		BR				
14049	L5974		ALL LOWER EXTREM PROSTH FT SINGLE AXIS ANK/FOOT		279.76				
14050	L5975		ALL LW EXTRM PRSTH COMB 1 AXIS ANK&FLXBL KEEL FT		500.10				
14051	L5976		ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT		672.34				
14052	L5978		ALL LOWER EXTREM PROSTH FT MULTI-AXIAL ANK/FOOT		350.36				
14053	L5979		ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE		2739.36				
14054	L5980		ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM		4451.28				
14055	L5981		ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL		3457.78				
14056	L5982		ALL EXOSKEL LOW EXTREM PROSTH AXIAL ROTAT UNIT		694.05				
14057	L5984		ALL ENDOSKEL LOW EXT PROSTH AXIAL ROTAT UNIT ADJ		683.92				
14058	L5985		ALL ENDOSKEL LOW EXTREM PROSTH DYN PROSTH PYLN		306.56				
14059	L5986		ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT		760.77				
14060	L5987		ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN		7759.97				
14061	L5988		ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR		2154.94				
14062	L5990		ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT		1957.00				
14063	L5999		LOWER EXTREMITY PROSTHESIS NOS		BR				
14064	L6000		PARTIAL HAND ROBIN-AIDS THUMB REMAINING		1595.15				

	A	B	C	D	E	F	G	H	I
14065	L6010		PART HAND ROBIN-AIDS LITTLE &OR RING FNGR REMAIN		1775.14				
14066	L6020		PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING		1655.05				
14067	L6025		TRANSCARPAL/MC/PART HND DISARTIC PROS DEVC		8632.25				
14068	L6050		WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD		2280.59				
14069	L6055		WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE		3178.55				
14070	L6100		BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD		2310.59				
14071	L6110		BELOW ELBOW MOLDED SOCKET		2450.76				
14072	L6120		BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF		2856.02				
14073	L6130		BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF		3107.87				
14074	L6200		ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM		3275.19				
14075	L6205		ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM		4371.87				
14076	L6250		ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM		3223.88				
14077	L6300		SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM		4472.79				
14078	L6310		SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH		3643.19				
14079	L6320		SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY		2051.66				
14080	L6350		INTERSCAP THOR HUM SECT INTRL LOCK ELB FORARM		4702.46				
14081	L6360		INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH		3823.96				
14082	L6370		INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY		2438.41				
14083	L6380		IMMED POSTSURG RIGD DRSG 1 CAST CHG WRST DISRTC		1380.95				
14084	L6382		IMMED POSTSURG RIGD DRSG 1 CAST CHG ELB DISARTIC		1777.62				
14085	L6384		IMMED POSTSURG RIGD DRSG 1 CAST CHG SHLDR DISRTC		2288.97				
14086	L6386		IMMED POSTSURG/EARLY FIT EA ADD CAST CHG&REALIGN		482.13				
14087	L6388		IMMED POSTSURG/EARLY FIT APPLIC RIGID DRESS ONLY		527.79				
14088	L6400		BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP		2785.74				
14089	L6450		ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS		3701.39				
14090	L6500		ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS		3704.43				
14091	L6550		SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS		4577.99				
14092	L6570		INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS		5254.64				
14093	L6580		PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD		1876.64				
14094	L6582		PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED		1652.32				
14095	L6584		PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD		2457.29				
14096	L6586		PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED		2261.14				
14097	L6588		PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD		3393.37				
14098	L6590		PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM		3158.53				
14099	L6600		UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR		225.19				
14100	L6605		UPPER EXTREMITY ADD SINGLE PIVOT HINGE PAIR		222.36				
14101	L6610		UPPER EXTREMITY ADD FLEXIBLE METAL HINGE PAIR		199.88				
14102	L6611		ADD UPPER EXT PROS EXTERNAL PWR ADDITIONAL SWTCH		444.13				
14103	L6615		UPPER EXTREM ADD DISCONNECT LOCKING WRST UNIT		208.55				
14104	L6616		UP EXTREM ADD DISCNCT INSERT LOCK WRST U EA		77.86				
14105	L6620		UPPER EXT ADD FLEX/EXT WRIST UNIT W/WO FRICTION		364.02				
14106	L6621		UP EXTREM PROS ADD FLEXION/EXTENSION WRIST		2467.34				
14107	L6623		UP EXT ADD SPRNG ASST ROTATL WRST U W/LATCH RLSE		770.10				
14108	L6624		UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT		4062.53				
14109	L6625		UPPER EXTREM ADD ROTATION WRST UNIT W/CABLE LOCK		638.52				
14110	L6628		UP EXTRM ADD QUICK DISCNCT HOOK OTTO BOCK/=		575.13				
14111	L6629		UP EXTRM ADD QUICK DISCNCT LAMINATION COLLR		175.65				
14112	L6630		UPPER EXTREM ADDITION STAINLESS STEEL ANY WRIST		258.75				

	A	B	C	D	E	F	G	H	I
14113	L6632		UPPER EXTREM ADDITION LATEX SUSPENSION SLEEVE EA		78.00				
14114	L6635		UPPER EXTREMITY ADDITION LIFT ASSIST FOR ELBOW		211.46				
14115	L6637		UPPER EXTREMITY ADDITION NUDGE CONTROL ELB LOCK		440.83				
14116	L6638		UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB		2697.58				
14117	L6640		UPPER EXTREMITY ADD SHOULDER ABDUCT JOINT PAIR		336.29				
14118	L6641		UPPER EXTREM ADD EXCURSIONUPPER EXTREM ADD EXCUR		192.60				
14119	L6642		UPPER EXTREM ADD EXCURSION AMPLIFIER LEVER TYPE		261.06				
14120	L6645		UPPER EXTREM ADDITION SHLDR FLEX-ABDUCT JOINT EA		383.25				
14121	L6646		UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS		3402.25				
14122	L6647		UP EXTREM ADD SHLDR LOCK MECH BDY PWR ACTUATOR		560.11				
14123	L6648		UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR		3508.93				
14124	L6650		UPPER EXTREM ADDITION SHLDR UNIVERSAL JOINT EA		406.37				
14125	L6655		UPPER EXTREM ADD STANDARD CONTROL CABLE EXTRA		90.19				
14126	L6660		UPPER EXTREM ADDITION HEAVY DUTY CONTROL CABLE		110.19				
14127	L6665		UPPER EXTREM ADDITION TEFLON/EQUAL CABLE LINING		55.29				
14128	L6670		UPPER EXTREMITY ADDITION HOOK HAND CABLE ADAPTER		57.58				
14129	L6672		UPPER EXTREM ADD HARNESS CHST/SHLUPPER EXTREM AD		202.43				
14130	L6675		UPPER EXTREMITY ADD HARNESS SINGLE CABLE DESIGN		144.17				
14131	L6676		UPPER EXTREMITY ADD HARNESS DUAL CABLE DESIGN		145.60				
14132	L6677		UP EXT ADD HARNESS 3 CNTRL SIMULTAN OP DEVC&ELB		320.00				
14133	L6680		UP EXTREM ADD TST SOCKT WRST DISARTIC/BELW ELB		278.54				
14134	L6682		UPPER EXTREM ADD TST SOCKT ELB DISARTIC/ABVE ELB		307.95				
14135	L6684		UP EXTRM ADD TST SCKT SHLDR DISRTC/INTRSCAP THOR		418.48				
14136	L6686		UPPER EXTREMITY ADDITION SUCTION SOCKET		708.76				
14137	L6687		UP EXTRM ADD FRME TYPE SCKT BELW ELB/WRST DISRTC		692.49				
14138	L6688		UP EXTRM ADD FRME TYPE SOCKT ABVE ELB/ELB DISRTC		635.98				
14139	L6689		UPPER EXTREM ADD FRAME TYPE SOCKT SHLDR DISARTIC		808.93				
14140	L6690		UPPER EXTREM ADD FRAME TYPE SOCKT INTERSCAP-THOR		825.51				
14141	L6691		UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH		414.42				
14142	L6692		UPPER EXTREM ADDITION SILCON GEL INSERT/EQUAL EA		671.38				
14143	L6693		UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE		3062.46				
14144	L6694		ADD UP EXT PROS BELW/ABVE ELB CSTM W/LOCK MECH		802.22				
14145	L6695		ADD UP EXT PROS BELW/ABVE ELB CSTM W/O LOCK MECH		668.49				
14146	L6696		ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT		1419.29				
14147	L6697		ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT		1419.29				
14148	L6698		ADD UP EXT PROS ELB LOCK MECH EXCL SCKT INSRT		597.17				
14149	L6703		TERMINAL DEVICE PASSIVE HND/MITT ANY MATERIAL SZ		390.29				
14150	L6704		TERMINAL DEVICE SPORT/RECREATIONAL/WORK ATTACH		703.09				
14151	L6706		TERMINAL DEVICE HOOK MECH VOLUNTARY OPENING		418.91				
14152	L6707		TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING		1543.99				
14153	L6708		TERMINAL DEVICE HAND MECH VOLUNTARY OPENING		1004.21				
14154	L6709		TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING		1454.50				
14155	L6711		TERM DVC HOOK MECH VOL OPN ANY MATL ANY SZ PED		725.24				
14156	L6712		TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED		1335.30				
14157	L6713		TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED		1685.27				
14158	L6714		TERM DEVC HAND MECH VOL CLOS ANY MATL ANY SZ PED		1427.42				
14159	L6721		TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ		2537.10				
14160	L6722		TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS		2187.17				

	A	B	C	D	E	F	G	H	I
14161	L6805		ADDITION TERMINAL DEVICE MODIFIER WRIST UNIT		408.47				
14162	L6810		ADDITION TERMINAL DEVICE PRECISION PINCH DEVICE		223.94				
14163	L6881		AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC		4410.03				
14164	L6882		MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC		3345.23				
14165	L6883		REPL SOCKET BE/WD MOLDED TO PATIENT MODEL		1905.13				
14166	L6884		REPL SOCKET ABOVE ELBOW/ELBOW DISART MOLD TO PT		2680.23				
14167	L6885		REPL SOCKET SD/INTERSCAPULAR THOR MOLD PT MODEL		3823.96				
14168	L6890		ADD UP EXT PROSTH GLOV TERM DEVC PRFAB W/FIT&ADJ		204.20				
14169	L6895		ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB		670.37				
14170	L6900		HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN		1813.38				
14171	L6905		HAND REST PART HAND W/GLOVE MX FNGR REMAIN		1762.66				
14172	L6910		HAND REST PART HAND W/GLOVE NO FNGR REMAIN		1717.19				
14173	L6915		HAND RESTORATION REPLACEMENT GLOVE FOR ABOVE		751.58				
14174	L6920		WRST DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC		8012.13				
14175	L6925		WRST DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC		9249.89				
14176	L6930		BELW ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC		8061.81				
14177	L6935		BELW ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC		9423.05				
14178	L6940		ELB DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC		10533.28				
14179	L6945		ELB DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC		12254.25				
14180	L6950		ABVE ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC		11972.56				
14181	L6955		ABVE ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC		14338.77				
14182	L6960		SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC		14461.73				
14183	L6965		SHLDR DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM		17014.91				
14184	L6970		INTERSCAP-THOR OTTO BOCK/=SWTCH CNTRL TERM DEVC		17509.90				
14185	L6975		INTERSCAP-THOR OTTO BOCK/=MYOELEC CNTRL TERM DVC		19185.30				
14186	L7007		ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT		4131.17				
14187	L7008		ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC		6502.01				
14188	L7009		ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT		4215.09				
14189	L7040		PREHENSILE ACTUATOR SWITCH CONTROLLED		3384.56				
14190	L7045		ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC		1940.49				
14191	L7170		ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED		7039.42				
14192	L7180		ELEC ELB MICROPRC SEQENTIAL CNTRL ELB&TERM DEVC		39218.41				
14193	L7181		ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC		43221.88				
14194	L7185		ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL		7128.36				
14195	L7186		ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL		10619.50				
14196	L7190		ELEC ELB ADOLES VRITY VILLAGE/= MYOELEC CNTRL		9069.49				
14197	L7191		ELEC ELB CHLD VRITY VILL/= MYOELECTRNICALY CNTRL		11096.76				
14198	L7260		ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL		2362.71				
14199	L7261		ELECTRONIC WRIST ROTATOR FOR UTAH ARM		4301.03				
14200	L7266		SERVO CONTROL STEEPER OR EQUAL		1188.64				
14201	L7272		ANALOGUE CONTROL UNB OR EQUAL		2423.62				
14202	L7274		PROPRTNAL CONTROL 6-12 VOLT LIBERTY UTAH/EQUAL		6895.45				
14203	L7360		SIX VOLT BATTERY EACH		273.00				
14204	L7362		BATTERY CHARGER 6 VOLT EACH		300.78				
14205	L7364		TWELVE VOLT BATTERY EACH		478.39				
14206	L7366		BATTERY CHARGER TWELVE VOLT EACH		644.40				
14207	L7367		LITHIUM ION BATTERY REPLACEMENT		419.97				
14208	L7368		LITHIUM ION BATTERY CHARGER		544.42				

	A	B	C	D	E	F	G	H	I
14209	L7400		ADD UP EXTREM PROS BELOW ELB/WD ULTRALIGHT MATL		330.62				
14210	L7401		ADD UP EXTREM PROS AE DISART ULTRALIGHT MATL		370.11				
14211	L7402		ADD UP EXT PROS SD/INTRSCAPULR THOR ULTRALT MATL		399.70				
14212	L7403		ADD UP EXTREM PROS BE/WRIST DISART ACRYLIC MATL		397.25				
14213	L7404		ADD UP EXTREM PROS ABOVE ELB DISART ACRYLIC MATL		599.56				
14214	L7405		ADD UP EXTREM PROS SD/INTERSCAP THOR ACRYLC MATL		784.13				
14215	L7499		UPPER EXTREMITY PROSTHESIS NOS		BR				
14216	L7500		REPAIR OF PROSTHETIC DEVICE HOURLY RATE		BR				
14217	L7510		REPR PROSTHETIC DEVICE REPR/REPLACE MINOR PARTS		BR				
14218	L7520		REPAIR PROSTHETIC DEVICE LABOR CMPNT PER 15 MIN		BR				
14219	L7600		PROSTHETIC DONNING SLEEVE ANY MATERIAL EACH		BR				2097.37
14220	L7900		MALE VACUUM ERECTION SYSTEM		578.51				
14221	L8000		BREAST PROSTHESIS MASTECTOMY BRA		43.83				
14222	L8001		BREAST PROSTH MASTECT BRA W/BRST PROSTH FORM UNI		135.30				
14223	L8002		BREAST PROSTHESIS MASTECTOMY BRA BILATERAL		177.97				
14224	L8010		BREAST PROSTHESIS MASTECTOMY SLEEVE		59.90				
14225	L8015		EXT BRST PROS GARMNT W/MASTECT FORM POST-MASTECT		64.81				
14226	L8020		BREAST PROSTHESIS MASTECTOMY FORM		240.84				
14227	L8030		BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES		378.75				
14228	L8031		BREAST PROSTHESIS SILICONE/EQUAL W/NTEGRAL ADHES		BR				
14229	L8032		NIPPLE PROSTHESIS REUSABLE ANY TYPE EACH		BR				
14230	L8035		CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL		3951.99				
14231	L8039		BREAST PROSTHESIS NOT OTHERWISE SPECIFIED		BR				
14232	L8040		NASAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN		2671.70				
14233	L8041		MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN		3220.31				
14234	L8042		ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN		3618.32				
14235	L8043		UPPER FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN		4052.52				
14236	L8044		HEMI-FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN		4486.71				
14237	L8045		AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN		2952.26				
14238	L8046		PARTIAL FACIAL PROSTHESIS PROVIDED NON-PHYSICIAN		2894.66				
14239	L8047		NASAL SEPTAL PROSTHESIS PROVIDED A NON-PHYSICIAN		1483.51				
14240	L8048		UNS MAXILLOFCE PROSTH BR PROVIDED NON-PHYSICIAN		BR				
14241	L8049		REP/MOD MAXLOFCE PROSTH LABR EA 15 MIN NON-MD		BR				
14242	L8300		TRUSS SINGLE WITH STANDARD PAD		101.26				
14243	L8310		TRUSS DOUBLE WITH STANDARD PADS		159.89				
14244	L8320		TRUSS ADDITION TO STANDARD PAD WATER PAD		64.18				
14245	L8330		TRUSS ADDITION TO STANDARD PAD SCROTAL PAD		59.27				
14246	L8400		PROSTHETIC SHEATH BELOW KNEE EACH		18.90				
14247	L8410		PROSTHETIC SHEATH ABOVE KNEE EACH		24.88				
14248	L8415		PROSTHETIC SHEATH UPPER LIMB EACH		25.74				
14249	L8417		PROSTH SHEATH/SOCK W/GEL CUSHN LAY BK/AK EA		81.08				
14250	L8420		PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH		23.35				
14251	L8430		PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH		26.57				
14252	L8435		PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH		25.25				
14253	L8440		PROSTHETIC SHRINKER BELOW KNEE EACH		50.21				
14254	L8460		PROSTHETIC SHRINKER ABOVE KNEE EACH		80.02				
14255	L8465		PROSTHETIC SHRINKER UPPER LIMB EACH		58.56				
14256	L8470		PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA		8.01				

	A	B	C	D	E	F	G	H	I
14257	L8480		PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA		11.05				
14258	L8485		PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EA		13.35				
14259	L8499		UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES		BR				
14260	L8500		ARTIFICIAL LARYNX ANY TYPE		792.32				
14261	L8501		TRACHEOSTOMY SPEAKING VALVE		145.03				
14262	L8505		ARTFICL LARYNX REPLCMT BATTRY/ACCESS ANY TYPE		BR				
14263	L8507		TRACHEO-ESOPH VOICE PROSTH PT INSRT ANY TYPE EA		45.19				
14264	L8509		TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV		117.81				
14265	L8510		VOICE AMPLIFIER		272.58				
14266	L8511		INSRT INDWLL TRACHEOESOPH PROS W/WO VALV REPLCMT		78.46				
14267	L8512		GELATIN CAPS/EQUVALNT W/TRACHEOESOPH VOICE PROS		2.34				
14268	L8513		CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP		5.60				
14269	L8514		TRACHEOESOPH PUNCTURE DILAT REPLACEMENT ONLY EA		101.73				
14270	L8515		GELATIN CAP APPLIC DEVC TRACHOESOPH VOICE PROSTH		68.09				
14271	L8600		IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL		749.67				
14272	L8603		INJ BULK AGT COLL IMPL URIN TRACT 2.5 ML SYRINGE		473.41				
14273	L8604		INJECTABLE BULKING AGENT URINARY TRACT 1 ML		BR				
14274	L8606		INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE		237.40				
14275	L8609		ARTIFICIAL CORNEA		7030.04				
14276	L8610		OCULAR IMPLANT		702.70				
14277	L8612		AQUEOUS SHUNT		729.97				
14278	L8613		OSSICULA IMPLANT		308.70				
14279	L8614		COCHLEAR DEVICE INCLUDES ALL INT&EXT COMPONENTS		20864.80				
14280	L8615		HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL		486.64				
14281	L8616		MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT		113.35				
14282	L8617		TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL		99.00				
14283	L8618		TRANSMITTER CABLE COCHLEAR IMPLANT DEVICE REPL		28.28				
14284	L8619		COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL		8955.99				
14285	L8621		ZINC AIR BATTERY COCHLEAR IMPLANT DEVC REPL EA		0.67				
14286	L8622		ALKALIN BATTRY COCHLEAR IMPL DEVC ANY SZ REPL EA		0.36				
14287	L8623		LITHIUM ION BATTERY OTH THAN EAR LEVEL REPL EA		69.80				
14288	L8624		LITHIUM ION BATTERY EAR LEVEL REPL EA		173.99				
14289	L8627		COCHLEAR IMPL EXT SPEECH PROCESSR COMPONENT REPL		BR				
14290	L8628		COCHLEAR IMPLANT EXT CONTROLLER COMPONENT REPL		BR				
14291	L8629		TRANSMITTING COIL CABLE COCHLEAR IMPL DEV REPL		BR				
14292	L8630		METACARPOPHALANGEAL JOINT IMPLANT		404.46				
14293	L8631		MPJ REPLCMT TWO/MORE PECES METL CERAM-LIKE MATL		2373.85				
14294	L8641		METATARSAL JOINT IMPLANT		420.25				
14295	L8642		HALLUX IMPLANT		340.87				
14296	L8658		INTERPHALANGEAL JOINT SPACER SILICONE/EQUAL EACH		366.41				
14297	L8659		IP FNGR JNT REPLCMT 2/MORE PECES METL CERAM-LIKE		2082.10				
14298	L8670		VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT		601.45				
14299	L8680		IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH		501.24				
14300	L8681		PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY		1295.14				
14301	L8682		IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER		6505.36				
14302	L8683		RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV		5726.20				
14303	L8684		RF TRNSMT BOWEL & BLADDER MANAGEMENT; REPL		817.50				
14304	L8685		IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE		14269.36				

	A	B	C	D	E	F	G	H	I
14305	L8686		IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE		9105.00				
14306	L8687		IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE		18570.15				
14307	L8688		IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE		11849.25				
14308	L8689		EXT RECHARG SYS BATTRY IMPL NEUROSTIM REPL ONLY		1861.18				
14309	L8690		AUDITORY OSSEOINTEGRATED DEVC INT/EXT COMPONENTS		5132.88				
14310	L8691		AUDITORY OSSEOINTEGRATD DEVC EXT SOUND PROC REPL		2877.16				
14311	L8692		AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN		BR				2097.37
14312	L8695		EXT RECHARGING SYS BATTERY W/IMPL NEUROSTIM REPL		17.98				
14313	L8699		PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED		BR				
14314	L9900		ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE		BR				
14315	M0064		BRF OV MONITOR/CHANGING RX PRSCS-TX MENTL D/O		29.75				153.47
14316	M0075		CELLULAR THERAPY		BR				2097.37
14317	M0076		PROLOTHERAPY		BR				2097.37
14318	M0100		INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING		BR				2097.37
14319	M0300		IV CHELATION THERAPY		BR				2097.37
14320	M0301		FABRIC WRAPPING OF ABDOMINAL ANEURYSM		BR				2097.37
14321	P2028		CEPHALIN FLOCULATION BLOOD		BR				
14322	P2029		CONGO RED BLOOD		BR				
14323	P2031		HAIR ANALYSIS		BR				2097.37
14324	P2033		THYMOL TURBIDITY BLOOD		BR				
14325	P2038		MUCOPROTEIN BLOOD		8.84				
14326	P3000		SCR PAP SMEAR UP TO 3 SMEARS TECH UND PHYS SUPV		11.26				
14327	P3001		SCR PAP SMER CERV/VAG TO 3 SMERS RQR INTEPR PHYS		9.65				
14328	P7001		CULT BACTERL URINE; QUAN SENSITIVITY STUDY		21.71				2097.37
14329	P9010		BLOOD FOR TRANSFUSION PER UNIT		51.26				279.02
14330	P9011		BLOOD SPLIT UNIT		73.16				118.23
14331	P9012		CRYOPRECIPITATE EACH UNIT		BR				63.01
14332	P9016		RED BLOOD CELLS LEUKOCYTES REDUCED EACH UNIT		BR				252.62
14333	P9017		FRESH FRZN PLASMA FRZN WITHIN 8 HRS CLCT EA UNIT		BR				102.84
14334	P9019		PLATELETS EACH UNIT		BR				90.11
14335	P9020		PLATELET RICH PLASMA EACH UNIT		BR				185.06
14336	P9021		RED BLOOD CELLS EACH UNIT		BR				191.75
14337	P9022		RED BLOOD CELLS WASHED EACH UNIT		BR				332.80
14338	P9023		PLSMA MX DONR SOLVNT/DETRGNT TREATD FRZN EA U		BR				69.20
14339	P9031		PLATELETS LEUKOCYTES REDUCED EACH UNIT		BR				141.72
14340	P9032		PLATELETS IRRADIATED EACH UNIT		BR				203.54
14341	P9033		PLATELETS LEUKOCYTES REDUCED IRRADIATED EA UNIT		BR				178.51
14342	P9034		PLATELETS PHERESIS EACH UNIT		BR				634.63
14343	P9035		PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT		BR				692.81
14344	P9036		PLATELETS PHERESIS IRRADIATED EACH UNIT		BR				484.26
14345	P9037		PLATLTS PHERES LEUKOCYTES RDUC IRRADATD EA UNIT		BR				915.30
14346	P9038		RED BLOOD CELLS IRRADIATED EACH UNIT		BR				305.48
14347	P9039		RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT		BR				492.32
14348	P9040		RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT		BR				331.48
14349	P9041		INFUSION ALBUMIN HUMAN 5% 50 ML		17.29				
14350	P9043		INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 50 ML		16.98				88.95
14351	P9044		PLASMA CRYOPRECIPITATE REDUCED EACH UNIT		BR				127.99
14352	P9045		INFUSION ALBUMIN HUMAN 5% 250 ML		86.46				

	A	B	C	D	E	F	G	H	I
14353	P9046		INFUSION ALBUMIN HUMAN 25% 20 ML		28.22				
14354	P9047		INFUSION ALBUMIN HUMAN 25% 50 ML		70.55				
14355	P9048		INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 250 ML		33.96				146.06
14356	P9050		GRANULOCYTES PHERESIS EACH UNIT		BR				60.77
14357	P9051		WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-NEG EA UNIT		BR				183.07
14358	P9052		PLT HLA-MATCHD LEUKOCYTES RDUC APHERES/PHERE EA		BR				996.62
14359	P9053		PLT PHERES LEUKOCYTES RDUC CMV-NEG IRRADATD EA		BR				888.45
14360	P9054		WB/RBCS LEUKOCYTES RDUC FRZN DEGLYCEROL WASHD EA		BR				140.19
14361	P9055		PLT LEUKOCYTES RDUC CMV-NEG APHERES/PHERES EA		BR				567.16
14362	P9056		WHOLE BLD LEUKOCYTES REDUCED IRRADIATED EA UNIT		BR				223.43
14363	P9057		RBCS FRZN/DEGLYCEROLIZED/WASHED LEUKOCYTES RDUC		BR				491.13
14364	P9058		RBCS LEUKOCYTES REDUCED CMV-NEG IRRADATD EA UNIT		BR				397.62
14365	P9059		FRESH FRZN PLASMA BETWN 8-24 HR CLCT EA UNIT		BR				104.79
14366	P9060		FRESH FROZEN PLASMA DONOR RETESTED EACH UNIT		BR				97.25
14367	P9603		TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE		BR				
14368	P9604		TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG		4.02				
14369	P9612		CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE		26.53				
14370	P9615		CATHETERIZATION FOR COLLECTION OF SPECIMEN		BR				
14371	Q0035		CARDIOKYMOGRAPHY		10.05				238.33
14372	Q0081		INFUS TX USING OTH THAN CHEMOTHERAPEUTC RX VISIT		BR				
14373	Q0083		CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT		BR				
14374	Q0084		CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT		113.77				
14375	Q0085		CHEMOTHAPY ADMN BOTH INFUS TECH&OTH TECHIQUE-VST		BR				
14376	Q0091		SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB		BR				12.04
14377	Q0092		SET-UP PORTABLE X-RAY EQUIPMENT		8.04				
14378	Q0111		WET MOUNTS INCL PREP VAGINAL CERV/SKIN SPECIMENS		8.04				
14379	Q0112		ALL POTASSIUM HYDROXIDE PREPARATIONS		9.25				
14380	Q0113		PINWORM EXAMINATION		BR				
14381	Q0114		FERN TEST		BR				
14382	Q0115		POST-COITAL DIRECT QUAL EXAM VAGINAL/CERV MUCOS		BR				
14383	Q0138		INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ERSD		BR				
14384	Q0139		INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD		BR				
14385	Q0144		AZITHROMYCIN DIHYDRATE ORAL CAP/POWDER 1 GRAM		15.70				2097.37
14386	Q0163		DIPHENHYDRAMINE HCL 50 MG ORAL NOT>48 HR DOSE		0.40				
14387	Q0164		PROCHLORPERAZINE MALEATE 5 MG ORL NOT>48 HR DOSE		0.59				
14388	Q0165		PROCHLORPERAZINE MALEATE 10 MG ORL NOT>48HR DOSE		1.22				
14389	Q0166		GRANISETRON HCL 1 MG ORL NOT >48 HR DOSE REGIMEN		46.09				
14390	Q0167		DRONABINOL 2.5 MG ORAL NOT >48 HR DOSE REGIMEN		4.86				
14391	Q0168		DRONABINOL 5 MG ORAL NOT>48 HR DOSE REGIMEN		9.17				
14392	Q0169		PROMETHAZINE HCL 12.5 MG ORAL NOT>48 HR DOSE		0.88				
14393	Q0170		PROMETHAZINE HCL 25 MG ORAL NOT >48 HR DOSE		1.06				
14394	Q0171		CHLORPROMAZINE HCL 10 MG ORAL NOT >48 HR DOSE		0.22				
14395	Q0172		CHLORPROMAZINE HCL 25 MG ORAL NOT >48 HR DOSE		0.27				
14396	Q0173		TRIMETHOBENZAMIDE HCL 250 MG ORL NOT>48 HR DOSE		0.84				
14397	Q0174		THIETHYLPERAZINE MALEATE 10 MG ORL NOT>48HR DOSE		0.67				
14398	Q0175		PERPHENZAINE 4 MG ORAL NOT >48 HR DOSE REGIMEN		0.65				
14399	Q0176		PERPHENZAINE 8MG ORAL NOT >48 HR DOSE REGIMEN		0.81				
14400	Q0177		HYDROXYZINE PAMOATE 25 MG ORAL NOT >48 HR DOSE		2.47				

	A	B	C	D	E	F	G	H	I
14401	Q0178		HYDROXYZINE PAMOATE 50 MG ORAL NOT >48 HR DOSE		0.79				
14402	Q0179		ONDANSETRON HCL 8 MG ORL NOT >48 HR DOSE REGIMEN		31.65				
14403	Q0180		DOLASETRON MESYLATE 100 MG ORL NOT >48 HR DOSE		68.48				
14404	Q0181		UNS ORAL DOSAGE ANTI-EMETIC NOT >48 HR DOSE REG		BR				2097.37
14405	Q0480		DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY		58701.00				
14406	Q0481		MICROPROCESSOR CNTRL UNIT FOR ELEC VAD REPL ONLY		9470.73				
14407	Q0482		MICROPROCESSOR CU FOR ELEC/PNEUMAT VAD REPL ONL		2966.41				
14408	Q0483		MONITOR/DISPLAY MODULE FOR ELEC VAD REPL ONLY		12220.27				
14409	Q0484		MONITOR FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY		2373.13				
14410	Q0485		MONITOR CONTROL CABLE FOR ELEC VAD REPL ONLY		229.12				
14411	Q0486		MON CNTRL CABLE FOR ELEC/PNEUMAT VAD REPL ONLY		190.70				
14412	Q0487		LEADS FOR ANY TYPE ELEC/PNEUMAT VAD REPL ONLY		222.48				
14413	Q0488		POWER PACK BASE FOR USE W/ELEC VAD REPL ONLY		BR				
14414	Q0489		POWER PACK BASE FOR ELEC/PNEUMAT VAD REPL ONLY		10594.32				
14415	Q0490		EMERGENCY POWER SOURCE FOR ELEC VAD REPL ONLY		458.26				
14416	Q0491		EMERG POWER SRC FOR ELEC/PNEUMAT VAD REPL ONLY		720.43				
14417	Q0492		EMERGENCY POWER SPL CABLE FOR ELEC VAD REPL ONLY		58.04				
14418	Q0493		EMERG PWR CABLE FOR ELEC/PNEUMAT VAD REPL ONLY		165.26				
14419	Q0494		EMERGENCY HAND PUMP REPLACEMENT ONLY		139.85				
14420	Q0495		BATT CHRGR ELEC OR ELEC/PNEUMAT VAD REPL ONLY		2722.47				
14421	Q0496		BATTERY NOT LITHIUM-ION ELEC/PNEUMAT VAD REPL		977.14				
14422	Q0497		BATT CLPS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY		305.12				
14423	Q0498		HOLSTER FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY		334.79				
14424	Q0499		BELT/VEST FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY		108.77				
14425	Q0500		FILTERS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY		19.90				
14426	Q0501		SHOWER COVER ELEC OR ELEC/PNEUMAT VAD REPL ONLY		332.86				
14427	Q0502		MOBILITY CART FOR PNEUMATIC VAD REPL ONLY		423.76				
14428	Q0503		BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH		847.54				
14429	Q0504		POWER ADAPTER FOR PNEUMAT VAD REPL ONLY VEH TYPE		447.23				
14430	Q0505		MISC SUPPLY/ACCESS W/VENTRICULAR ASSIST DEVC		BR				
14431	Q0506		BATTERY LITHIUM-ION ELEC/PNEUMATIC VAD REPL		BR				
14432	Q0510		PHARM SPL FEE INIT IMS DRUG 1ST MO FLW TRANSPLNT		BR				
14433	Q0511		PHRM FEE O ANTI-CA ANTI-EMET/IS RX; 1 PRSC 30-DA		BR				
14434	Q0512		PHRM FEE O ANTI-CA ANTI-EMET/IS RX; SUBSQT 30-DA		BR				
14435	Q0513		PHRM DISPENSING FEE INHALATION RX; PER 30 DAYS		BR				
14436	Q0514		PHRM DISPENSING FEE INHALATION RX; PER 90 DAYS		BR				
14437	Q0515		INJECTION SERMORELIN ACETATE 1 MICROGRAM		1.64				
14438	Q1003		NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3		BR				
14439	Q1004		NEW TECH IO LENS CATGY 4 DEFINED FEDERAL REG		BR				2097.37
14440	Q1005		NEW TECH IO LENS CATGY 5 DEFINED FEDERAL REG		BR				2097.37
14441	Q2004		IRRIGATION SOL TX BLADDER CALCULI PER 500 ML		17.35				
14442	Q2009		INJ FOSPHENYTOIN 50 MG PHENYTOIN EQUIVALENT		3.04				
14443	Q2017		INJECTION TENIPOSIDE 50 MG		264.68				
14444	Q3001		ADJUNCTIVE PROCEDURE		BR				
14445	Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE		BR				
14446	Q3025		INJECTION INTRFER BETA1A 11 MCG IM USE		112.04				
14447	Q3026		INJECTION INTERFERON BETA-1A 11 MCG SUBQ USE		BR				2097.37
14448	Q3031		COLLAGEN SKIN TEST		BR				

	A	B	C	D	E	F	G	H	I
14449	Q4001		CASTING SPL BODY CAST ADULT W/WO HEAD PLASTR		110.55				
14450	Q4002		CAST SUPPLIES BODY CAST ADULT W/WO HEAD FIBRGLS		235.17				
14451	Q4003		CAST SUPPLIES SHOULDER CAST ADULT PLASTER		59.90				
14452	Q4004		CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS		127.43				
14453	Q4005		CAST SUPPLIES LONG ARM CAST ADULT PLASTER		32.96				
14454	Q4006		CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS		70.15				
14455	Q4007		CAST SUPPLIES LONG ARM CAST PEDIATRIC PLASTER		16.48				
14456	Q4008		CAST SUPPLIES LONG ARM CAST PEDIATRIC FIBERGLASS		34.97				
14457	Q4009		CAST SUPPLIES SHORT ARM CAST ADULT PLASTER		25.33				
14458	Q4010		CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS		54.27				
14459	Q4011		CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER		12.66				
14460	Q4012		CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBRGLS		27.14				
14461	Q4013		CAST SUPPLIES GAUNTLET CAST ADULT PLASTER		23.92				
14462	Q4014		CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS		51.05				
14463	Q4015		CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER		12.06				
14464	Q4016		CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS		25.53				
14465	Q4017		CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER		20.90				
14466	Q4018		CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS		44.62				
14467	Q4019		CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER		10.45				
14468	Q4020		CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBRGLS		22.31				
14469	Q4021		CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER		20.90				
14470	Q4022		CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS		44.62				
14471	Q4023		CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER		10.45				
14472	Q4024		CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBRGLS		22.31				
14473	Q4025		CAST SUPPLIES HIP SPICA ADULT PLASTER		92.86				
14474	Q4026		CAST SUPPLIES HIP SPICA ADULT FIBERGLASS		197.58				
14475	Q4027		CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER		46.43				
14476	Q4028		CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS		98.89				
14477	Q4029		CAST SUPPLIES LONG LEG CAST ADULT PLASTER		45.83				
14478	Q4030		CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS		97.28				
14479	Q4031		CAST SUPPLIES LONG LEG CAST PEDIATRIC PLASTER		22.91				
14480	Q4032		CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS		48.64				
14481	Q4033		CAST SUPPLIES LONG LEG CYCLE CAST ADULT PLASTER		38.99				
14482	Q4034		CAST SUPPLIES LNG LEG CYCLE CAST ADLT FIBERGLASS		82.81				
14483	Q4035		CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR		19.50				
14484	Q4036		CAST SPL LONG LEG CYCLE CAST PEDIATRIC FIBRGLS		41.41				
14485	Q4037		CAST SUPPLIES SHORT LEG CAST ADULT PLASTER		52.46				
14486	Q4038		CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS		111.56				
14487	Q4039		CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER		26.13				
14488	Q4040		CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS		55.88				
14489	Q4041		CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER		29.95				
14490	Q4042		CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS		63.72				
14491	Q4043		CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER		15.08				
14492	Q4044		CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBRGLS		31.96				
14493	Q4045		CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER		19.50				
14494	Q4046		CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS		41.41				
14495	Q4047		CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER		9.65				
14496	Q4048		CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBRGLS		20.70				

	A	B	C	D	E	F	G	H	I
14497	Q4049		FINGER SPLINT STATIC		BR				
14498	Q4050		CAST SUPPLIES UNLISTED TYPES&MATERIALS OF CASTS		BR				
14499	Q4051		SPLINT SUPPLIES MISCELLANEOUS		BR				
14500	Q4074		ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG		52.10				
14501	Q4081		INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS		1.19				
14502	Q4082		DRUG OR BIOLOGICAL NOC PART B DRUG CAP		BR				
14503	Q4100		SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED		BR				
14504	Q4101		SKIN SUBSTITUTE APLIGRAF PER SQ CM		24.89				
14505	Q4102		SKIN SUBSTITUTE OASIS WOUND MATRIX PER SQ CM		BR				
14506	Q4103		SKIN SUBSTITUTE OASIS BURN MATRIX PER SQ CM		BR				
14507	Q4104		SKIN SUBSTITUTE INTEGRA BMWD PER SQ CM		42.21				
14508	Q4105		SKIN SUBSTITUTE INTEGRA DRT PER SQ CM		42.21				
14509	Q4106		SKIN SUBSTITUTE DERMAGRAFT PER SQ CM		34.31				
14510	Q4107		SKIN SUBSTITUTE GRAFTJACKET PER SQ CM		87.09				
14511	Q4108		SKIN SUBSTITUTE INTEGRA MATRIX PER SQ CM		42.21				
14512	Q4109		SKIN SUBSTITUTE TISSUEMEND PER SQ CM		107.21				
14513	Q4110		SKIN SUBSTITUTE PRIMATRIX PER SQ CM		33.77				
14514	Q4111		SKIN SUBSTITUTE GAMMAGRAFT PER SQ CM		BR				
14515	Q4112		ALLOGRAFT CYMETRA INJECTABLE 1 CC		BR				
14516	Q4113		ALLOGRAFT GRAFTJACKET EXPRESS INJECTABLE 1CC		BR				
14517	Q4114		INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC		BR				
14518	Q4115		SKIN SUBSTITUTE ALLOSKIN PER SQUARE CENTIMETER		BR				
14519	Q4116		SKIN SUBSTITUTE ALLODERM PER SQUARE CENTIMETER		BR				
14520	Q5001		HOSPICE CARE PROVIDED IN PATIENTS HOME/RESIDENCE		BR				
14521	Q5002		HOSPICE CARE PROVIDED ASSISTED LIVING FACILITY		BR				
14522	Q5003		HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF		BR				
14523	Q5004		HOSPICE CARE PROVIDED SKILLED NURSING FACILITY		BR				
14524	Q5005		HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL		BR				
14525	Q5006		HOSPICE CARE PROV INPATIENT HOSPICE FACILITY		BR				
14526	Q5007		HOSPICE CARE PROV LONG TERM CARE FACILITY		BR				
14527	Q5008		HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY		BR				
14528	Q5009		HOSPICE CARE PROVIDED IN PLACE NOS		BR				
14529	Q9951		LOW OSM CONTRST MATL 400/> MG/ML IODINE CONC ML		BR				
14530	Q9953		INJECTION IRONBASED MR CONTRAST AGENT PER ML		BR				
14531	Q9954		ORAL MAGNETIC RESONANCE CONTRAST AGENT 100 ML		BR				
14532	Q9955		INJECTION PERFLEXANE LIPID MICROSPHERES PER ML		BR				
14533	Q9956		INJECTION OCTAFLUOROPROPANE MICROSPHERES PER ML		BR				
14534	Q9957		INJECTION PERFLUTREN LIPID MICROSPHERES PER ML		62.71				
14535	Q9958		HIGH OSM CONTRAST MATL 149 MG/ML IODINE CONC ML		BR				
14536	Q9959		HI OSM CONTRST MATL 150-199 MG/ML IODINE CONC ML		BR				
14537	Q9960		HI OSM CONTRST MATL 200-249 MG/ML IODINE CONC ML		BR				
14538	Q9961		HI OSM CONTRST MATL 250-299 MG/ML IODINE CONC ML		BR				
14539	Q9962		HI OSM CONTRST MATL 300-349 MG/ML IODINE CONC ML		BR				
14540	Q9963		HI OSM CONTRST MATL 350-399 MG/ML IODINE CONC ML		BR				
14541	Q9964		HIGH OSM CONTRST MATL 400/> MG/ML IODINE CONC ML		BR				
14542	Q9965		LOCM 100-199 MG/ML IODINE CONCENTRATION PER ML		BR				
14543	Q9966		LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML		BR				
14544	Q9967		LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML		BR				

	A	B	C	D	E	F	G	H	I
14545	Q9968		INJ NONRADIATIVE NONCONTRAST VIZ ADJUNCT 1 MG		BR				
14546	R0070		TRANS PRTBL X-RAY EQP&PERS HOM/NRS HOM-TRIP 1 PT		92.46				
14547	R0075		TRANS PRTBL XRAY EQP&PERS HOM/NRS HOM-TRIP>1 PT		BR				
14548	R0076		TRANSPORTATION PRTBLE EKG FACL/LOCATION PER PT		36.98				
14549	S0012		BUTORPHANOL TARTRATE NASAL SPRAY 25 MG		68.60				
14550	S0014		TACRINE HYDROCHLORIDE 10 MG		2.35				
14551	S0017		INJECTION AMINOCAPROIC ACID 5 GRAMS		5.75				
14552	S0020		INJECTION BUPIVICAINE HYDROCHLORIDE 30 ML		BR				
14553	S0021		INJECTION CEFOPERAZONE SODIUM 1 GM		BR				
14554	S0023		INJECTION CIMETIDINE HYDROCHLORIDE 300 MG		2.44				
14555	S0028		INJECTION FAMOTIDINE 20 MG		1.88				
14556	S0030		INJECTION METRONIDAZOLE 500 MG		9.04				
14557	S0032		INJECTION NAFCILLIN SODIUM 2 GRAMS		19.48				
14558	S0034		INJECTION OFLOXACIN 400 MG		BR				
14559	S0039		INJECTION SULFAMETHOXAZOLE&TRIMETHOPRIM 10 ML		BR				
14560	S0040		INJ TICARCILLIN DISODIUM&CLAVULANATE K+ 3.1 GMS		12.99				
14561	S0073		INJECTION AZTREONAM 500 MG		16.05				
14562	S0074		INJECTION CEFOTETAN DISODIUM 500 MG		BR				
14563	S0077		INJECTION CLINDAMYCIN PHOSPHATE 300 MG		3.02				
14564	S0078		INJECTION FOSPHENYTOIN SODIUM 750 MG		157.39				
14565	S0080		INJECTION PENTAMIDINE ISETHIONATE 300 MG		61.18				
14566	S0081		INJECTION PIPERACILLIN SODIUM 500 MG		1.68				
14567	S0088		IMATINIB 100 MG		BR				
14568	S0090		SILDENAFIL CITRATE 25 MG		15.19				
14569	S0091		GRANISETRON HYDROCHLORIDE 1 MG		72.67				
14570	S0092		INJECTION HYDROMORPHONE HYDROCHLORIDE 250 MG		92.30				
14571	S0093		INJECTION MORPHINE SULFATE 500 MG		212.26				
14572	S0104		ZIDOVUDINE ORAL 100 MG		1.62				
14573	S0106		BUPROPION HCI SUSTAINED RLSE TAB 150 MG 60 TABS		97.64				
14574	S0108		MERCAPTOPURINE ORAL 50 MG		3.37				
14575	S0109		METHADONE ORAL 5MG		0.25				
14576	S0117		TRETINOIN TOPICAL 5 GRAMS		BR				
14577	S0122		INJECTION MENOTROPINS 75 IU		62.71				
14578	S0126		INJECTION FOLLITROPIN ALFA 75 IU		71.59				
14579	S0128		INJECTION FOLLITROPIN BETA 75 IU		68.11				
14580	S0132		INJECTION GANIRELIX ACETATE 250 MCG		94.32				
14581	S0136		CLOZAPINE 25 MG		1.16				
14582	S0137		DIDANOSINE 25 MG		BR				
14583	S0138		FINASTERIDE 5 MG		2.52				
14584	S0139		MINOXIDIL 10 MG		1.00				
14585	S0140		SAQUINAVIR 200 MG		1.68				
14586	S0142		COLISTMTHATE SODIUM INHAL SOL CONC FORM-PER MG		BR				
14587	S0145		INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML		BR				
14588	S0146		INJ PEGYLATED INTERFERON ALFA-2B 10 MCG 0.5 ML		BR				
14589	S0155		STERILE DILUTANT FOR EPOPROSTENOL 50 ML		BR				
14590	S0156		EXEMESTANE 25 MG		7.51				
14591	S0157		BECAPLERMIN GEL 0.01% 0.5 GM		15.70				
14592	S0160		DEXTROAMPHETAMINE SULFATE 5 MG		0.35				

	A	B	C	D	E	F	G	H	I
14593	S0161		CALCITROL 0.25 MG		BR				
14594	S0164		INJECTION PANTOPRAZOLE SODIUM 40 MG		11.58				
14595	S0166		INJECTION OLANZAPINE 2.5 MG		5.26				
14596	S0170		ANASTROZOLE ORAL 1 MG		7.22				
14597	S0171		INJECTION BUMETANIDE 0.5 MG		1.06				
14598	S0172		CHLORAMBUCIL ORAL 2 MG		1.98				
14599	S0174		DOLASETRON MESYLATE ORAL 50 MG		46.25				
14600	S0175		FLUTAMIDE ORAL 125 MG		1.91				
14601	S0176		HYDROXYUREA ORAL 500 MG		1.02				
14602	S0177		LEVAMISOLE HYDROCHLORIDE ORAL 50 MG		4.45				
14603	S0178		LOMUSTINE ORAL 10 MG		22.91				
14604	S0179		MEGESTROL ACETATE ORAL 20 MG		0.51				
14605	S0181		ONDANSETRON HYDROCHLORIDE ORAL 4 MG		19.97				
14606	S0182		PROCARBAZINE HYDROCHLORIDE ORAL 50 MG		46.11				
14607	S0183		PROCHLORPERAZINE MALEATE ORAL 5 MG		0.59				
14608	S0187		TAMOXIFEN CITRATE ORAL 10 MG		1.91				
14609	S0189		TESTOSTERONE PELLET 75 MG		BR				
14610	S0190		MIFEPRISTONE ORAL 200 MG		72.36				
14611	S0191		MISOPROSTOL ORAL 200 MCG		1.88				
14612	S0194		DIALYSIS/STRESS VITAMIN SUPL ORAL 100 CAPSULES		BR				
14613	S0195		PNEUMCOCCL CONJUGAT VAC IM 5-9 YR NOT PREV RECVD		BR				
14614	S0196		INJ POLYLLACTIC ACID RESTORATIVE IMPL 1 ML FACE		BR				
14615	S0197		PRENATAL VITAMINS 30-DAY SUPPLY		BR				
14616	S0199		MED INDUCED AB ORAL INGESTION MED W/SRVC & SPL		BR				
14617	S0201		PARTIAL HOSITALIZATION SERVICES < 24 HR PER DIEM		BR				
14618	S0207		PARAMEDIC INTERCEPT NON-HOS-BASED ALS SRVC NON-T		BR				
14619	S0208		PARAMEDIC INTERCPT HOS-BASE ALS SRVC NON-TRNSPRT		BR				
14620	S0209		WHEELCHAIR VAN MILEAGE PER MILE		BR				
14621	S0215		NON-EMERGENCY TRANSPORTATION; PER MILE		BR				
14622	S0220		MED CONF PHYS W/TEAM HLTH PROF PT CARE; 30 MIN		BR				
14623	S0221		MED CONF PHYS W/TEAM HLTH PROF PT CARE; 60 MIN		BR				
14624	S0250		COMP GERIATRIC ASSESS&TX PLAN PRFRM ASSESS TEAM		BR				
14625	S0255		BY NURSE SOCIAL WORKER OR OTHER DESIGNATED STAFF		BR				
14626	S0257		CNSL&DISCUSS ADV DIRCTV/EOL CARE PT&/SURROGATE		BR				
14627	S0260		HISTORY AND PHYSICAL RELATED TO SURGICAL PROC		BR				
14628	S0265		GENETIC COUNSELING PHYS SUPERVISION EA 15 MINS		BR				
14629	S0270		PHYSICIAN MGT PT HOME CARE STD MONTHLY CASE RATE		BR				
14630	S0271		PHYS MGT PT HOME CARE HOSPICE MONTHLY CASE RATE		BR				
14631	S0272		PHYS MGT PT HOME CARE EPISODIC CARE MO CASE RATE		BR				
14632	S0273		PHYS VST MEMBER HOME OUTSIDE CAPITATION ARRNGMNT		BR				
14633	S0274		NP VST MEMBER HOME OUTSIDE CAPITATION ARRANGMENT		BR				
14634	S0280		MEDICAL HOME PROG COMP CARE COORD INITIAL PLAN		BR				
14635	S0281		MEDICAL HOME PROGRAM COMP CARE COORD MAINT PLAN		BR				
14636	S0302		CMPL EARLY PERIODIC SCREENING DX&TX SERVICE		BR				
14637	S0310		HOSPITALIST SERVICES		BR				
14638	S0315		DISEASE MANAGEMENT PROGM; INIT ASSESS&INIT PROGM		BR				
14639	S0316		DZ MANAGEMENT PROGRAM FOLLOW-UP/REASSESSMENT		BR				
14640	S0317		DISEASE MANAGEMENT PROGRAM; PER DIEM		BR				

	A	B	C	D	E	F	G	H	I
14641	S0320		TEL CALLS RN TO DZ MGMT PROGM MEMB MONITOR; MO		BR				
14642	S0340		LIFESTYL MOD PROG MGMT COR ART DZ; LIFESTYL MOD		BR				
14643	S0341		INCL ALL SUPP SRVC; 2/THIRD QUARTER/STAGE		BR				
14644	S0342		LIFESTYL MOD PROG MGMT COR ART DZ; 4 QUARTER		BR				
14645	S0390		ROUTINE FOOT CARE; PER VISIT		BR				
14646	S0395		IMPRESSION CASTING FOOT PERFORMED PRACTITIONER		BR				
14647	S0400		GLOBAL FEE XTRACORP SHOCK WAVE LITH KIDNEY STONE		BR				
14648	S0500		DISPOSABLE CONTACT LENS PER LENS		BR				
14649	S0504		SINGLE VISION PRESCRIPTION LENS PER LENS		BR				
14650	S0506		BIFOCAL VISION PRESCRIPTION LENS PER LENS		BR				
14651	S0508		TRIFOCAL VISION PRESCRIPTION LENS PER LENS		BR				
14652	S0510		NON-PRESCRIPTION LENS PER LENS		BR				
14653	S0512		DAILY WEAR SPECIALTY CONTACT LENS PER LENS		BR				
14654	S0514		COLOR CONTACT LENS PER LENS		BR				
14655	S0515		SCLERAL LENS LIQUID BANDAGE DEVICE PER LENS		BR				
14656	S0516		SAFETY EYEGLASS FRAMES		BR				
14657	S0518		SUNGLASSES FRAMES		BR				
14658	S0580		POLYCARBONATE LENS		BR				
14659	S0581		NONSTANDARD LENS		BR				
14660	S0590		INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP		BR				
14661	S0592		COMPREHENSIVE CONTACT LENS EVALUATION		BR				
14662	S0595		DISPNSING NEW SPECTACLE LENSES PT SUPPLIED FRAME		BR				
14663	S0601		SCREENING PROCTOSCOPY		BR				
14664	S0610		ANNUAL GYNECOLOGICAL EXAMINATION NEW PATIENT		BR				
14665	S0612		ANNUAL GYNECOLOGICAL EXAMINATION EST PATIENT		BR				
14666	S0613		ANNUAL GYN EXAM CLIN BREAST EXAM W/O PELV EVAL		BR				
14667	S0618		AUDIOMETRY FOR HEARING AID EVALUATION		BR				
14668	S0620		ROUTINE OPHTH EXAM INCL REFRACTION; NEW PT		BR				
14669	S0621		ROUTINE OPHTH EXAM INCL REFRACTION; EST PT		BR				
14670	S0622		PHYSICAL EXAM COLLEGE NEW OR ESTABLISHED PATIENT		BR				
14671	S0625		RETINAL TELESCR DIGTL IMAG MX DIFF FUNDUS AREAS		BR				
14672	S0630		RMV SUTURES; PHYS NOT PHYS WHO ORIGLY CLOS WND		BR				
14673	S0800		LASER IN SITU KERATOMILEUSIS		BR				
14674	S0810		PHOTOREFRACTIVE KERATECTOMY		BR				
14675	S0812		PHOTOTHERAPEUTIC KERATECTOMY		BR				
14676	S1001		DELUXE ITEM PATIENT AWARE		BR				
14677	S1002		CUSTOMIZED ITEM		BR				
14678	S1015		IV TUBING EXTENSION SET		BR				
14679	S1016		NON-PVC IV ADMN SET W/RX THAT ARE NOT STABL PVC		BR				
14680	S1030		CONT NONINVASIVE GLU MONITORING DEVICE PURCHASE		BR				
14681	S1031		CONT NONINVAS GLU MON DEVC RENTAL SENSOR REPL		BR				
14682	S1040		CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB		BR				
14683	S2053		TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS		BR				
14684	S2054		TRANSPLANTATION OF MULTIVISCERAL ORGANS		BR				
14685	S2055		HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR		BR				
14686	S2060		LOBAR LUNG TRANSPLANTATION		BR				
14687	S2061		DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR		BR				
14688	S2065		SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION		BR				

	A	B	C	D	E	F	G	H	I
14689	S2066		BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI		BR				
14690	S2067		BRST RECON 1 BRST DIEP FLAP(S)&/GAP FLAP(S) UNI		BR				
14691	S2068		BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI		BR				
14692	S2070		CYSTO W/URETERSCPY&/PYELSCPY;LASR TX URETRL CALC		BR				
14693	S2079		LAP ESOPHAGOMYOTOMY HELLER TYPE		BR				
14694	S2080		LASER-ASSISTED UVULOPALATOPLASTY		BR				
14695	S2083		ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE		BR				
14696	S2095		TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI		BR				
14697	S2102		ISLET CELL TISS TRANSPLANT FROM PANC; ALLOGENEIC		BR				
14698	S2103		ADRENAL TISSUE TRANSPLANT TO BRAIN		BR				
14699	S2107		ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT		BR				
14700	S2112		ARTHROSCOPY KNEE SURGICAL HARVESTING CARTILAGE		BR				
14701	S2115		OSTEOTOMY PERIACETABULAR WITH INTERNAL FIXATION		BR				
14702	S2117		ARTHROEREISIS SUBTALAR		BR				
14703	S2118		METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT		BR				
14704	S2120		LDL APHERES HEPARN-INDUCD XTRACORP LDL PRECIP		BR				
14705	S2140		CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC		BR				
14706	S2142		CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC		BR				
14707	S2150		BN MARROW/BLD DERIVD STEM CELLS HARV TPLNT&COMP;		BR				
14708	S2152		SOLID ORGAN; TRANSPLANTATION & RELATED COMP		BR				
14709	S2202		ECHOSCLEROTHERAPY		BR				
14710	S2205		MIN INVASV DIR CAB SURG; ART GFT 1 COR ART GFT		BR				
14711	S2206		MIN INVASV DIR CAB SURG; ART GFT 2 COR ART GFT		BR				
14712	S2207		MIN INVAS DIR CAB; VEN GFT ONLY 1 COR VEN GFT		BR				
14713	S2208		MIN INVAS DIR CAB SURG; 1 ART&VEN GFT 1 VEN GFT		BR				
14714	S2209		MIN INVASV DIR CAB SURG; 2 ART GFT&1 VENUS GFT		BR				
14715	S2225		MYRINGOTOMY LASER-ASSISTED		BR				
14716	S2230		IMPL MAGNET CMPNT SEMI-IMPL HEARING DEVC MID EAR		BR				
14717	S2235		IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT		BR				
14718	S2260		INDUCED ABORTION 17 TO 24 WEEKS		BR				
14719	S2265		INDUCED ABORTION 25 TO 28 WEEKS		BR				
14720	S2266		INDUCED ABORTION 29 TO 31 WEEKS		BR				
14721	S2267		INDUCED ABORTION 32 WEEKS OR GREATER		BR				
14722	S2270		INSRT VAG CYL APPLIC RAD SOURCE/CLIN BRACHYTX		BR				
14723	S2300		ARTHROSCOPE SHLDR SURG; W/THERML-INDUCD CPSLORR		BR				
14724	S2325		HIP CORE DECOMPRESSION		BR				
14725	S2340		CHEMODENERVATION ABDUCTOR MUSCLE VOCAL CORD		BR				
14726	S2341		CHEMODENERVATION ADDUCTOR MUSCLE VOCAL CORD		BR				
14727	S2342		NASAL ENDOSCOPIC POSNASAL ENDOSCOPIC POSTOP DEBR		BR				
14728	S2344		NASAL/SINUS ENDO; ENLARGE OSTIUM INFLAT DEVICE		BR				
14729	S2348		DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB		BR				
14730	S2350		DISKECT ANT W/OSTEOPHYTECT; LUMBAR 1 INTERSPACE		BR				
14731	S2351		DISKECT ANT W/OSTEOPHYTECT; LUMB EA ADD INTRSP		BR				
14732	S2360		PERQ VERTPLSTY 1 VERT BDY UNILAT/BILAT INJ; CERV		BR				
14733	S2361		EACH ADDITIONAL CERVICAL VERTEBRAL BODY		BR				
14734	S2400		REPR CONGN DIAPHRAGMAT HERN FETUS PROC IN UTERO		BR				
14735	S2401		REPR URIN TRACT OBST FETUS PROC PRFRM UTERO		BR				
14736	S2402		REPR CONGEN CYST ADENOMATOID MALF FETUS IN UTERO		BR				

	A	B	C	D	E	F	G	H	I
14737	S2403		REPR EXTRALOBAR PULM SEQUEST FETUS-UTERO		BR				
14738	S2404		REPAIR MYELOMENINGOCELE FETUS PROC PRFRM UTERO		BR				
14739	S2405		REPR SACROCOC TERATOMA FETUS IN UTERO		BR				
14740	S2409		REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC		BR				
14741	S2411		FETOSCOPIC LASER TX FOR TREATMENT-TTTS		BR				
14742	S2900		SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS		BR				
14743	S3000		DIABETIC INDICATOR; RETINAL EYE EXAM DILATED BIL		BR				
14744	S3005		PERFORMANCE MSR EVAL PT SELF ASSESS DEPRESSION		BR				
14745	S3600		STAT LABORATORY REQUEST		BR				
14746	S3601		EMERG STAT LAB CHARGE PT HOMBOUND/RESID NRS FACL		BR				
14747	S3620		NEWBORN METABOLIC SCREENING PANEL SPEC-STATE		BR				
14748	S3625		MATERNL SERUM TRIPLE MARKR SCR W/AFP ESTRIOL&HCG		BR				
14749	S3626		MATERNAL SERUM SCR W/AFP ESTRIOL HCG INHIBIN A		BR				
14750	S3628		PLACNTL ALPHA MICROGLOBULN-1 RAPID IA DETECT ROM		BR				
14751	S3630		EOSINOPHIL COUNT BLOOD DIRECT		BR				
14752	S3645		HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDATE		BR				
14753	S3650		SALIVA TEST HORMONE LEVEL; DURING MENOPAUSE		BR				
14754	S3652		SALIVA TST HORMONE LEVL; ASSESS PRTERM LABR RISK		BR				
14755	S3655		ANTISPERM ANTIBODIES TEST		BR				
14756	S3708		GASTROINTESTINAL FAT ABSORPTION STUDY		BR				
14757	S3711		CIRCULATING TUMOR CELL TEST		BR				
14758	S3713		KRAS MUTATION ANALYSIS TESTING		BR				
14759	S3800		GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS		BR				
14760	S3818		COMPLETE GENE SEQUENCE ANALYSIS; BRCA1 GENE		BR				
14761	S3819		COMPLETE GENE SEQUENCE ANALYSIS; BRCA2 GENE		BR				
14762	S3820		COMPL BRCA1&BRCA2 GENE SEQ ANALY BRST&OVARN CA		BR				
14763	S3822		SINGLE-MUTAT ANALY SUSCEPT BREAST&OVARIAN CANCER		BR				
14764	S3823		3-MUTATION BRCA1&BRCA2 ANALYSIS ASHKENAZI IND		BR				
14765	S3828		COMPLETE GENE SEQUENCE ANALYSIS; MLH1 GENE		BR				
14766	S3829		COMPLETE GENE SEQUENCE ANALYSIS; MLH2 GENE		BR				
14767	S3830		CMPL MLH1&MLH2 GENE SEQ ANALY HNPCC GENETIC TEST		BR				
14768	S3831		SINGLE-MUTATION ANALYSIS HNPCC GENETIC TESTING		BR				
14769	S3833		CMPL APC GENE SEQ ANALY SUSCPT FAP&ATTENUATD FAP		BR				
14770	S3834		SINGLE-MUTAT ANALY SUSCEPT FAP&ATTENUATED FAP		BR				
14771	S3835		CMPL GENE SEQ ANALY CYSTIC FIBROSIS GENETIC TST		BR				
14772	S3837		CMPL GENE SEQ ANALY HEMOCHROMATOSIS GENETIC TST		BR				
14773	S3840		DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE		BR				
14774	S3841		GENETIC TESTING FOR RETINOBLASTOMA		BR				
14775	S3842		GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE		BR				
14776	S3843		DNA ANALYSIS F5 GENE FCT V LEIDEN THROMBOPHILIA		BR				
14777	S3844		DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS		BR				
14778	S3845		GENETIC TESTING FOR ALPHA-THALASSEMIA		BR				
14779	S3846		GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA		BR				
14780	S3847		GENETIC TESTING FOR TAY-SACHS DISEASE		BR				
14781	S3848		GENETIC TESTING FOR GAUCHER DISEASE		BR				
14782	S3849		GENETIC TESTING FOR NIEMANN-PICK DISEASES		BR				
14783	S3850		GENETIC TESTING FOR SICKLE CELL ANEMIA		BR				
14784	S3851		GENETIC TESTING FOR CANAVAN DISEASE		BR				

	A	B	C	D	E	F	G	H	I
14785	S3852		DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ		BR				
14786	S3853		GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY		BR				
14787	S3854		GENE EXPRSSGENE EXPRSSION PROFILING PANL MGMT BR		BR				
14788	S3855		GENETIC TEST DETECT MUTATIONS PRESENILIN 1 GENE		BR				
14789	S3860		GENETIC TESTING COMP CARDIAC ION CHANNEL ANALY		BR				
14790	S3861		GENETIC TESTING SCN5A & VARIANTS FOR SUSPCTED BS		BR				
14791	S3862		GENETIC TEST FAMILY-SPECIFIC ION CHANNEL ANALY		BR				
14792	S3865		COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY		BR				
14793	S3866		GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM		BR				
14794	S3870		CGH MICROARRAY TEST DD ASD &/ MENTAL RETARDATION		BR				
14795	S3890		DNA ANALYSIS FECAL COLORECTAL CANCER SCREENING		BR				
14796	S3900		SURFACE ELECTROMYOGRAPHY		BR				
14797	S3902		BALLISTOCARDIOGRAM		BR				
14798	S3904		MASTERS TWO STEP		BR				
14799	S3905		NONINVASV ELECDX TEST AUTO CMPTRZD HAND-HELD DVC		BR				
14800	S4005		INTERIM LABOR FACILITY GLOBAL		BR				
14801	S4011		IN VITRO FERTILIZATION;		BR				
14802	S4013		CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF CASE RATE		BR				
14803	S4014		CMPL CYCLE ZYGOTE INTRAFALLOPIAN TRNSF CASE RATE		BR				
14804	S4015		CMPL IN VITRO FERTILIZATION CYCLE CASE RATE NOS		BR				
14805	S4016		FROZEN IN VITRO FERTILIZATION CYCLE CASE RATE		BR				
14806	S4017		INCPL CYCLE TX CANCELED PRIOR TO STIM CASE RATE		BR				
14807	S4018		FRZN EMB TRANS PROC CANCEL BEFR TRANS CASE RATE		BR				
14808	S4020		IVF PROC CANCELLED BEFORE ASPIRATION CASE RATE		BR				
14809	S4021		IVF PROC CANCELLED AFTER ASPIRATION CASE RATE		BR				
14810	S4022		ASSISTED OOCYTE FERTILIZATION CASE RATE		BR				
14811	S4023		DONOR EGG CYCLE INCOMPLETE CASE RATE		BR				
14812	S4025		DONOR SERVICES IN VITRO FERTILIZATION CASE RATE		BR				
14813	S4026		PROCUREMENT OF DONOR SPERM FROM SPERM BANK		BR				
14814	S4027		STORAGE OF PREVIOUSLY FROZEN EMBRYOS		BR				
14815	S4028		MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION		BR				
14816	S4030		SPERM PROCUREMENT&CRYOPRES SERVICES; INIT VISIT		BR				
14817	S4031		SPERM PROCUREMENT&CRYOPRES SRVC; SUBSQT VISIT		BR				
14818	S4035		STIM INTRAUTERINE INSEMINATION CASE RATE		BR				
14819	S4037		CRYOPRESERVED EMBRYO TRANSFER CASE RATE		BR				
14820	S4040		MON & STORAGE CRYOPRESERVED EMBRYOS PER 30 DAYS		BR				
14821	S4042		MANAGEMENT OF OVULATION INDUCTION PER CYCLE		BR				
14822	S4981		INSRTION LEVONORGESTREL-RELEASING INTRAUTERN SYS		BR				
14823	S4989		CONTRACEPTIVE IUD INCLUDING IMPLANTS&SUPPLIES		BR				
14824	S4990		NICOTINE PATCHES LEGEND		BR				
14825	S4991		NICOTINE PATCHES NON-LEGEND		BR				
14826	S4993		CONTRACEPTIVE PILLS FOR BIRTH CONTROL		BR				
14827	S4995		SMOKING CESSATION GUM		BR				
14828	S5000		PRESCRIPTION DRUG GENERIC		BR				
14829	S5001		PRESCRIPTION DRUG BRAND NAME		BR				
14830	S5010		5% DEXTROSE AND 0.45% NORMAL SALINE 1000 ML		BR				
14831	S5011		5% DEXTROSE IN LACTATED RINGERS 1000 ML		BR				
14832	S5012		5% DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML		BR				

	A	B	C	D	E	F	G	H	I
14833	S5013		5% DXTROS/0.45% NL SALINE KCL&MGSO4 1000 ML		BR				
14834	S5014		5% DEXTROSE/0.45% NL SALINE W/KCL&MGSO4 1500 ML		BR				
14835	S5035		HOME INFUS THERAPY ROUTINE SERVICE INFUS DEVICE		BR				
14836	S5036		HOME INFUSION THERAPY REPAIR OF INFUSION DEVICE		BR				
14837	S5100		DAY CARE SERVICES ADULT; PER 15 MINUTES		BR				
14838	S5101		DAY CARE SERVICES ADULT; PER HALF DAY		BR				
14839	S5102		DAY CARE SERVICES ADULT; PER DIEM		BR				
14840	S5105		DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE		BR				
14841	S5108		HOME CARE TRAINING HOME CARE CLIENT PER 15 MIN		BR				
14842	S5109		HOME CARE TRAINING HOME CARE CLIENT PER SESSION		BR				
14843	S5110		HOME CARE TRAINING FAMILY; PER 15 MINUTES		BR				
14844	S5111		HOME CARE TRAINING FAMILY; PER SESSION		BR				
14845	S5115		HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES		BR				
14846	S5116		HOME CARE TRAINING NON-FAMILY; PER SESSION		BR				
14847	S5120		CHORE SERVICES; PER 15 MINUTES		BR				
14848	S5121		CHORE SERVICES; PER DIEM		BR				
14849	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES		BR				
14850	S5126		ATTENDANT CARE SERVICES; PER DIEM		BR				
14851	S5130		HOMEMAKER SERVICE NOS; PER 15 MINUTES		BR				
14852	S5131		HOMEMAKER SERVICE NOS; PER DIEM		BR				
14853	S5135		COMPANION CARE ADULT ; PER 15 MINUTES		BR				
14854	S5136		COMPANION CARE ADULT ; PER DIEM		BR				
14855	S5140		FOSTER CARE ADULT; PER DIEM		BR				
14856	S5141		FOSTER CARE ADULT; PER MONTH		BR				
14857	S5145		FOSTER CARE THERAPEUTIC CHILD; PER DIEM		BR				
14858	S5146		FOSTER CARE THERAPEUTIC CHILD; PER MONTH		BR				
14859	S5150		UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN		BR				
14860	S5151		UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM		BR				
14861	S5160		EMERGENCY RESPONSE SYSTEM; INSTALLATION&TESTING		BR				
14862	S5161		EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH		BR				
14863	S5162		EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY		BR				
14864	S5165		HOME MODIFICATIONS; PER SERVICE		BR				
14865	S5170		HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL		BR				
14866	S5175		LAUNDRY SERVICE EXTERNAL PROFESSIONAL; PER ORDER		BR				
14867	S5180		HOME HEALTH RESPIRATORY THERAPY INIT EVALUATION		BR				
14868	S5181		HOME HEALTH RESPIRATORY THERAPY NOS PER DIEM		BR				
14869	S5185		MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH		BR				
14870	S5190		WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN		BR				
14871	S5199		PERSONAL CARE ITEM NOS EACH		BR				
14872	S5497		HOME INFUS TX CATH CARE/MAINT NOC; PER DIEM		BR				
14873	S5498		HOME INFUS TX CATH CARE/MAINT SIMPLE PER DIEM		BR				
14874	S5501		HOME INFUS TX CATH CARE/MAINT COMPLEX PER DIEM		BR				
14875	S5502		HOME INFUS TX CATH CARE IMPL ACCESS DEVC DIEM		BR				
14876	S5517		HIT ALL SPL NECES RESTOR CATH PATENCY/DECLOT		BR				
14877	S5518		HOME INFUSION THERAPY ALL SPL NECES CATH REPAIR		BR				
14878	S5520		HOME INFUSION TX ALL SPL NECES PICC LINE INSERT		BR				
14879	S5521		HOME INFUS TX ALL SPL NECES MIDLINE CATH INSERT		BR				
14880	S5522		HOM INFUS TX INSRTION PICC NRS SRVC ONLY		BR				

	A	B	C	D	E	F	G	H	I
14881	S5523		HIT INSERT MIDLINE CVC NRS SRVC ONLY		BR				
14882	S5550		INSULIN RAPID ONSET; 5 UNITS		BR				
14883	S5551		INSULIN MOST RAPID ONSET; 5 UNITS		BR				
14884	S5552		INSULIN INTERMEDIATE ACTING; 5 UNITS		BR				
14885	S5553		INSULIN LONG ACTING; 5 UNITS		BR				
14886	S5560		INSULIN DELIVERY DEVICE REUSABLE PEN; 1.5 ML SZ		BR				
14887	S5561		INSULIN DELIVERY DEVICE REUSABLE PEN; 3 ML SIZE		BR				
14888	S5565		INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 150 U		BR				
14889	S5566		INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 300 U		BR				
14890	S5570		INSULIN DELIV DEVICE DISPOSABLE PEN; 1.5 ML SIZE		BR				
14891	S5571		INSULIN DELIV DEVICE DISPOSABLE PEN; 3 ML SIZE		BR				
14892	S8030		SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX		BR				
14893	S8035		MAGNETIC SOURCE IMAGING		BR				
14894	S8037		MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		BR				
14895	S8040		TOPOGRAPHIC BRAIN MAPPING		BR				
14896	S8042		MAGNETIC RESONANCE IMAGING LOW-FIELD		BR				
14897	S8049		INTRAOPERATIVE RADIATION THERAPY		BR				
14898	S8055		ULTRASOUND GUID MULTIFETAL PG RDUC TECH CMPNT		BR				
14899	S8080		SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM		BR				
14900	S8085		F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS		BR				
14901	S8092		ELECTRON BEAM COMPUTED TOMOGRAPHY		BR				
14902	S8096		PORTABLE PEAK FLOW METER		BR				
14903	S8097		ASTHMA KIT		BR				
14904	S8100		HOLDING CHAMB/SPACR W/INHAL/NEBULIZR; W/O MASK		BR				
14905	S8101		HOLDING CHAMB/SPACR W/AN INHAL/NEBULIZR; W/MASK		BR				
14906	S8110		PEAK EXPIRATORY FLOW RATE		BR				
14907	S8120		O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT		BR				
14908	S8121		OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND		BR				
14909	S8185		FLUTTER DEVICE		BR				
14910	S8186		SWIVEL ADAPTOR		BR				
14911	S8189		TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED		BR				
14912	S8210		MUCUS TRAP		BR				
14913	S8262		MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH		BR				
14914	S8265		HABERMAN FEEDER FOR CLEFT LIP/PALATE		BR				
14915	S8270		ENURESIS ALARM AUDITORY BUZZER &/ VIBRATION DEVC		BR				
14916	S8301		INFECTION CONTROL SUPPLIES NOS		BR				
14917	S8415		SUPPLIES FOR HOME DELIVERY OF INFANT		BR				
14918	S8420		GRADIENT PRESSURE AID SLEEVE&GLOVE CUSTOM MADE		BR				
14919	S8421		GRADIENT PRESSURE AID SLEEVE&GLOVE READY MADE		BR				
14920	S8422		GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT		BR				
14921	S8423		GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT		BR				
14922	S8424		GRADIENT PRESSURE AID SLEEVE READY MADE		BR				
14923	S8425		GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT		BR				
14924	S8426		GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT		BR				
14925	S8427		GRADIENT PRESSURE AID GLOVE READY MADE		BR				
14926	S8428		GRADIENT PRESSURE AID GAUNTLET READY MADE		BR				
14927	S8429		GRADIENT PRESSURE EXTERIOR WRAP		BR				
14928	S8430		PADDING FOR COMPRESSION BANDAGE ROLL		BR				

	A	B	C	D	E	F	G	H	I
14929	S8431		COMPRESSION BANDAGE ROLL		BR				
14930	S8450		SPLINT PREFABRICATED DIGIT		BR				
14931	S8451		SPLINT PREFABRICATED WRIST OR ANKLE		BR				
14932	S8452		SPLINT PREFABRICATED ELBOW		BR				
14933	S8460		CAMISOLE POST-MASTECTOMY		BR				
14934	S8490		INSULIN SYRINGES		BR				
14935	S8940		EQUESTRIAN/HIPPOTHERAPY PER SESSION		BR				
14936	S8948		APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M		BR				
14937	S8950		COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES		BR				
14938	S8990		PHYSICAL/MANIP TX MAINT RATHER THAN RESTORATION		BR				
14939	S8999		RESUSCITATION BAG		BR				
14940	S9001		HOME UTERINE MONITOR W/WO ASSOC NURSING SERVICES		BR				
14941	S9007		ULTRAFILTRATION MONITOR		BR				
14942	S9015		AUTOMATED EEG MONITORING		BR				
14943	S9024		PARANASAL SINUS ULTRASOUND		BR				
14944	S9025		OMNICARDIOGRAM/CARDIOINTEGRAM		BR				
14945	S9034		EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY GALL STONES		BR				
14946	S9055		PROCUREN/OTH GROWTH FCT PREP PROMOTE WND HEALING		BR				
14947	S9056		COMA STIMULATION PER DIEM		BR				
14948	S9061		HOME ADMIN AEROSOLIZED DRUG THERAPY PER DIEM		BR				
14949	S9075		SMOKING CESSATION TREATMENT		BR				
14950	S9083		GLOBAL FEE URGENT CARE CENTERS		BR				
14951	S9088		SERVICES PROVIDED IN AN URGENT CARE CENTER		BR				
14952	S9090		VERTEBRAL AXIAL DECOMPRESSION PER SESSION		BR				
14953	S9097		HOME VISIT FOR WOUND CARE		BR				
14954	S9098		HOME VISIT PHOTOTHERAPY SERVICES PER DIEM		BR				
14955	S9109		CONGESTIVE HEART FAILURE TELEMONITOR PER MONTH		BR				
14956	S9117		BACK SCHOOL PER VISIT		BR				
14957	S9122		HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM;-HR		BR				
14958	S9123		NURSING CARE THE HOME; REGISTERED NURSE PER HOUR		BR				
14959	S9124		NURSING CARE IN THE HOME; BY LPN PER HOUR		BR				
14960	S9125		RESPITE CARE IN THE HOME PER DIEM		BR				
14961	S9126		HOSPICE CARE IN THE HOME PER DIEM		BR				
14962	S9127		SOCIAL WORK VISIT IN THE HOME PER DIEM		BR				
14963	S9128		SPEECH THERAPY IN THE HOME PER DIEM		BR				
14964	S9129		OCCUPATIONAL THERAPY IN THE HOME PER DIEM		BR				
14965	S9131		PHYSICAL THERAPY; IN THE HOME PER DIEM		BR				
14966	S9140		DIABETIC MGMT PROGM F/U VISIT NON-MD PROVIDER		BR				
14967	S9141		DIABETIC MANAGEMENT PROGM F/U VISIT MD PROVIDER		BR				
14968	S9145		INSULIN PUMP INITIATION INSTRUCTION USE OF PUMP		BR				
14969	S9150		EVALUATION BY OCCULARIST		BR				
14970	S9152		SPEECH THERAPY RE-EVALUATION		BR				
14971	S9208		HOME MANAGEMENT OF PRETERM LABOR PER DIEM		BR				
14972	S9209		HOME MGMT PRETERM PRMAT RUPTURE MEMBRANES DIEM		BR				
14973	S9211		HOME MGMT GESTATIONAL HYPERTENSION; PER DIEM		BR				
14974	S9212		HOME MANAGEMENT POSTPARTUM HYPERTENSION PER DIEM		BR				
14975	S9213		HOME MANAGEMENT OF PREECLAMPSIA; PER DIEM		BR				
14976	S9214		HOME MANAGEMENT OF GESTATIONAL DIABETES; DIEM		BR				

	A	B	C	D	E	F	G	H	I
14977	S9325		HIT PAIN MANAGEMENT INFUSION; PER DIEM		BR				
14978	S9326		HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM		BR				
14979	S9327		HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM		BR				
14980	S9328		HIT IMPLANTED PUMP PAIN MGMT INFUS; PER DIEM		BR				
14981	S9329		HOME INFUSION TX CHEMOTHERAPY INFUSION; PER DIEM		BR				
14982	S9330		HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM		BR				
14983	S9331		HIT INTERMIT CHEMOTHAPY INFUS; CARE COORD-DIEM		BR				
14984	S9335		HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM		BR				
14985	S9336		HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM		BR				
14986	S9338		HIT IMMUOTHAPY; CARE COORDINATION PER DIEM		BR				
14987	S9339		HOME THERAPY; PERITONEAL DIALYSIS PER DIEM		BR				
14988	S9340		HOME THERAPY; ENTERAL NUTRITION; PER DIEM		BR				
14989	S9341		HOME TX; ENTERAL NUTRITION VIA GRAVITY; PER DIEM		BR				
14990	S9342		HOME TX; ENTERAL NUTRITION VIA PUMP; PER DIEM		BR				
14991	S9343		HOME TX; ENTERAL NUTRITION VIA BOLUS; PER DIEM		BR				
14992	S9345		HOME INFUSION TX ANTI-HEMOPHILIC AGENT; PER DIEM		BR				
14993	S9346		HOME INFUS TX ALPHA-1-PROTEINASE INHIBITOR; DIEM		BR				
14994	S9347		HIT UNINTRPED LNG-TERM CNTRL RATE IV/SUBQ;-DIEM		BR				
14995	S9348		HIT SYMPATHOMIMETIC/INOTROPIC AGENT PER DIEM		BR				
14996	S9349		HOME INFUSION THERAPY TOCOLYTIC; PER DIEM		BR				
14997	S9351		HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM		BR				
14998	S9353		HOME INFUSION THERAPY CONT INSULIN; PER DIEM		BR				
14999	S9355		HOME INFUSION THERAPY CHELATION; PER DIEM		BR				
15000	S9357		HOME INFUSION TX ENZYME REPL IV TX; PER DIEM		BR				
15001	S9359		HIT ANTI-TUMOR NECROS FACTOR IV TX; PER DIEM		BR				
15002	S9361		HOME INFUSION THERAPY DIURETIC IV TX; PER DIEM		BR				
15003	S9363		HIT ANTI-SPASMOTIC TX; CARE SPL&EQP PER DIEM		BR				
15004	S9364		HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM		BR				
15005	S9365		HOM INFUS TX TPN; 1 LITER-DAY DIEM		BR				
15006	S9366		HIT TPN; > 1 LITER BUT NOT > 2 LITERS-DA-DIEM		BR				
15007	S9367		HIT TPN; > 2 LITERS BUT NOT > 3 LITERS-DA -DIEM		BR				
15008	S9368		HIT TOTAL PARENTERAL NUTRIT; > 3 LITERS-DA -DIEM		BR				
15009	S9370		HOME THERAPY INTERMITTENT ANTI-EMETIC INJ TX;		BR				
15010	S9372		HOME THERAPY; INTERMITTENT ANTICOAGULANT INJ TX;		BR				
15011	S9373		HOME INFUSION THERAPY HYDRATION TX; PER DIEM		BR				
15012	S9374		HOME INFUSION THERAPY HYDRATION TX; 1 LITER DAY		BR				
15013	S9375		HIT HYDRATION TX; >1 LITER NO>2 LITERS DAY		BR				
15014	S9376		HIT HYDRATION TX; >2 LITERS NO>3 LITERS DAY		BR				
15015	S9377		HOME INFUS THERAPY HYDRATION TX; >3 LITERS DAY		BR				
15016	S9379		HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM		BR				
15017	S9381		DEL/SRVC HI RISK REQ ESCORT/EXTRA PROTECT VISIT		BR				
15018	S9401		ANTICOAGULAT CLIN INCL ALL SERV NO LAB PER SESS		BR				
15019	S9430		PHARMACY COMPOUNDING AND DISPENSING SERVICES		BR				
15020	S9433		MED FOOD NUTR CMPL ORAL 100% NUTRITNL INTAKE		BR				
15021	S9434		MOD SOLID FOOD SUPPLEMENTS INBORN ERRORS METAB		BR				
15022	S9435		MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM		BR				
15023	S9436		CHILDBIRTH PREP/LAMAZE CLASS NON-MD PER SESS		BR				
15024	S9437		CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS		BR				

	A	B	C	D	E	F	G	H	I
15025	S9438		CESAREAN BIRTH CLASSES NON-PHYSICIAN PER SESSION		BR				
15026	S9439		VBAC CLASSES NON-PHYSICIAN PER SESSION		BR				
15027	S9441		ASTHMA ED NON-PHYSICIAN PROVIDER PER SESSION		BR				
15028	S9442		BIRTHING CLASSES NON-PHYSICIAN PROVIDER-SESSION		BR				
15029	S9443		LACTATION CLASSES NON-PHYSICIAN PROVIDER-SESSION		BR				
15030	S9444		PARENTING CLASSES NON-PHYSICIAN PER SESS		BR				
15031	S9445		PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN		BR				
15032	S9446		PT ED NOC NON-PHYSICIAN PROVIDER GROUP SESSION		BR				
15033	S9447		INFANT SAFETY CLASSES NON-PHYSICIAN PER SESSION		BR				
15034	S9449		WEIGHT MANAGEMENT CLASSES NON-PHYS PER SESSION		BR				
15035	S9451		EXERCISE CLASSES NON-PHYSICIAN PER SESSION		BR				
15036	S9452		NUTRITION CLASSES NON-PHYSICIAN PER SESSION		BR				
15037	S9453		SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS		BR				
15038	S9454		STRESS MGMT CLASSES NON-PHYSICIAN PER SESSION		BR				
15039	S9455		DIABETIC MANAGEMENT PROGRAM GROUP SESSION		BR				
15040	S9460		DIABETIC MANAGEMENT PROGRAM NURSE VISIT		BR				
15041	S9465		DIABETIC MANAGEMENT PROGRAM DIETITIAN VISIT		BR				
15042	S9470		NUTRITIONAL COUNSELING DIETITIAN VISIT		BR				
15043	S9472		CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM		BR				
15044	S9473		PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM		BR				
15045	S9474		ENTRSTML TX REGISTERED NRS CERT ENTRSTML TX-DIEM		BR				
15046	S9475		AMB SET SUBSTANCE ABS TX/DTOXFICATION SRVC-DIEM		BR				
15047	S9476		VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM		BR				
15048	S9480		INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM		BR				
15049	S9482		FAMILY STABILIZATION SERVICES PER 15 MINUTES		BR				
15050	S9484		CRISIS INTERVEN MENTAL HEALTH SERVICES PER HOUR		BR				
15051	S9485		CRISIS INTERVENT MENTAL HEALTH SERV		BR				
15052	S9490		HIT CORTICOSTEROID INFUS; ADMN SRVC PROF PHRM SR		BR				
15053	S9494		HIT ABX ANTIVIRAL/ANTIFUNGAL THERAPY; PER DIEM		BR				
15054	S9497		HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q3 HRS DIEM		BR				
15055	S9500		HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q24 HRS DIEM		BR				
15056	S9501		HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q12 HRS DIEM		BR				
15057	S9502		HIT ABX ANTIVIRAL/ANTIFUNGAL; Q8 HRS PER DIEM		BR				
15058	S9503		HIT ANTIBIOTC ANTIVIRAL/ANTIFUNGAL; Q6 HRS; DIEM		BR				
15059	S9504		HIT ABX ANTIVIRAL/ANTIFUNGAL; Q4 HRS; PER DIEM		BR				
15060	S9529		HOME OR SKILLED NURSING FACILITY PATIENT		BR				
15061	S9537		HOME TX HEMATOPOIETIC HORMONE INJ TX;PER DIEM		BR				
15062	S9538		HOME TRANSFUSION OF BLOOD PRODUCT; PER DIEM		BR				
15063	S9542		HOME INJ TX NOC W/CARE COORDINATION PER DIEM		BR				
15064	S9558		HIT GROWTH HORMONE W/CARE COORDINATION PER DIEM		BR				
15065	S9559		HIT INTERFERON W/CARE COORDINATION PER DIEM		BR				
15066	S9560		HOME INJECTABLE THERAPY; HORMONAL THERAPY DIEM		BR				
15067	S9562		HOM INJ TX PALIVIZUMAB W/ADMN PHRM CARE-PER DIEM		BR				
15068	S9590		HOM TX IRRIG TX; W/ADMN PHRM SRVC CARE-PER DIEM		BR				
15069	S9810		HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR		BR				
15070	S9900		SRVC BY AUTH CHRISTIAN SC PRACT PER DIEM NO IP		BR				
15071	S9970		HEALTH CLUB MEMBERSHIP ANNUAL		BR				
15072	S9975		TRANSPLANT REL LODG MEALS & TRNSPRT PER DIEM		BR				

	A	B	C	D	E	F	G	H	I
15073	S9976		LODGING PER DIEM NOT OTHERWISE SPECIFIED		BR				
15074	S9977		MEALS PER DIEM NOT OTHERWISE SPECIFIED		BR				
15075	S9981		MEDICAL RECORDS COPYING FEE ADMINISTRATIVE		BR				
15076	S9982		MEDICAL RECORDS COPYING FEE PER PAGE		BR				
15077	S9986		NOT MEDICALLY NECESSARY SERVICE		BR				
15078	S9988		SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL		BR				
15079	S9989		SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA		BR				
15080	S9990		SERVICES PROVIDED AS PART PHASE II CLIN TRIAL		BR				
15081	S9991		SERVICES PROVIDED AS PART PHASE III CLIN TRIAL		BR				
15082	S9992		TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER		BR				
15083	S9994		LODGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR		BR				
15084	S9996		MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION		BR				
15085	S9999		SALES TAX		BR				
15086	T1000		PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN		BR				
15087	T1001		NURSING ASSESSMENT/EVALUATION		BR				
15088	T1002		RN SERVICES UP TO 15 MINUTES		BR				
15089	T1003		LPN/LVN SERVICES UP TO 15 MINUTES		BR				
15090	T1004		SERVICES QUALIFIED NURSING AIDE UP TO 15 MINUTES		BR				
15091	T1005		RESPITE CARE SERVICES UP TO 15 MINUTES		BR				
15092	T1006		ALCOHOL &OR SUBSTANCE ABS SRVC FAM/COUPLE CNSL		BR				
15093	T1007		ALCOHOL&/SUBSTNC ABS SRVC TX PLAN DVLP&/MOD		BR				
15094	T1009		CHILD SIT-CHILD IND REC ALCOHL&/SUBSTNC ABS SRVC		BR				
15095	T1010		MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC		BR				
15096	T1012		ALCOHOL&/SUBSTANCE ABS SERVICES SKILLS DVLP		BR				
15097	T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN		BR				
15098	T1014		TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP		BR				
15099	T1015		CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE		BR				
15100	T1016		CASE MANAGEMENT EACH 15 MINS		BR				
15101	T1017		TARGETED CASE MANAGEMENT EACH 15 MINS		BR				
15102	T1018		SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED		BR				
15103	T1019		PERSONAL CARE SERVICES PER 15 MINUTES		BR				
15104	T1020		PERSONAL CARE SERVICES PER DIEM		BR				
15105	T1021		HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT		BR				
15106	T1022		CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY		BR				
15107	T1023		SCR CONSIDER IND PARTICIP SPEC PROG PROJ/TX PER		BR				
15108	T1024		EVAL&TX TEAM PROV CARE MX/SEV HANDICAP CHLD PER		BR				
15109	T1025		INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR DIEM		BR				
15110	T1026		INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR HR		BR				
15111	T1027		FAMILY TRAIN & COUNSEL CHILD DEVELOPMENT 15 MINS		BR				
15112	T1028		ASSESSMENT HOME PHYSICAL & FAMILY ENVIRONMENT		BR				
15113	T1029		COMP ENVIR LEAD INVESTIGAT NOT W/LAB ANALY-DWELL		BR				
15114	T1030		NURSING CARE THE HOME REGISTERED NURSE PER DIEM		BR				
15115	T1031		NURSING CARE IN THE HOME BY LPN PER DIEM		BR				
15116	T1502		ADMIN ORL IM&/SUBQ MED HLTH CARE AGCY/PROF-VISIT		BR				
15117	T1503		ADMN MED NOT ORAL & OR INJ HLTH AGENCY/PROF VST		BR				
15118	T1999		MISC TX ITEMS & SPL RETAIL PURCHASE NOC		BR				
15119	T2001		NON-EMERG TRANSPORTATION; PT ATTENDANT/ESCORT		BR				
15120	T2002		NON-EMERGENCY TRANSPORTATION; PER DIEM		BR				

	A	B	C	D	E	F	G	H	I
15121	T2003		NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP		BR				
15122	T2004		NON-EMERG TRNSPRT; COMMERCIAL CARRIER MULTI-PASS		BR				
15123	T2005		NONEMERGENCY TRANSPORTATION; STRETCHER VAN		BR				
15124	T2007		TRNSPRT WAIT TIME AIR AMB&NON-EMERG VEH 1/2 HR		BR				
15125	T2010		PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN		BR				
15126	T2011		PASRR LEVEL II EVALUATION PER EVALUATION		BR				
15127	T2012		HABILITATION EDUCATIONAL WAIVER; PER DIEM		BR				
15128	T2013		HABILITATION EDUCATIONAL WAIVER; PER HOUR		BR				
15129	T2014		HABILITATION PREVOCATIONAL WAIVER; PER DIEM		BR				
15130	T2015		HABILITATION PREVOCATIONAL WAIVER; PER HOUR		BR				
15131	T2016		HABILITATION RESIDENTIAL WAIVER; PER DIEM		BR				
15132	T2017		HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES		BR				
15133	T2018		HABILITATION SUPP EMPLOYMENT WAIVER; PER DIEM		BR				
15134	T2019		HABILITATION SUPP EMPLOYMENT WAIVER; PER 15 MIN		BR				
15135	T2020		DAY HABILITATION WAIVER; PER DIEM		BR				
15136	T2021		DAY HABILITATION WAIVER; PER 15 MINUTES		BR				
15137	T2022		CASE MANAGEMENT; PER MONTH		BR				
15138	T2023		TARGETED CASE MANAGEMENT; PER MONTH		BR				
15139	T2024		SERVICE ASSESSMENT/PLAN CARE DEVELOPMENT WAIVER		BR				
15140	T2025		WAIVER SERVICES; NOT OTHERWISE SPECIFIED		BR				
15141	T2026		SPECIALIZED CHILDCARE WAIVER; PER DIEM		BR				
15142	T2027		SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES		BR				
15143	T2028		SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER		BR				
15144	T2029		SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER		BR				
15145	T2030		ASSISTED LIVING WAIVER; PER MONTH		BR				
15146	T2031		ASSISTED LIVING WAIVER; PER DIEM		BR				
15147	T2032		RESIDENTIAL CARE NOS WAIVER; PER MONTH		BR				
15148	T2033		RESIDENTIAL CARE NOS WAIVER; PER DIEM		BR				
15149	T2034		CRISIS INTERVENTION WAIVER; PER DIEM		BR				
15150	T2035		UTIL SRVC SUPP MED EQP&ASSTIV TECH/DEVC WAIVER		BR				
15151	T2036		THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION		BR				
15152	T2037		THERAPEUTIC CAMPING DAY WAIVER; EACH SESSION		BR				
15153	T2038		COMMUNITY TRANSITION WAIVER; PER SERVICE		BR				
15154	T2039		VEHICLE MODIFICATIONS WAIVER; PER SERVICE		BR				
15155	T2040		FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN		BR				
15156	T2041		SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; 15 MIN		BR				
15157	T2042		HOSPICE ROUTINE HOME CARE; PER DIEM		BR				
15158	T2043		HOSPICE CONTINUOUS HOME CARE; PER HOUR		BR				
15159	T2044		HOSPICE INPATIENT RESPITE CARE; PER DIEM		BR				
15160	T2045		HOSPICE GENERAL INPATIENT CARE; PER DIEM		BR				
15161	T2046		HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM		BR				
15162	T2048		BHVAL HEALTH; LONG-TERM CARE RES W/ROOM&BD-DIEM		BR				
15163	T2049		NON-EMERG TRNSPRT; STRETCHER VAN MILEAGE; MILE		BR				
15164	T2101		HUMAN BREAST MILK PROCESSING STORAGE&DSTRB ONLY		BR				
15165	T4521		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA		BR				
15166	T4522		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA		BR				
15167	T4523		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA		BR				
15168	T4524		ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA		BR				

	A	B	C	D	E	F	G	H	I
15169	T4525		ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA		BR				
15170	T4526		ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA		BR				
15171	T4527		ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA		BR				
15172	T4528		ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA		BR				
15173	T4529		PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA		BR				
15174	T4530		PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA		BR				
15175	T4531		PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA		BR				
15176	T4532		PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA		BR				
15177	T4533		YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA		BR				
15178	T4534		YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA		BR				
15179	T4535		DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA		BR				
15180	T4536		INCONT PROD PROTVE UNDWEAR/PULLON REUSBL SIZE EA		BR				
15181	T4537		INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA		BR				
15182	T4538		DIAPER SERVICE REUSABLE DIAPER EACH DIAPER		BR				
15183	T4539		INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA		BR				
15184	T4540		INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA		BR				
15185	T4541		INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA		BR				
15186	T4542		INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA		BR				
15187	T4543		DISPBL INCONTINENCE PROD BRF/DIAPER BARIATRIC EA		BR				
15188	T5001		POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED		BR				
15189	T5999		SUPPLY NOT OTHERWISE SPECIFIED		BR				
15190	V2020		FRAMES PURCHASES		59.09				
15191	V2025		DELUXE FRAME		BR				2097.37
15192	V2100		SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS		36.92				
15193	V2101		SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS		38.91				
15194	V2102		SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS		54.73				
15195	V2103		1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA		32.06				
15196	V2104		1 VISN PLANO-+/- 4.00D SPHER 2.12-4.00D CYL EA		35.50				
15197	V2105		1 VISN PLANO-+/- 4.00D SPHER 4.25-6.00D CYL EA		38.65				
15198	V2106		1 VISN PLANO-+/- 4.00D SPHER OVER 6.00D CYL-LENS		42.90				
15199	V2107		1 VISN +/- 4.25-+/ 7.00 SPHER 0.12-2.00D CYL EA		40.80				
15200	V2108		1 VISN +/-4.25D-+/-7.00D SPHER 2.12-4.00D CYL EA		42.24				
15201	V2109		1 VISN+/- 4.25-+/- 7.00D SPHER 4.25-6.00D CYL EA		46.73				
15202	V2110		1 VISN +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA		46.12				
15203	V2111		1 VISN +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL EA		48.07				
15204	V2112		1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA		52.48				
15205	V2113		1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA		59.14				
15206	V2114		SINGLE VISION SPHERE OVER +/- 12.00D PER LENS		64.07				
15207	V2115		LENTICULAR PER LENS SINGLE VISION		69.73				
15208	V2118		ANISEIKONIC LENS SINGLE VISION		69.13				
15209	V2121		LENTICULAR LENS PER LENS SINGLE		71.36				
15210	V2199		NOT OTHERWISE CLASSIFIED SINGLE VISION LENS		BR				
15211	V2200		SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS		48.32				
15212	V2201		SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS		52.67				
15213	V2202		SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS		61.98				
15214	V2203		BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA		48.75				
15215	V2204		BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA		50.96				
15216	V2205		BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA		55.10				

	A	B	C	D	E	F	G	H	I
15217	V2206		BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA		59.20				
15218	V2207		BIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL-EA		53.86				
15219	V2208		BIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL-EA		56.52				
15220	V2209		BIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL-EA		60.86				
15221	V2210		BIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL-LENS		67.12				
15222	V2211		BIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL-EA		69.61				
15223	V2212		BIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL-EA		71.89				
15224	V2213		BIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL-EA		72.61				
15225	V2214		BIFOCAL SPHERE OVER +/-12.00D PER LENS		78.93				
15226	V2215		LENTICULAR PER LENS BIFOCAL		80.12				
15227	V2218		ANISEIKONIC PER LENS BIFOCAL		95.35				
15228	V2219		BIFOCAL SEG WIDTH OVER 28MM		41.97				
15229	V2220		BIFOCAL ADD OVER 3.25D		34.04				
15230	V2221		LENTICULAR LENS PER LENS BIFOCAL		83.26				
15231	V2299		SPECIALTY BIFOCAL		BR				
15232	V2300		SPHERE TRIFOCAL PLANO OR +/-4.00D PER LENS		61.51				
15233	V2301		SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS		72.51				
15234	V2302		SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS		77.30				
15235	V2303		TRIFOCL PLANO +/-4.00D SPHER 0.12-2.00D CYL EA		60.54				
15236	V2304		TRIFOCL PLANO +/-4.00D SPHER 2.25-4.00D CYL EA		63.34				
15237	V2305		TRIFOCL PLANO +/-4.00D SPHER 4.25-6.00 CYL EA		73.39				
15238	V2306		TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA		75.56				
15239	V2307		TRIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL EA		71.54				
15240	V2308		TRIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL EA		74.98				
15241	V2309		TRIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL EA		81.68				
15242	V2310		TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA		80.71				
15243	V2311		TRIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL E		83.98				
15244	V2312		TRIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL E		84.47				
15245	V2313		TRIFOCL+/-7.25-+/-12.00D SPHER 4.25-6.00D CYL EA		94.33				
15246	V2314		TRIFOCL SPHER OVER +/-12.00D PER LENS		101.30				
15247	V2315		LENTICULAR PER LENS TRIFOCAL		112.47				
15248	V2318		ANISEIKONIC LENS TRIFOCAL		138.26				
15249	V2319		TRIFOCAL SEG WIDTH OVER 28 MM		46.81				
15250	V2320		TRIFOCAL ADD OVER 3.25D		49.38				
15251	V2321		LENTICULAR LENS PER LENS TRIFOCAL		110.86				
15252	V2399		SPECIALTY TRIFOCAL		BR				
15253	V2410		VARIBL ASPHRCTY LENS 1 FULL FLD GLASS/PLASTC LNS		84.52				
15254	V2430		VARIBL ASPHRCITY LENS BIFOCL FULL FIELD-LENS		101.86				
15255	V2499		VARIABLE SPHERICITY LENS OTHER TYPE		BR				
15256	V2500		CONTACT LENS PMMA SPHERICAL PER LENS		76.61				
15257	V2501		CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS		116.70				
15258	V2502		CONTACT LENS PMMA BIFOCAL PER LENS		143.76				
15259	V2503		CONTACT LENS PMMA COLOR VISION DEFIC PER LENS		132.40				
15260	V2510		CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS		104.58				
15261	V2511		CNTC LENS GAS PERMEABLE TORIC PRISM BALLST-LENS		150.27				
15262	V2512		CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS		177.57				
15263	V2513		CNTC LENS GAS PERMEABLE EXTENDED WEAR PER LENS		149.07				
15264	V2520		CONTACT LENS HYDROPHILIC SPHERICAL PER LENS		98.30				

	A	B	C	D	E	F	G	H	I
15265	V2521		CNTC LENS HYDROPHIL TORIC/PRISM BALLST PER LENS		171.15				
15266	V2522		CONTACT LENS HYDROPHILIC BIFOCAL PER LENS		166.55				
15267	V2523		CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS		141.93				
15268	V2530		CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS		210.22				
15269	V2531		CONTACT LENS SCLERAL GAS PERMEABLE PER LENS		461.51				
15270	V2599		CONTACT LENS OTHER TYPE		BR				
15271	V2600		HAND HELD LOW VISION&OTH NON SPECTACL MOUNT AIDS		BR				
15272	V2610		SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS		BR				
15273	V2615		TELESCOPIC & OTH COMPOUND LENS SYSTEM		BR				
15274	V2623		PROSTHETIC EYE PLASTIC CUSTOM		846.09				
15275	V2624		POLISHING/RESURFACING OF OCULAR PROSTHESIS		57.38				
15276	V2625		ENLARGEMENT OF OCULAR PROSTHESIS		348.87				
15277	V2626		REDUCTION OF OCULAR PROSTHESIS		188.06				
15278	V2627		SCLERAL COVER SHELL		1214.54				
15279	V2628		FABRICATION AND FITTING OF OCULAR CONFORMER		286.78				
15280	V2629		PROSTHETIC EYE OTHER TYPE		BR				
15281	V2630		ANTERIOR CHAMBER INTRAOCULAR LENS		BR				
15282	V2631		IRIS SUPPORTED INTRAOCULAR LENS		BR				
15283	V2632		POSTERIOR CHAMBER INTRAOCULAR LENS		BR				
15284	V2700		BALANCE LENS PER LENS		41.30				
15285	V2702		DELUXE LENS FEATURE		BR				2097.37
15286	V2710		SLAB OFF PRISM GLASS OR PLASTIC PER LENS		60.43				
15287	V2715		PRISM PER LENS		10.95				
15288	V2718		PRESS-ON LENS FRESNELL PRISM PER LENS		26.91				
15289	V2730		SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS		19.88				
15290	V2744		TINT PHOTOCHROMATIC PER LENS		15.47				
15291	V2745		ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC		9.68				
15292	V2750		ANTIREFLECTIVE COATING PER LENS		17.99				
15293	V2755		U-V LENS PER LENS		15.66				
15294	V2756		EYE GLASS CASE		BR				2097.37
15295	V2760		SCRATCH RESISTANT COATING PER LENS		15.10				
15296	V2761		MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS		13.59				
15297	V2762		POLARIZATION ANY LENS MATERIAL PER LENS		50.48				
15298	V2770		OCCLUDER LENS PER LENS		18.39				
15299	V2780		OVERSIZE LENS PER LENS		11.81				
15300	V2781		PROGRESSIVE LENS PER LENS		BR				
15301	V2782		LENS INDX 1.54-1.65 PLSTC/1.60-1.79 GLASS LENS		54.52				
15302	V2783		LENS INDX >/= 1.66 PLSTC/>/= 1.80 GLASS LENS		61.48				
15303	V2784		LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS		39.98				
15304	V2785		PROCESSING PRES&TRANSPORTING CORNEAL TISSUE		BR				
15305	V2786		SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS		BR				
15306	V2787		ASTIGMATISM CORRECTING FUNCTION INTRAOCULAR LENS		BR				2097.37
15307	V2788		PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS		BR				2097.37
15308	V2790		AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC		BR				
15309	V2797		VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE		BR				
15310	V2799		VISION SERVICE MISCELLANEOUS		BR				
15311	V5008		HEARING SCREENING		47.03				2097.37
15312	V5010		ASSESSMENT FOR HEARING AID		61.66				2097.37

	A	B	C	D	E	F	G	H	I
15313	V5011		FITTING/ORIENTATION/CHECKING OF HEARING AID		96.14				2097.37
15314	V5014		REPAIR/MODIFICATION OF A HEARING AID		116.00				2097.37
15315	V5020		CONFORMITY EVALUATION		54.08				2097.37
15316	V5030		HEARING AID MONAURAL BODY WORN AIR CONDUCTION		853.77				2097.37
15317	V5040		HEARING AID MONAURAL BODY WORN BONE CONDUCTION		648.95				2097.37
15318	V5050		HEARING AID MONAURAL IN THE EAR		750.31				2097.37
15319	V5060		HEARING AID MONAURAL BEHIND THE EAR		627.00				2097.37
15320	V5070		GLASSES AIR CONDUCTION		348.51				2097.37
15321	V5080		GLASSES BONE CONDUCTION		875.71				2097.37
15322	V5090		DISPENSING FEE UNSPECIFIED HEARING AID		311.41				2097.37
15323	V5095		SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS		BR				2097.37
15324	V5100		HEARING AID BILATERAL BODY WORN		1404.74				2097.37
15325	V5110		DISPENSING FEE BILATERAL		316.64				2097.37
15326	V5120		BINAURAL BODY		1227.88				2097.37
15327	V5130		BINAURAL IN THE EAR		1306.25				2097.37
15328	V5140		BINAURAL BEHIND THE EAR		1358.50				2097.37
15329	V5150		BINAURAL GLASSES		1450.46				2097.37
15330	V5160		DISPENSING FEE BINAURAL		379.07				2097.37
15331	V5170		HEARING AID CROS IN THE EAR		1008.95				2097.37
15332	V5180		HEARING AID CROS BEHIND THE EAR		853.77				2097.37
15333	V5190		HEARING AID CROS GLASSES		997.98				2097.37
15334	V5200		DISPENSING FEE CROS		314.02				2097.37
15335	V5210		HEARING AID BICROS IN THE EAR		1096.21				2097.37
15336	V5220		HEARING AID BICROS BEHIND THE EAR		1053.36				2097.37
15337	V5230		HEARING AID BICROS GLASSES		1088.89				2097.37
15338	V5240		DISPENSING FEE BICROS		325.00				2097.37
15339	V5241		DISPENSING FEE MONAURAL HEARING AID ANY TYPE		BR				2097.37
15340	V5242		HEARING AID ANALOG MONAURAL CIC		BR				2097.37
15341	V5243		HEARING AID ANALOG MONAURAL ITC		BR				2097.37
15342	V5244		HEARING AID DIGTLLY PROG ANALOG MONAURAL CIC		BR				2097.37
15343	V5245		HEARING AID DIGTLLY PROG ANALOG MONAURAL ITC		BR				2097.37
15344	V5246		HEARING AID DIGTLLY PROG ANALOG MONAURAL ITE		BR				2097.37
15345	V5247		HEARING AID DIGTLLY PROG ANALOG MONAURAL BTE		BR				2097.37
15346	V5248		HEARING AID ANALOG BINAURAL CIC		BR				2097.37
15347	V5249		HEARING AID ANALOG BINAURAL ITC		BR				2097.37
15348	V5250		HEARING AID DIGTLLY PROG ANALOG BINAURAL CIC		BR				2097.37
15349	V5251		HEARING AID DIGTLLY PROG ANALOG BINAURAL ITC		BR				2097.37
15350	V5252		HEARING AID DIGITALLY PROGRAMMABLE BINAURAL ITE		BR				2097.37
15351	V5253		HEARING AID DIGITALLY PROGRAMMABLE BINAURAL BTE		BR				2097.37
15352	V5254		HEARING AID DIGITAL MONAURAL CIC		BR				2097.37
15353	V5255		HEARING AID DIGITAL MONAURAL ITC		BR				2097.37
15354	V5256		HEARING AID DIGITAL MONAURAL ITE		BR				2097.37
15355	V5257		HEARING AID DIGITAL MONAURAL BTE		BR				2097.37
15356	V5258		HEARING AID DIGITAL BINAURAL CIC		BR				2097.37
15357	V5259		HEARING AID DIGITAL BINAURAL ITC		BR				2097.37
15358	V5260		HEARING AID DIGITAL BINAURAL ITE		BR				2097.37
15359	V5261		HEARING AID DIGITAL BINAURAL BTE		BR				2097.37
15360	V5262		HEARING AID DISPOSABLE ANY TYPE MONAURAL		BR				2097.37

	A	B	C	D	E	F	G	H	I
15361	V5263		HEARING AID DISPOSABLE ANY TYPE BINAURAL		BR				2097.37
15362	V5264		EAR MOLD/INSERT NOT DISPOSABLE ANY TYPE		BR				2097.37
15363	V5265		EAR MOLD/INSERT DISPOSABLE ANY TYPE		BR				2097.37
15364	V5266		BATTERY FOR USE IN HEARING DEVICE		BR				2097.37
15365	V5267		HEARING AID SUPPLIES/ACCESSORIES		BR				2097.37
15366	V5268		ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE		BR				2097.37
15367	V5269		ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE		BR				2097.37
15368	V5270		ASSTIVE LISTENING DEVICE TELEVISN AMPLIFIER TYPE		BR				2097.37
15369	V5271		ASSTIVE LISTENING DEVC TELEVISN CAPTION DECODER		BR				2097.37
15370	V5272		ASSISTIVE LISTENING DEVICE TDD		BR				2097.37
15371	V5273		ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT		BR				2097.37
15372	V5274		ASSISTIVE LEARNING DEVICE NOS		BR				2097.37
15373	V5275		EAR IMPRESSION EACH		BR				2097.37
15374	V5298		HEARING AID NOT OTHERWISE CLASSIFIED		BR				2097.37
15375	V5299		HEARING SERVICE MISCELLANEOUS		BR				
15376	V5336		REPAIR/MOD AUGMENTATIV COMMUNICAT SYSTEM/DEVICE		BR				2097.37
15377	V5362		SPEECH SCREENING		BR				2097.37
15378	V5363		LANGUAGE SCREENING		BR				2097.37
15379	V5364		DYSPHAGIA SCREENING (12/2009)		BR				2097.37
15380									
15381	CPT Copyright, 2009, American Medical Association								
15382	Current Dental Terminology (CDT) © American Dental Association (ADA). All Rights Reserved								