

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 10/01/2016

Proc	Procedure Description	FFS Rate	Eff Date
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	\$0.00	10/01/2013
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC	\$0.00	10/01/2012
0190T	PLACEMENT OF INTRAOCULAR RADIATION SRC APPLICATOR (LIST SEP IN ADD TO PRIM PROC)	\$0.00	10/01/2014
0191T	INTERNAL INSERTION OF EYE FLUID DRAINAGE DEVICE	\$1,560.02	10/01/2016
0213T	INJECTIONS OF UPPER OR MIDDLE SPINE JOINT OR NERVES USING ULTRASO	\$373.57	10/01/2016
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
0216T	INJECTIONS OF LOWER OR SACRAL SPINE JOINT OR NERVES USING ULTRASO	\$373.57	10/01/2016
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$3,388.81	10/01/2014
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$9,326.69	10/01/2016
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	\$1,064.53	10/01/2016
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$1,560.02	10/01/2016
0336T	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S), INCLUDING INTRAOPERATIVE	\$2,802.49	10/01/2016
0340T	ABLATION, PULMONARY TUMOR(S), INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TU	\$2,061.91	10/01/2016
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$86.42	10/01/2016
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$309.69	10/01/2016
0412T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ON	\$1,259.26	10/01/2016
0413T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTR	\$1,259.26	10/01/2016
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$58.36	10/01/2016
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$73.73	10/01/2016
10030	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$426.85	10/01/2016
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	\$0.00	10/01/2016
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	\$0.00	10/01/2016
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$52.59	10/01/2016
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$88.25	10/01/2016
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$102.30	10/01/2016
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	\$135.23	10/01/2016
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	\$83.98	10/01/2016

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10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	\$639.84	10/01/2016
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	\$81.14	10/01/2016
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$65.19	10/01/2016
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$639.84	10/01/2016
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	\$25.62	10/01/2016
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	\$0.00	10/01/2014
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$426.85	10/01/2016
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$102.30	10/01/2016
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$639.84	10/01/2016
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$100.52	10/01/2016
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$197.24	10/01/2016
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$426.85	10/01/2016
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$0.00	10/01/2014
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$0.00	10/01/2014
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$0.00	10/01/2014
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$0.00	10/01/2015
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$0.00	10/01/2016
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$33.31	10/01/2016
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLO	\$57.23	10/01/2016
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	\$0.00	10/01/2014
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN	\$0.00	10/01/2015
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10	\$0.00	10/01/2014
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$0.00	10/01/2016
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$0.00	10/01/2016
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$0.00	10/01/2016
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$0.00	10/01/2016
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$0.00	10/01/2015
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$0.00	10/01/2016
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$77.44	10/01/2016
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$0.00	10/01/2016

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11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$65.48	10/01/2016
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$54.09	10/01/2016
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$87.12	10/01/2016
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$95.09	10/01/2016
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWH	\$70.32	10/01/2016
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$78.00	10/01/2016
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$85.69	10/01/2016
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$93.10	10/01/2016
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$426.85	10/01/2016
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$639.84	10/01/2016
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$65.77	10/01/2016
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$78.58	10/01/2016
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$86.55	10/01/2016
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$94.81	10/01/2016
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$639.84	10/01/2016
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$639.84	10/01/2016
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$75.16	10/01/2016
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$85.69	10/01/2016
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$93.67	10/01/2016
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$103.92	10/01/2016
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$426.85	10/01/2016
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$639.84	10/01/2016
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$639.84	10/01/2016
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$639.84	10/01/2016
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$639.84	10/01/2016
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$639.84	10/01/2016
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$639.84	10/01/2016
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$639.84	10/01/2016
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAM	\$101.64	10/01/2016
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$116.44	10/01/2016

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11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$125.55	10/01/2016
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$135.80	10/01/2016
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$426.85	10/01/2016
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$639.84	10/01/2016
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$102.77	10/01/2016
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$117.01	10/01/2016
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$127.83	10/01/2016
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$140.64	10/01/2016
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$639.84	10/01/2016
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$639.84	10/01/2016
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$107.04	10/01/2016
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$121.00	10/01/2016
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$133.52	10/01/2016
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$146.33	10/01/2016
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$426.85	10/01/2016
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$639.84	10/01/2016
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$0.00	10/01/2015
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$0.00	10/01/2015
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$0.00	10/01/2015
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	\$0.00	10/01/2016
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$0.00	10/01/2014
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$0.00	10/01/2015
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	\$97.08	10/01/2016
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	\$146.90	10/01/2016
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPPONYCHIUM, PROXIMAL AND LATERAL	\$67.75	10/01/2016
11760	REPAIR OF NAIL BED	\$197.24	10/01/2016
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	\$136.08	10/01/2016
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$0.00	10/01/2016
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	\$639.84	10/01/2016
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	\$639.84	10/01/2016

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11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	\$639.84	10/01/2016
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	\$0.00	10/01/2015
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	\$0.00	10/01/2015
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$85.41	10/01/2016
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$97.65	10/01/2016
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	\$993.62	10/01/2016
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$2,242.09	10/01/2016
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	\$639.84	10/01/2016
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$58.36	10/01/2016
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	\$0.00	10/01/2015
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$0.00	10/01/2015
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$0.00	10/01/2015
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$0.00	10/01/2015
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	\$0.00	10/01/2015
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$0.00	10/01/2015
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$0.00	10/01/2015
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$52.59	10/01/2016
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$52.59	10/01/2016
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$100.52	10/01/2016
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$0.00	10/01/2015
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$0.00	10/01/2015
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$0.00	10/01/2015
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$52.59	10/01/2016
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$52.59	10/01/2016
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$52.59	10/01/2016
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$52.59	10/01/2016
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$197.24	10/01/2016
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$197.24	10/01/2016
12031	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$100.52	10/01/2016
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A	\$100.52	10/01/2016

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12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$100.52	10/01/2016
12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$100.52	10/01/2016
12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$197.24	10/01/2016
12037	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN	\$711.19	10/01/2016
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5	\$52.59	10/01/2016
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6	\$100.52	10/01/2016
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	\$100.52	10/01/2016
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	\$100.52	10/01/2016
12046	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	\$100.52	10/01/2016
12047	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	\$197.24	10/01/2016
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$100.52	10/01/2016
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$100.52	10/01/2016
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$100.52	10/01/2016
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$52.59	10/01/2016
12055	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$100.52	10/01/2016
12056	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$52.59	10/01/2016
12057	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$100.52	10/01/2016
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$711.19	10/01/2016
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$197.24	10/01/2016
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN	\$0.00	10/01/2014
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	\$197.24	10/01/2016
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	\$197.24	10/01/2016
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST	\$0.00	10/01/2014
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$197.24	10/01/2016
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$197.24	10/01/2016
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$0.00	10/01/2014
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	\$197.24	10/01/2016
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	\$197.24	10/01/2016
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	\$0.00	10/01/2014
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	\$993.62	10/01/2016

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14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	\$711.19	10/01/2016
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ	\$711.19	10/01/2016
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10	\$711.19	10/01/2016
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1	\$711.19	10/01/2016
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$711.19	10/01/2016
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$711.19	10/01/2016
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$711.19	10/01/2016
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$711.19	10/01/2016
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA: DEFECT 30.1 SQ CM TO 60.0 S	\$993.62	10/01/2016
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM	\$0.00	10/01/2014
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$993.62	10/01/2016
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$711.19	10/01/2016
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$0.00	10/01/2014
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$197.24	10/01/2016
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$0.00	10/01/2014
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$197.24	10/01/2016
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER	\$197.24	10/01/2016
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PE	\$993.62	10/01/2016
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL	\$0.00	10/01/2014
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$711.19	10/01/2016
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	\$0.00	10/01/2014
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$711.19	10/01/2016
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$0.00	10/01/2014
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENI	\$993.62	10/01/2016
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS,	\$0.00	10/01/2014
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	\$711.19	10/01/2016
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	\$0.00	10/01/2014
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$711.19	10/01/2016
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$0.00	10/01/2014
15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$993.62	10/01/2016

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15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ C	\$0.00	10/01/2014
15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR	\$0.00	10/01/2014
15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$711.19	10/01/2016
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$0.00	10/01/2014
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$0.00	10/01/2014
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20	\$993.62	10/01/2016
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	\$0.00	10/01/2014
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	\$711.19	10/01/2016
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS,	\$0.00	10/01/2014
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	\$711.19	10/01/2016
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CH	\$0.00	10/01/2014
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	\$711.19	10/01/2016
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	\$0.00	10/01/2014
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$711.19	10/01/2016
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$0.00	10/01/2014
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$993.62	10/01/2016
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$0.00	10/01/2014
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$711.19	10/01/2016
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$0.00	10/01/2014
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$993.62	10/01/2016
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$0.00	10/01/2014
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$993.62	10/01/2016
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	\$993.62	10/01/2016
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD,	\$711.19	10/01/2016
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE,	\$711.19	10/01/2016
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	\$993.62	10/01/2016
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR	\$993.62	10/01/2016
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS,	\$993.62	10/01/2016
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	\$711.19	10/01/2016
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	\$993.62	10/01/2016

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15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PAR	\$993.62	10/01/2016
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS,	\$993.62	10/01/2016
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	\$993.62	10/01/2016
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	\$711.19	10/01/2016
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	\$993.62	10/01/2016
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	\$711.19	10/01/2016
15750	FLAP; NEUROVASCULAR PEDICLE	\$711.19	10/01/2016
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING	\$993.62	10/01/2016
15770	GRAFT; DERMA-FAT-FASCIA	\$993.62	10/01/2016
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	\$0.00	10/01/2014
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$0.00	10/01/2015
15789	CHEMICAL PEEL, FACIAL; DERMAL	\$100.52	10/01/2016
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$0.00	10/01/2015
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	\$0.00	10/01/2015
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	\$711.19	10/01/2016
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	\$1,676.14	10/01/2016
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	\$993.62	10/01/2016
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	\$993.62	10/01/2016
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	\$711.19	10/01/2016
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	\$993.62	10/01/2016
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	\$0.00	10/01/2014
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$711.19	10/01/2016
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	\$52.38	10/01/2016
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	\$0.00	10/01/2015
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	\$0.00	10/01/2015
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	\$639.84	10/01/2016
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	\$711.19	10/01/2016
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$639.84	10/01/2016
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$639.84	10/01/2016
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$711.19	10/01/2016

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15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$993.62	10/01/2016
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$711.19	10/01/2016
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$993.62	10/01/2016
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$639.84	10/01/2016
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$639.84	10/01/2016
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$993.62	10/01/2016
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$993.62	10/01/2016
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	\$993.62	10/01/2016
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	\$639.84	10/01/2016
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$639.84	10/01/2016
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$711.19	10/01/2016
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$993.62	10/01/2016
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$711.19	10/01/2016
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$711.19	10/01/2016
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	\$0.00	10/01/2015
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$0.00	10/01/2016
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$100.52	10/01/2016
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$100.52	10/01/2016
16035	ESCHAROTOMY; INITIAL INCISION	\$197.24	10/01/2016
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$0.00	10/01/2016
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$0.00	10/01/2014
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$76.58	10/01/2016
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$156.58	10/01/2016
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$197.24	10/01/2016
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$271.88	10/01/2016
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$0.00	10/01/2015
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$0.00	10/01/2016
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	\$0.00	10/01/2016
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	\$0.00	10/01/2016
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/01/2016

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17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/01/2016
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/01/2016
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$100.52	10/01/2016
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$109.89	10/01/2016
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$76.87	10/01/2016
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$81.42	10/01/2016
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/01/2016
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$99.36	10/01/2016
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$112.46	10/01/2016
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$124.13	10/01/2016
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/01/2016
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$85.98	10/01/2016
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$96.79	10/01/2016
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$100.52	10/01/2016
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$100.52	10/01/2016
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$100.52	10/01/2016
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$197.24	10/01/2016
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$0.00	10/01/2014
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$197.24	10/01/2016
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$0.00	10/01/2014
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$0.00	10/01/2014
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	\$0.00	10/01/2015
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	\$64.34	10/01/2016
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	\$0.00	10/01/2014
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$639.84	10/01/2016
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	\$0.00	10/01/2012
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$426.85	10/01/2016
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$0.00	01/01/2014
19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$426.85	10/01/2016
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$0.00	01/01/2014

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19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$639.84	10/01/2016
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$0.00	01/01/2014
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	\$426.85	10/01/2016
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	\$991.78	10/01/2016
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	\$1,608.53	10/01/2016
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	\$991.78	10/01/2016
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$991.78	10/01/2016
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BRE	\$991.78	10/01/2016
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	\$991.78	10/01/2016
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	\$0.00	10/01/2014
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED	\$0.00	01/01/2014
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$3,220.32	10/01/2016
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$0.00	10/01/2015
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$3,220.32	10/01/2016
19300	MASTECTOMY FOR GYNECOMASTIA	\$991.78	10/01/2016
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$991.78	10/01/2016
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$1,676.14	10/01/2016
19303	MASTECTOMY, SIMPLE, COMPLETE	\$1,676.14	10/01/2016
19304	MASTECTOMY, SUBCUTANEOUS	\$991.78	10/01/2016
19316	MASTOPEXY	\$1,676.14	10/01/2016
19318	REDUCTION MAMMAPLASTY	\$1,676.14	10/01/2016
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	\$3,220.32	10/01/2016
19328	REMOVAL OF INTACT MAMMARY IMPLANT	\$991.78	10/01/2016

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19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	\$991.78	10/01/2016
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$1,676.14	10/01/2016
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$3,220.32	10/01/2016
19350	NIPPLE/AREOLA RECONSTRUCTION	\$991.78	10/01/2016
19355	CORRECTION OF INVERTED NIPPLES	\$991.78	10/01/2016
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING	\$3,220.32	10/01/2016
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	\$1,676.14	10/01/2016
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	\$1,676.14	10/01/2016
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	\$991.78	10/01/2016
19380	REVISION OF RECONSTRUCTED BREAST	\$1,676.14	10/01/2016
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	\$991.78	10/01/2016
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT	\$639.84	10/01/2016
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$426.85	10/01/2016
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	\$1,107.73	10/01/2016
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$639.84	10/01/2016
20205	BIOPSY, MUSCLE; DEEP	\$639.84	10/01/2016
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$426.85	10/01/2016
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	\$426.85	10/01/2016
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	\$639.84	10/01/2016
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	\$639.84	10/01/2016
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	\$639.84	10/01/2016
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	\$1,107.73	10/01/2016
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	\$1,107.73	10/01/2016
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$44.41	10/01/2016
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	\$0.00	10/01/2012
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$103.35	10/01/2016
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$639.84	10/01/2016
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$31.60	10/01/2016
20527	INJECTION OF ENZYME IN PALM TISSUE	\$35.30	10/01/2016
20550	INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	\$23.92	10/01/2016

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20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$25.06	10/01/2016
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$23.92	10/01/2016
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$27.90	10/01/2016
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	\$661.91	10/01/2016
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$17.94	10/01/2016
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS,	\$30.46	10/01/2016
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$19.08	10/01/2016
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TE	\$33.02	10/01/2016
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	\$23.06	10/01/2016
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT, OR BURSA (EG, SHOULDER	\$38.44	10/01/2016
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$26.76	10/01/2016
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$123.84	10/01/2016
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	\$1,107.73	10/01/2016
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$661.91	10/01/2016
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$1,107.73	10/01/2016
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	\$40.94	10/01/2016
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE	\$639.84	10/01/2016
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	\$639.84	10/01/2016
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	\$2,242.09	10/01/2016
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	\$3,256.53	10/01/2016
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG,	\$1,107.73	10/01/2016
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$661.91	10/01/2016
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$7,427.42	10/01/2016
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$500.75	10/01/2016
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON	\$1,107.73	10/01/2016
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$1,107.73	10/01/2016
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$3,256.53	10/01/2016
20910	CARTILAGE GRAFT; COSTOCHONDRAL	\$197.24	10/01/2016
20912	CARTILAGE GRAFT; NASAL SEPTUM	\$993.62	10/01/2016
20920	FASCIA LATA GRAFT; BY STRIPPER	\$711.19	10/01/2016

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20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$993.62	10/01/2016
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$1,107.73	10/01/2016
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	\$993.62	10/01/2016
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER	\$0.00	10/01/2013
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO	\$0.00	10/01/2013
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	\$214.95	10/01/2016
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$2,242.09	10/01/2016
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	\$2,242.09	10/01/2016
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$0.00	10/01/2012
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	\$0.00	10/01/2015
20982	DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN	\$1,107.73	10/01/2016
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, META	\$2,061.91	10/01/2016
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$1,650.19	10/01/2016
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	\$183.92	10/01/2016
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	\$639.84	10/01/2016
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$243.13	10/01/2016
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAM	\$639.84	10/01/2016
21015	REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP	\$639.84	10/01/2016
21016	REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP	\$639.84	10/01/2016
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$1,650.19	10/01/2016
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	\$737.58	10/01/2016
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	\$737.58	10/01/2016
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND	\$265.90	10/01/2016
21031	EXCISION OF TORUS MANDIBULARIS	\$216.94	10/01/2016
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$220.92	10/01/2016
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	\$1,650.19	10/01/2016
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	\$737.58	10/01/2016
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$1,650.19	10/01/2016
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	\$1,650.19	10/01/2016
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY	\$1,650.19	10/01/2016

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21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	\$1,650.19	10/01/2016
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$1,650.19	10/01/2016
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$1,650.19	10/01/2016
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$1,650.19	10/01/2016
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	\$205.27	10/01/2016
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$311.26	10/01/2016
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$962.28	10/01/2016
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$660.21	10/01/2016
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$742.49	10/01/2016
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$693.52	10/01/2016
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$680.14	10/01/2016
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$667.04	10/01/2016
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	\$756.72	10/01/2016
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	\$311.26	10/01/2016
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$721.13	10/01/2016
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$719.15	10/01/2016
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$1,650.19	10/01/2016
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	\$1,650.19	10/01/2016
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	\$311.26	10/01/2016
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$0.00	10/01/2012
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	\$1,650.19	10/01/2016
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	\$737.58	10/01/2016
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION	\$737.58	10/01/2016
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES	\$737.58	10/01/2016
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	\$737.58	10/01/2016
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	\$1,650.19	10/01/2016
21137	REDUCTION FOREHEAD; CONTOURING ONLY	\$737.58	10/01/2016
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	\$1,650.19	10/01/2016
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$1,650.19	10/01/2016
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	\$1,650.19	10/01/2016

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21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	\$1,650.19	10/01/2016
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	\$737.58	10/01/2016
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$1,650.19	10/01/2016
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	\$1,650.19	10/01/2016
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	\$1,650.19	10/01/2016
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	\$1,650.19	10/01/2016
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	\$1,650.19	10/01/2016
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	\$1,650.19	10/01/2016
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	\$1,650.19	10/01/2016
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$737.58	10/01/2016
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	\$1,650.19	10/01/2016
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$1,650.19	10/01/2016
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	\$7,427.42	10/01/2016
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	\$1,650.19	10/01/2016
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	\$1,650.19	10/01/2016
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	\$1,650.19	10/01/2016
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$1,650.19	10/01/2016
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$1,650.19	10/01/2016
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;	\$1,650.19	10/01/2016
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS;	\$1,650.19	10/01/2016
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$1,650.19	10/01/2016
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$1,650.19	10/01/2016
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$1,650.19	10/01/2016
21282	LATERAL CANTHOPEXY	\$737.58	10/01/2016
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$311.26	10/01/2016
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$737.58	10/01/2016
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$57.84	10/01/2016
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$737.58	10/01/2016
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	\$737.58	10/01/2016
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$737.58	10/01/2016

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21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL	\$737.58	10/01/2016
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED	\$737.58	10/01/2016
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$1,107.73	10/01/2016
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$737.58	10/01/2016
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	\$1,650.19	10/01/2016
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	\$737.58	10/01/2016
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR	\$1,650.19	10/01/2016
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH	\$311.26	10/01/2016
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND	\$1,650.19	10/01/2016
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)	\$737.58	10/01/2016
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR	\$1,650.19	10/01/2016
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH	\$1,650.19	10/01/2016
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	\$311.26	10/01/2016
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION	\$311.26	10/01/2016
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	\$1,650.19	10/01/2016
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT	\$1,650.19	10/01/2016
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH	\$1,650.19	10/01/2016
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$363.84	10/01/2016
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$1,650.19	10/01/2016
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$139.80	10/01/2016
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$737.58	10/01/2016
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	\$737.58	10/01/2016
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$1,650.19	10/01/2016
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$1,650.19	10/01/2016
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$1,650.19	10/01/2016
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$1,650.19	10/01/2016
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$1,650.19	10/01/2016
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	\$57.84	10/01/2016
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT	\$311.26	10/01/2016
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$1,650.19	10/01/2016

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21495	OPEN TREATMENT OF HYOID FRACTURE	\$737.58	10/01/2016
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$311.26	10/01/2016
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	\$639.84	10/01/2016
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR	\$661.91	10/01/2016
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$426.85	10/01/2016
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR G	\$639.84	10/01/2016
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG,INTRAMUS	\$639.84	10/01/2016
21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN	\$639.84	10/01/2016
21556	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU	\$639.84	10/01/2016
21557	REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST	\$639.84	10/01/2016
21558	REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST	\$639.84	10/01/2016
21600	EXCISION OF RIB, PARTIAL	\$1,107.73	10/01/2016
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$661.91	10/01/2016
21685	HYOID MYOTOMY AND SUSPENSION	\$737.58	10/01/2016
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	\$661.91	10/01/2016
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST	\$661.91	10/01/2016
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	\$102.30	10/01/2016
21820	CLOSED TREATMENT OF STERNUM FRACTURE	\$76.77	10/01/2016
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	\$140.07	10/01/2016
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	\$639.84	10/01/2016
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	\$639.84	10/01/2016
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	\$639.84	10/01/2016
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$639.84	10/01/2016
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	\$639.84	10/01/2016
21935	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK	\$639.84	10/01/2016
21936	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK	\$639.84	10/01/2016
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERV	\$711.68	10/01/2014
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$1,107.73	10/01/2016
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$0.00	10/01/2014
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	\$76.77	10/01/2016

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22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	\$105.86	10/01/2016
22315	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA	\$500.75	10/01/2016
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$500.75	10/01/2016
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$1,107.73	10/01/2016
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$1,107.73	10/01/2016
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$0.00	01/01/2015
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$3,256.53	10/01/2016
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$3,256.53	10/01/2016
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$0.00	01/01/2015
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$7,427.42	10/01/2016
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$7,427.42	10/01/2016
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH L	\$3,256.53	10/01/2016
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH	\$0.00	10/01/2015
22849	REINSERTION OF SPINAL FIXATION DEVICE	\$988.01	10/01/2014
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	\$546.36	10/01/2014
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	\$522.14	10/01/2014
22900	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	\$639.84	10/01/2016
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,INTRAMUSCULAR); 5	\$639.84	10/01/2016
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	\$639.84	10/01/2016
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	\$639.84	10/01/2016
22904	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL	\$639.84	10/01/2016
22905	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL	\$639.84	10/01/2016
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	\$639.84	10/01/2016
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$1,107.73	10/01/2016
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	\$639.84	10/01/2016
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$639.84	10/01/2016
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	\$661.91	10/01/2016
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$1,107.73	10/01/2016
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION,	\$1,107.73	10/01/2016
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$100.21	10/01/2016

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23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$639.84	10/01/2016
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$639.84	10/01/2016
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5	\$639.84	10/01/2016
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$639.84	10/01/2016
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$639.84	10/01/2016
23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA	\$639.84	10/01/2016
23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA	\$639.84	10/01/2016
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$661.91	10/01/2016
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY	\$1,107.73	10/01/2016
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$1,107.73	10/01/2016
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$1,107.73	10/01/2016
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	\$1,107.73	10/01/2016
23120	CLAVICULECTOMY; PARTIAL	\$1,107.73	10/01/2016
23125	CLAVICULECTOMY; TOTAL	\$1,107.73	10/01/2016
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL	\$1,107.73	10/01/2016
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	\$661.91	10/01/2016
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$1,107.73	10/01/2016
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$2,242.09	10/01/2016
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$1,107.73	10/01/2016
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$1,107.73	10/01/2016
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$2,242.09	10/01/2016
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$661.91	10/01/2016
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$1,107.73	10/01/2016
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO	\$1,107.73	10/01/2016
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,107.73	10/01/2016
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$661.91	10/01/2016
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,107.73	10/01/2016
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$1,107.73	10/01/2016
23195	RESECTION, HUMERAL HEAD	\$2,242.09	10/01/2016
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	\$426.85	10/01/2016

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23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$639.84	10/01/2016
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME	\$639.84	10/01/2016
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER	\$0.00	10/01/2012
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	\$3,256.53	10/01/2016
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	\$1,107.73	10/01/2016
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	\$2,242.09	10/01/2016
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$1,107.73	10/01/2016
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	\$1,107.73	10/01/2016
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	\$2,242.09	10/01/2016
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	\$2,242.09	10/01/2016
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	\$1,107.73	10/01/2016
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	\$2,242.09	10/01/2016
23430	TENODESIS OF LONG TENDON OF BICEPS	\$2,242.09	10/01/2016
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	\$1,107.73	10/01/2016
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$1,107.73	10/01/2016
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$2,242.09	10/01/2016
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$1,107.73	10/01/2016
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$2,242.09	10/01/2016
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$3,256.53	10/01/2016
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	\$2,242.09	10/01/2016
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$1,107.73	10/01/2016
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	\$3,256.53	10/01/2016
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$3,256.53	10/01/2016
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$3,256.53	10/01/2016
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$2,242.09	10/01/2016
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$500.75	10/01/2016
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$76.77	10/01/2016
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$1,107.73	10/01/2016

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23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$2,242.09	10/01/2016
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$76.77	10/01/2016
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$76.77	10/01/2016
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$2,242.09	10/01/2016
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$3,256.53	10/01/2016
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$500.75	10/01/2016
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA	\$3,256.53	10/01/2016
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$76.77	10/01/2016
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$661.91	10/01/2016
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$3,256.53	10/01/2016
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$7,427.42	10/01/2016
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$105.86	10/01/2016
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO	\$2,242.09	10/01/2016
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$76.77	10/01/2016
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	\$500.75	10/01/2016
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$1,107.73	10/01/2016
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	\$500.75	10/01/2016
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	\$2,242.09	10/01/2016
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	\$500.75	10/01/2016
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	\$3,256.53	10/01/2016
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	\$500.75	10/01/2016
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	\$3,256.53	10/01/2016
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	\$3,256.53	10/01/2016
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	\$711.19	10/01/2016
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$639.84	10/01/2016
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$639.84	10/01/2016
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	\$661.91	10/01/2016
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$1,107.73	10/01/2016

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24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE	\$1,107.73	10/01/2016
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$138.08	10/01/2016
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$639.84	10/01/2016
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR G	\$639.84	10/01/2016
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUS	\$639.84	10/01/2016
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN	\$639.84	10/01/2016
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU	\$639.84	10/01/2016
24077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$639.84	10/01/2016
24079	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$639.84	10/01/2016
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	\$661.91	10/01/2016
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	\$1,107.73	10/01/2016
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$1,107.73	10/01/2016
24105	EXCISION, OLECRANON BURSA	\$661.91	10/01/2016
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$1,107.73	10/01/2016
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	\$1,107.73	10/01/2016
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$1,107.73	10/01/2016
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$661.91	10/01/2016
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$1,107.73	10/01/2016
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$1,107.73	10/01/2016
24130	EXCISION, RADIAL HEAD	\$1,107.73	10/01/2016
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	\$2,242.09	10/01/2016
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$1,107.73	10/01/2016
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$1,107.73	10/01/2016
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,107.73	10/01/2016
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,107.73	10/01/2016
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,107.73	10/01/2016
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH	\$1,107.73	10/01/2016
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	\$1,107.73	10/01/2016
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$1,107.73	10/01/2016
24160	REMOVAL OF ELBOW JOINT HARDWARE	\$1,107.73	10/01/2016

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24164	REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT	\$1,107.73	10/01/2016
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$108.19	10/01/2016
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$639.84	10/01/2016
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$0.00	10/01/2012
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$500.75	10/01/2016
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	\$1,107.73	10/01/2016
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$1,107.73	10/01/2016
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	\$1,107.73	10/01/2016
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO	\$1,107.73	10/01/2016
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$1,107.73	10/01/2016
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$1,107.73	10/01/2016
24332	TENOLYSIS, TRICEPS	\$661.91	10/01/2016
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	\$2,242.09	10/01/2016
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	\$1,107.73	10/01/2016
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT	\$1,107.73	10/01/2016
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$1,107.73	10/01/2016
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$2,242.09	10/01/2016
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$1,107.73	10/01/2016
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$3,256.53	10/01/2016
24357	INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN	\$661.91	10/01/2016
24358	REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE	\$1,107.73	10/01/2016
24359	REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE	\$1,107.73	10/01/2016
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	\$2,242.09	10/01/2016
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$7,427.42	10/01/2016
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	\$7,427.42	10/01/2016
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	\$7,427.42	10/01/2016
24365	ARTHROPLASTY, RADIAL HEAD;	\$3,256.53	10/01/2016
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$7,427.42	10/01/2016
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$7,427.42	10/01/2016
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$7,427.42	10/01/2016

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24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$2,242.09	10/01/2016
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	\$7,427.42	10/01/2016
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$1,107.73	10/01/2016
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION	\$3,256.53	10/01/2016
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	\$7,427.42	10/01/2016
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$1,107.73	10/01/2016
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$1,107.73	10/01/2016
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT	\$3,256.53	10/01/2016
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$105.86	10/01/2016
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$500.75	10/01/2016
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	\$3,256.53	10/01/2016
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	\$3,256.53	10/01/2016
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$105.86	10/01/2016
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$500.75	10/01/2016
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL	\$1,107.73	10/01/2016
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$7,427.42	10/01/2016
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$7,427.42	10/01/2016
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$76.77	10/01/2016
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$500.75	10/01/2016
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	\$1,107.73	10/01/2016
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE	\$3,256.53	10/01/2016
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$105.86	10/01/2016
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$500.75	10/01/2016
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA	\$3,256.53	10/01/2016
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	\$1,107.73	10/01/2016
24586	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW	\$3,256.53	10/01/2016
24587	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT	\$7,427.42	10/01/2016
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$76.77	10/01/2016
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$500.75	10/01/2016
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$2,242.09	10/01/2016

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24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	\$500.75	10/01/2016
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	\$3,256.53	10/01/2016
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH	\$68.90	10/01/2016
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$2,242.09	10/01/2016
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$3,256.53	10/01/2016
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$76.77	10/01/2016
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$500.75	10/01/2016
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES	\$2,242.09	10/01/2016
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$2,242.09	10/01/2016
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$3,256.53	10/01/2016
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$1,107.73	10/01/2016
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	\$661.91	10/01/2016
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$661.91	10/01/2016
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$661.91	10/01/2016
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$1,107.73	10/01/2016
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$1,107.73	10/01/2016
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$1,107.73	10/01/2016
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$661.91	10/01/2016
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$661.91	10/01/2016
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE	\$1,107.73	10/01/2016
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	\$1,107.73	10/01/2016
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$139.50	10/01/2016
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$639.84	10/01/2016
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR	\$639.84	10/01/2016
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$639.84	10/01/2016
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH	\$639.84	10/01/2016
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$639.84	10/01/2016
25077	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$426.85	10/01/2016

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25078	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$639.84	10/01/2016
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$1,107.73	10/01/2016
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$1,107.73	10/01/2016
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	\$661.91	10/01/2016
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	\$661.91	10/01/2016
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	\$1,107.73	10/01/2016
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$661.91	10/01/2016
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$661.91	10/01/2016
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$661.91	10/01/2016
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$661.91	10/01/2016
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$661.91	10/01/2016
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$661.91	10/01/2016
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$661.91	10/01/2016
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION	\$1,107.73	10/01/2016
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$1,107.73	10/01/2016
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$1,107.73	10/01/2016
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$1,107.73	10/01/2016
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$1,107.73	10/01/2016
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$1,107.73	10/01/2016
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$1,107.73	10/01/2016
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$1,107.73	10/01/2016
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$1,107.73	10/01/2016
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$1,107.73	10/01/2016
25210	CARPECTOMY; ONE BONE	\$1,107.73	10/01/2016
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$1,107.73	10/01/2016
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$1,107.73	10/01/2016
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	\$1,107.73	10/01/2016
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$0.00	10/01/2012
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$661.91	10/01/2016
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$661.91	10/01/2016

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25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	\$1,107.73	10/01/2016
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$500.75	10/01/2016
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	\$661.91	10/01/2016
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	\$1,107.73	10/01/2016
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$1,107.73	10/01/2016
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	\$1,107.73	10/01/2016
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	\$1,107.73	10/01/2016
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$1,107.73	10/01/2016
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	\$1,107.73	10/01/2016
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	\$1,107.73	10/01/2016
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH	\$661.91	10/01/2016
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$661.91	10/01/2016
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$1,107.73	10/01/2016
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$1,107.73	10/01/2016
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$1,107.73	10/01/2016
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$1,107.73	10/01/2016
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$1,107.73	10/01/2016
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$2,242.09	10/01/2016
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT	\$1,107.73	10/01/2016
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR	\$1,107.73	10/01/2016
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$1,107.73	10/01/2016
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	\$1,107.73	10/01/2016
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$3,256.53	10/01/2016
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$1,107.73	10/01/2016
25360	OSTEOTOMY; ULNA	\$2,242.09	10/01/2016
25365	OSTEOTOMY; RADIUS AND ULNA	\$3,256.53	10/01/2016
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$1,107.73	10/01/2016
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$1,107.73	10/01/2016
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$2,242.09	10/01/2016
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$3,256.53	10/01/2016

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25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$1,107.73	10/01/2016
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$1,107.73	10/01/2016
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$1,107.73	10/01/2016
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$2,242.09	10/01/2016
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	\$3,256.53	10/01/2016
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$2,242.09	10/01/2016
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES	\$3,256.53	10/01/2016
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$1,107.73	10/01/2016
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$1,107.73	10/01/2016
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	\$1,107.73	10/01/2016
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	\$2,242.09	10/01/2016
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL	\$2,242.09	10/01/2016
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$7,427.42	10/01/2016
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$7,427.42	10/01/2016
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	\$2,242.09	10/01/2016
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$7,427.42	10/01/2016
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$2,242.09	10/01/2016
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE	\$7,427.42	10/01/2016
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$1,107.73	10/01/2016
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$2,242.09	10/01/2016
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$1,107.73	10/01/2016
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$1,107.73	10/01/2016
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$1,107.73	10/01/2016
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$3,256.53	10/01/2016
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$1,107.73	10/01/2016
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$2,242.09	10/01/2016
25520	CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES	\$500.75	10/01/2016
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$2,242.09	10/01/2016

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25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$3,256.53	10/01/2016
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$105.86	10/01/2016
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM	\$2,242.09	10/01/2016
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$76.77	10/01/2016
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$500.75	10/01/2016
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$2,242.09	10/01/2016
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$3,256.53	10/01/2016
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	\$105.86	10/01/2016
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	\$500.75	10/01/2016
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATIO	\$1,107.73	10/01/2016
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$2,242.09	10/01/2016
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$2,242.09	10/01/2016
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$2,242.09	10/01/2016
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI	\$1,107.73	10/01/2016
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$76.77	10/01/2016
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$500.75	10/01/2016
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	\$1,107.73	10/01/2016
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$105.86	10/01/2016
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$1,107.73	10/01/2016
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$2,242.09	10/01/2016
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES,	\$105.86	10/01/2016
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	\$661.91	10/01/2016
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$661.91	10/01/2016
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$105.86	10/01/2016
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$2,242.09	10/01/2016
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH	\$105.86	10/01/2016
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$661.91	10/01/2016

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25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$500.75	10/01/2016
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$1,107.73	10/01/2016
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	\$3,256.53	10/01/2016
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	\$3,256.53	10/01/2016
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$3,256.53	10/01/2016
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$2,242.09	10/01/2016
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$2,242.09	10/01/2016
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	\$2,242.09	10/01/2016
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$661.91	10/01/2016
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	\$661.91	10/01/2016
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$711.19	10/01/2016
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	\$661.91	10/01/2016
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$102.30	10/01/2016
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$426.85	10/01/2016
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$661.91	10/01/2016
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$661.91	10/01/2016
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$661.91	10/01/2016
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$661.91	10/01/2016
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$661.91	10/01/2016
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$661.91	10/01/2016
26040	RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN	\$661.91	10/01/2016
26045	PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE	\$661.91	10/01/2016
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	\$661.91	10/01/2016
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	\$661.91	10/01/2016
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$661.91	10/01/2016
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$661.91	10/01/2016
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$661.91	10/01/2016
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$1,107.73	10/01/2016
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$661.91	10/01/2016
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	\$661.91	10/01/2016

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26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTAN	\$639.84	10/01/2016
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$639.84	10/01/2016
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	\$639.84	10/01/2016
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$639.84	10/01/2016
26117	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER	\$639.84	10/01/2016
26118	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER	\$639.84	10/01/2016
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	\$661.91	10/01/2016
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$1,107.73	10/01/2016
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$0.00	10/01/2014
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$661.91	10/01/2016
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	\$661.91	10/01/2016
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	\$661.91	10/01/2016
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM	\$661.91	10/01/2016
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	\$661.91	10/01/2016
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	\$661.91	10/01/2016
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	\$661.91	10/01/2016
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$661.91	10/01/2016
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$661.91	10/01/2016
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	\$1,107.73	10/01/2016
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$661.91	10/01/2016
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$1,107.73	10/01/2016
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$661.91	10/01/2016
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$661.91	10/01/2016
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$661.91	10/01/2016
26250	RADICAL RESECTION OF TUMOR, METACARPAL	\$661.91	10/01/2016
26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	\$1,107.73	10/01/2016
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	\$661.91	10/01/2016
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$639.84	10/01/2016
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$500.75	10/01/2016
26341	MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION	\$50.39	10/01/2016

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26350	REPAIR OF FINGER TENDON	\$1,107.73	10/01/2016
26352	REPAIR OF FINGER TENDON WITH GRAFT	\$1,107.73	10/01/2016
26356	REPAIR OF FINGER TENDON	\$1,107.73	10/01/2016
26357	REPAIR OF FINGER TENDON	\$1,107.73	10/01/2016
26358	REPAIR OF FINGER TENDON WITH GRAFT	\$1,107.73	10/01/2016
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$1,107.73	10/01/2016
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$1,107.73	10/01/2016
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$1,107.73	10/01/2016
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON	\$2,242.09	10/01/2016
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	\$2,242.09	10/01/2016
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$661.91	10/01/2016
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	\$1,107.73	10/01/2016
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	\$661.91	10/01/2016
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	\$1,107.73	10/01/2016
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$661.91	10/01/2016
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	\$1,107.73	10/01/2016
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$1,107.73	10/01/2016
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$1,107.73	10/01/2016
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	\$661.91	10/01/2016
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	\$661.91	10/01/2016
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE	\$1,107.73	10/01/2016
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$661.91	10/01/2016
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	\$661.91	10/01/2016
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$661.91	10/01/2016
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	\$661.91	10/01/2016
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$661.91	10/01/2016
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$1,107.73	10/01/2016
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$661.91	10/01/2016
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$661.91	10/01/2016
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$1,107.73	10/01/2016

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26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$661.91	10/01/2016
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$661.91	10/01/2016
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$1,107.73	10/01/2016
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$661.91	10/01/2016
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$661.91	10/01/2016
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	\$661.91	10/01/2016
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH	\$1,107.73	10/01/2016
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$661.91	10/01/2016
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES	\$1,107.73	10/01/2016
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	\$1,107.73	10/01/2016
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	\$1,107.73	10/01/2016
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$1,107.73	10/01/2016
26496	OPPONENSPLASTY; OTHER METHODS	\$1,107.73	10/01/2016
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$1,107.73	10/01/2016
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	\$1,107.73	10/01/2016
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$1,107.73	10/01/2016
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	\$1,107.73	10/01/2016
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	\$1,107.73	10/01/2016
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$661.91	10/01/2016
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$661.91	10/01/2016
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$661.91	10/01/2016
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	\$1,107.73	10/01/2016
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	\$1,107.73	10/01/2016
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$661.91	10/01/2016
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	\$661.91	10/01/2016
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$1,107.73	10/01/2016
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$2,242.09	10/01/2016
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	\$1,107.73	10/01/2016
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$2,242.09	10/01/2016
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$1,107.73	10/01/2016

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26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$1,107.73	10/01/2016
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$1,107.73	10/01/2016
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING	\$1,107.73	10/01/2016
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	\$1,107.73	10/01/2016
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$1,107.73	10/01/2016
26550	POLLICIZATION OF A DIGIT	\$1,107.73	10/01/2016
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$1,107.73	10/01/2016
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$661.91	10/01/2016
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$1,107.73	10/01/2016
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE,	\$1,107.73	10/01/2016
26565	OSTEOTOMY; METACARPAL, EACH	\$1,107.73	10/01/2016
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$1,107.73	10/01/2016
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$1,107.73	10/01/2016
26580	REPAIR CLEFT HAND	\$661.91	10/01/2016
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	\$1,107.73	10/01/2016
26590	REPAIR MACRODACTYLIA, EACH DIGIT	\$661.91	10/01/2016
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$1,107.73	10/01/2016
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$1,107.73	10/01/2016
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$1,107.73	10/01/2016
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$76.77	10/01/2016
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$105.86	10/01/2016
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL	\$500.75	10/01/2016
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$661.91	10/01/2016
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN	\$1,107.73	10/01/2016
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$105.86	10/01/2016
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT	\$500.75	10/01/2016
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (B	\$661.91	10/01/2016
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	\$1,107.73	10/01/2016
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$105.86	10/01/2016
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$500.75	10/01/2016

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26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN	\$661.91	10/01/2016
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN	\$1,107.73	10/01/2016
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX,	\$1,107.73	10/01/2016
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$105.86	10/01/2016
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$500.75	10/01/2016
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	\$500.75	10/01/2016
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX	\$1,107.73	10/01/2016
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$76.77	10/01/2016
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$105.86	10/01/2016
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL	\$661.91	10/01/2016
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	\$1,107.73	10/01/2016
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$105.86	10/01/2016
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$500.75	10/01/2016
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	\$1,107.73	10/01/2016
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	\$76.77	10/01/2016
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	\$105.86	10/01/2016
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB,	\$661.91	10/01/2016
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL	\$661.91	10/01/2016
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$76.77	10/01/2016
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$92.47	10/01/2016
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	\$661.91	10/01/2016
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$1,107.73	10/01/2016
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$1,107.73	10/01/2016
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$1,107.73	10/01/2016
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$2,242.09	10/01/2016
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	\$2,242.09	10/01/2016
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH	\$2,242.09	10/01/2016
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$1,107.73	10/01/2016
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$1,107.73	10/01/2016
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$1,107.73	10/01/2016

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26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	\$0.00	10/01/2014
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$1,107.73	10/01/2016
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$0.00	10/01/2014
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR W	\$1,107.73	10/01/2016
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$661.91	10/01/2016
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$661.91	10/01/2016
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$1,107.73	10/01/2016
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$1,107.73	10/01/2016
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	\$661.91	10/01/2016
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	\$1,107.73	10/01/2016
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	\$1,107.73	10/01/2016
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	\$1,200.84	10/01/2015
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	\$1,220.32	10/01/2014
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$1,107.73	10/01/2016
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	\$661.91	10/01/2016
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$426.85	10/01/2016
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$426.85	10/01/2016
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREAT	\$639.84	10/01/2016
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$639.84	10/01/2016
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C	\$639.84	10/01/2016
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$639.84	10/01/2016
27049	REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP	\$639.84	10/01/2016
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	\$661.91	10/01/2016
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	\$661.91	10/01/2016
27059	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP	\$639.84	10/01/2016
27060	EXCISION; ISCHIAL BURSA	\$661.91	10/01/2016
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$1,107.73	10/01/2016
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$1,107.73	10/01/2016
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$1,107.73	10/01/2016
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$1,107.73	10/01/2016

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27080	COCCYGECTOMY, PRIMARY	\$1,107.73	10/01/2016
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$639.84	10/01/2016
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$1,107.73	10/01/2016
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	\$0.00	10/01/2012
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	\$0.00	10/01/2012
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANC	\$61.86	10/01/2014
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	\$1,107.73	10/01/2016
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$661.91	10/01/2016
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	\$2,242.09	10/01/2016
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	\$1,107.73	10/01/2016
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	\$1,107.73	10/01/2016
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$1,107.73	10/01/2016
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL	\$1,036.05	10/01/2014
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	\$689.33	10/01/2014
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	\$105.86	10/01/2016
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR	\$105.86	10/01/2016
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$76.77	10/01/2016
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$1,107.73	10/01/2016
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	\$105.86	10/01/2016
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$76.77	10/01/2016
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	\$500.75	10/01/2016
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$105.86	10/01/2016
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$76.77	10/01/2016
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$500.75	10/01/2016
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$76.77	10/01/2016
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$500.75	10/01/2016
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$105.86	10/01/2016
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	\$500.75	10/01/2016
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$500.75	10/01/2016
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$500.75	10/01/2016

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27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISU	\$7,427.42	10/01/2016
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$639.84	10/01/2016
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$1,107.73	10/01/2016
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE	\$661.91	10/01/2016
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$1,107.73	10/01/2016
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG,	\$1,107.73	10/01/2016
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$639.84	10/01/2016
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$639.84	10/01/2016
27325	NEURECTOMY, HAMSTRING MUSCLE	\$630.20	10/01/2016
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$630.20	10/01/2016
27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$639.84	10/01/2016
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$639.84	10/01/2016
27329	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE	\$639.84	10/01/2016
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	\$1,107.73	10/01/2016
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR	\$1,107.73	10/01/2016
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	\$1,107.73	10/01/2016
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL	\$1,107.73	10/01/2016
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	\$1,107.73	10/01/2016
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL	\$2,242.09	10/01/2016
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATE	\$639.84	10/01/2016
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$639.84	10/01/2016
27340	EXCISION, PREPATELLAR BURSA	\$1,107.73	10/01/2016
27345	REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT	\$1,107.73	10/01/2016
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$1,107.73	10/01/2016
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$1,107.73	10/01/2016
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$1,107.73	10/01/2016
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$7,427.42	10/01/2016
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	\$2,242.09	10/01/2016
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	\$0.00	10/01/2014
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	\$1,107.73	10/01/2016

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27364	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	\$639.84	10/01/2016
27370	INJECTION OF CONTRAST FOR X-RAY IMAGING OF KNEE	\$0.00	10/01/2012
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$639.84	10/01/2016
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$1,107.73	10/01/2016
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	\$2,242.09	10/01/2016
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$1,107.73	10/01/2016
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	\$2,242.09	10/01/2016
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$1,107.73	10/01/2016
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	\$1,107.73	10/01/2016
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$1,107.73	10/01/2016
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	\$1,107.73	10/01/2016
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$1,107.73	10/01/2016
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$1,107.73	10/01/2016
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$1,107.73	10/01/2016
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$1,107.73	10/01/2016
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING	\$1,107.73	10/01/2016
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$661.91	10/01/2016
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$1,107.73	10/01/2016
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$2,242.09	10/01/2016
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE	\$1,107.73	10/01/2016
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$3,256.53	10/01/2016
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING O	\$2,242.09	10/01/2016
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$2,242.09	10/01/2016
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$2,242.09	10/01/2016
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	\$1,107.73	10/01/2016
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	\$1,107.73	10/01/2016
27425	LATERAL RETINACULAR RELEASE, OPEN	\$1,107.73	10/01/2016
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$2,242.09	10/01/2016
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	\$3,256.53	10/01/2016
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	\$3,256.53	10/01/2016

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27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$1,107.73	10/01/2016
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$1,107.73	10/01/2016
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$3,256.53	10/01/2016
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$7,427.42	10/01/2016
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$7,427.42	10/01/2016
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$7,427.42	10/01/2016
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	\$7,427.42	10/01/2016
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND	\$3,256.53	10/01/2016
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	\$7,427.42	10/01/2016
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	\$1,107.73	10/01/2016
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	\$1,107.73	10/01/2016
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU	\$503.25	10/01/2014
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$1,107.73	10/01/2016
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$661.91	10/01/2016
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$661.91	10/01/2016
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH	\$1,107.73	10/01/2016
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$105.86	10/01/2016
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$105.86	10/01/2016
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT	\$500.75	10/01/2016
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$500.75	10/01/2016
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$105.86	10/01/2016
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	\$2,242.09	10/01/2016
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$500.75	10/01/2016
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$76.77	10/01/2016
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION,	\$500.75	10/01/2016
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$76.77	10/01/2016
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR	\$1,107.73	10/01/2016
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$76.77	10/01/2016
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT	\$500.75	10/01/2016
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	\$105.86	10/01/2016

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27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$105.86	10/01/2016
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$500.75	10/01/2016
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$76.77	10/01/2016
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$105.86	10/01/2016
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL	\$1,107.73	10/01/2016
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	\$500.75	10/01/2016
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$1,107.73	10/01/2016
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$1,107.73	10/01/2016
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$1,107.73	10/01/2016
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$661.91	10/01/2016
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$639.84	10/01/2016
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$1,107.73	10/01/2016
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$661.91	10/01/2016
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	\$1,107.73	10/01/2016
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$1,107.73	10/01/2016
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$1,107.73	10/01/2016
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$1,107.73	10/01/2016
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$133.52	10/01/2016
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$639.84	10/01/2016
27615	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE	\$639.84	10/01/2016
27616	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE	\$639.84	10/01/2016
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$639.84	10/01/2016
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$639.84	10/01/2016
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	\$1,107.73	10/01/2016
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	\$1,107.73	10/01/2016
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	\$1,107.73	10/01/2016
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	\$661.91	10/01/2016
27632	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL	\$639.84	10/01/2016
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$639.84	10/01/2016
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$1,107.73	10/01/2016

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27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$2,242.09	10/01/2016
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$2,242.09	10/01/2016
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$1,107.73	10/01/2016
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$1,107.73	10/01/2016
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	\$661.91	10/01/2016
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$0.00	10/01/2012
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$1,107.73	10/01/2016
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	\$2,242.09	10/01/2016
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$2,242.09	10/01/2016
27656	REPAIR, FASCIAL DEFECT OF LEG	\$1,107.73	10/01/2016
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$1,107.73	10/01/2016
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$1,107.73	10/01/2016
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$1,107.73	10/01/2016
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$2,242.09	10/01/2016
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$1,107.73	10/01/2016
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$1,107.73	10/01/2016
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$1,107.73	10/01/2016
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$1,107.73	10/01/2016
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$1,107.73	10/01/2016
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$1,107.73	10/01/2016
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	\$1,107.73	10/01/2016
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$1,107.73	10/01/2016
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$1,107.73	10/01/2016
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$0.00	10/01/2014
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$1,107.73	10/01/2016
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$1,107.73	10/01/2016
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$1,107.73	10/01/2016
27700	ARTHROPLASTY, ANKLE;	\$2,242.09	10/01/2016
27704	REMOVAL OF ANKLE IMPLANT	\$1,107.73	10/01/2016
27705	OSTEOTOMY; TIBIA	\$1,107.73	10/01/2016

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27707	OSTEOTOMY; FIBULA	\$1,107.73	10/01/2016
27709	OSTEOTOMY; TIBIA AND FIBULA	\$3,256.53	10/01/2016
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	\$2,242.09	10/01/2016
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$2,242.09	10/01/2016
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$768.89	10/01/2014
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$1,107.73	10/01/2016
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	\$1,107.73	10/01/2016
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA	\$1,107.73	10/01/2016
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$1,107.73	10/01/2016
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$1,107.73	10/01/2016
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$3,256.53	10/01/2016
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	\$105.86	10/01/2016
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	\$500.75	10/01/2016
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT	\$2,242.09	10/01/2016
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	\$3,256.53	10/01/2016
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$3,256.53	10/01/2016
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	\$500.75	10/01/2016
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	\$1,107.73	10/01/2016
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$105.86	10/01/2016
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$2,242.09	10/01/2016
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION,	\$2,242.09	10/01/2016
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	\$105.86	10/01/2016
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH	\$105.86	10/01/2016
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL	\$2,242.09	10/01/2016
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$76.77	10/01/2016
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$500.75	10/01/2016

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27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O	\$2,242.09	10/01/2016
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$105.86	10/01/2016
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$2,242.09	10/01/2016
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$3,256.53	10/01/2016
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$105.86	10/01/2016
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$500.75	10/01/2016
27826	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE	\$2,242.09	10/01/2016
27827	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE	\$3,256.53	10/01/2016
27828	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	\$3,256.53	10/01/2016
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I	\$1,107.73	10/01/2016
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$76.77	10/01/2016
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	\$500.75	10/01/2016
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX	\$2,242.09	10/01/2016
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$76.77	10/01/2016
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT	\$500.75	10/01/2016
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$1,107.73	10/01/2016
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$1,107.73	10/01/2016
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	\$500.75	10/01/2016
27870	ARTHRODESIS, ANKLE, OPEN	\$7,427.42	10/01/2016
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$3,256.53	10/01/2016
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$1,107.73	10/01/2016
27889	ANKLE DISARTICULATION	\$1,107.73	10/01/2016
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	\$1,107.73	10/01/2016
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT	\$1,107.73	10/01/2016
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$661.91	10/01/2016
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$141.78	10/01/2016
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$661.91	10/01/2016
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$661.91	10/01/2016
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$1,107.73	10/01/2016

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28008	FASCIOTOMY, FOOT AND/OR TOE	\$661.91	10/01/2016
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$97.65	10/01/2016
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$661.91	10/01/2016
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$1,107.73	10/01/2016
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$1,107.73	10/01/2016
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$661.91	10/01/2016
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$630.20	10/01/2016
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	\$639.84	10/01/2016
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5	\$639.84	10/01/2016
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	\$639.84	10/01/2016
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES	\$639.84	10/01/2016
28046	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE	\$639.84	10/01/2016
28047	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE	\$639.84	10/01/2016
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$661.91	10/01/2016
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	\$661.91	10/01/2016
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	\$661.91	10/01/2016
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$630.20	10/01/2016
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$661.91	10/01/2016
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$1,107.73	10/01/2016
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$661.91	10/01/2016
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$661.91	10/01/2016
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$661.91	10/01/2016
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$1,107.73	10/01/2016
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$661.91	10/01/2016
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$661.91	10/01/2016
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$661.91	10/01/2016
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$1,107.73	10/01/2016
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$2,242.09	10/01/2016
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$2,242.09	10/01/2016
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$661.91	10/01/2016

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28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$1,107.73	10/01/2016
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$2,242.09	10/01/2016
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$661.91	10/01/2016
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	\$661.91	10/01/2016
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$661.91	10/01/2016
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	\$661.91	10/01/2016
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$661.91	10/01/2016
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$1,107.73	10/01/2016
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$661.91	10/01/2016
28118	OSTECTOMY, CALCANEUS;	\$1,107.73	10/01/2016
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$1,107.73	10/01/2016
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$1,107.73	10/01/2016
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$661.91	10/01/2016
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$238.58	10/01/2016
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$661.91	10/01/2016
28130	TALECTOMY (ASTRAGALECTOMY)	\$1,107.73	10/01/2016
28140	METATARSECTOMY	\$661.91	10/01/2016
28150	PHALANGECTOMY, TOE, EACH TOE	\$661.91	10/01/2016
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$661.91	10/01/2016
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$661.91	10/01/2016
28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$661.91	10/01/2016
28173	RADICAL RESECTION OF TUMOR; METATARSAL	\$661.91	10/01/2016
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	\$661.91	10/01/2016
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$148.90	10/01/2016
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$639.84	10/01/2016
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$639.84	10/01/2016
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	\$1,107.73	10/01/2016
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	\$2,242.09	10/01/2016
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$1,107.73	10/01/2016
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	\$2,242.09	10/01/2016

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28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$224.34	10/01/2016
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$661.91	10/01/2016
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$661.91	10/01/2016
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$661.91	10/01/2016
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	\$219.50	10/01/2016
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$207.26	10/01/2016
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$661.91	10/01/2016
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$1,107.73	10/01/2016
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$661.91	10/01/2016
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	\$1,107.73	10/01/2016
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$661.91	10/01/2016
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$1,107.73	10/01/2016
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$2,242.09	10/01/2016
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$661.91	10/01/2016
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$661.91	10/01/2016
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$204.69	10/01/2016
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$661.91	10/01/2016
28285	CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$661.91	10/01/2016
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$661.91	10/01/2016
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$661.91	10/01/2016
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$1,107.73	10/01/2016
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE	\$1,107.73	10/01/2016
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	\$1,107.73	10/01/2016
28293	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; RESECTION	\$2,242.09	10/01/2016
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON	\$1,107.73	10/01/2016
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH	\$1,107.73	10/01/2016
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	\$3,256.53	10/01/2016
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX	\$1,107.73	10/01/2016
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$1,107.73	10/01/2016
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$2,242.09	10/01/2016

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28302	OSTEOTOMY; TALUS	\$1,107.73	10/01/2016
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$2,242.09	10/01/2016
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$2,242.09	10/01/2016
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$1,107.73	10/01/2016
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$1,107.73	10/01/2016
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$1,107.73	10/01/2016
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$2,242.09	10/01/2016
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$1,107.73	10/01/2016
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	\$1,107.73	10/01/2016
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$661.91	10/01/2016
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$661.91	10/01/2016
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$3,256.53	10/01/2016
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	\$2,242.09	10/01/2016
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$661.91	10/01/2016
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$661.91	10/01/2016
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$1,107.73	10/01/2016
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$661.91	10/01/2016
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$105.86	10/01/2016
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$105.86	10/01/2016
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	\$1,107.73	10/01/2016
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$3,256.53	10/01/2016
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$7,427.42	10/01/2016
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$76.77	10/01/2016
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$500.75	10/01/2016
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$1,107.73	10/01/2016
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$2,242.09	10/01/2016
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	\$2,242.09	10/01/2016
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	\$105.86	10/01/2016
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	\$133.23	10/01/2016
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	\$3,256.53	10/01/2016

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28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN	\$2,242.09	10/01/2016
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$76.77	10/01/2016
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$76.77	10/01/2016
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	\$1,107.73	10/01/2016
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$1,107.73	10/01/2016
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	\$76.77	10/01/2016
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$76.77	10/01/2016
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	\$1,107.73	10/01/2016
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F	\$1,107.73	10/01/2016
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	\$63.48	10/01/2016
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	\$82.56	10/01/2016
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES	\$1,107.73	10/01/2016
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$59.79	10/01/2016
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$1,107.73	10/01/2016
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	\$76.77	10/01/2016
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING	\$1,107.73	10/01/2016
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN	\$661.91	10/01/2016
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF	\$3,256.53	10/01/2016
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$76.77	10/01/2016
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$500.75	10/01/2016
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH	\$661.91	10/01/2016
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	\$1,107.73	10/01/2016
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$105.86	10/01/2016
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$76.77	10/01/2016
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH	\$1,107.73	10/01/2016
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$2,242.09	10/01/2016
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$72.02	10/01/2016
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$500.75	10/01/2016
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH	\$1,107.73	10/01/2016
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT	\$1,107.73	10/01/2016

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28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$53.52	10/01/2016
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$92.47	10/01/2016
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH	\$1,107.73	10/01/2016
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$661.91	10/01/2016
28705	ARTHRODESIS; PANTALAR	\$7,427.42	10/01/2016
28715	ARTHRODESIS; TRIPLE	\$7,427.42	10/01/2016
28725	ARTHRODESIS; SUBTALAR	\$3,256.53	10/01/2016
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$3,256.53	10/01/2016
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$7,427.42	10/01/2016
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$3,256.53	10/01/2016
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$3,256.53	10/01/2016
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$2,242.09	10/01/2016
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$1,107.73	10/01/2016
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$2,242.09	10/01/2016
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$661.91	10/01/2016
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$661.91	10/01/2016
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$661.91	10/01/2016
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF	\$158.29	10/01/2016
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$92.47	10/01/2016
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	\$92.47	10/01/2016
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$92.47	10/01/2016
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$92.47	10/01/2016
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	\$92.47	10/01/2016
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$53.09	10/01/2016
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$92.47	10/01/2016
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	\$39.00	10/01/2016
29055	APPLICATION, CAST; SHOULDER SPICA	\$92.47	10/01/2016
29058	APPLICATION, CAST; PLASTER VELPEAU	\$56.37	10/01/2016
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	\$49.82	10/01/2016
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	\$45.55	10/01/2016

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29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	\$49.54	10/01/2016
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$44.13	10/01/2016
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$43.27	10/01/2016
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$0.00	10/01/2015
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$0.00	10/01/2015
29130	APPLICATION OF FINGER SPLINT; STATIC	\$0.00	10/01/2015
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$0.00	10/01/2015
29200	STRAPPING; THORAX	\$12.25	10/01/2016
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$0.00	10/01/2015
29260	STRAPPING; ELBOW OR WRIST	\$0.00	10/01/2015
29280	STRAPPING; HAND OR FINGER	\$0.00	10/01/2015
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$92.47	10/01/2016
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	\$92.47	10/01/2016
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$64.34	10/01/2016
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	\$63.48	10/01/2016
29358	APPLICATION OF LONG LEG CAST BRACE	\$82.56	10/01/2016
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$60.64	10/01/2016
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$40.71	10/01/2016
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	\$38.44	10/01/2016
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$55.80	10/01/2016
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$18.22	10/01/2016
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$53.52	10/01/2016
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$52.38	10/01/2016
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$45.27	10/01/2016
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$35.02	10/01/2016
29520	STRAPPING; HIP	\$0.00	10/01/2015
29530	STRAPPING; KNEE	\$0.00	10/01/2015
29540	STRAPPING; ANKLE AND/OR FOOT	\$9.11	10/01/2015
29550	STRAPPING; TOES	\$0.00	10/01/2015
29580	STRAPPING; UNNA BOOT	\$25.06	10/01/2016

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29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	\$42.42	10/01/2016
29582	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE A	\$46.40	10/01/2016
29583	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	\$27.62	10/01/2016
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FI	\$46.40	10/01/2016
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	\$32.17	10/01/2016
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$29.32	10/01/2016
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	\$54.09	10/01/2016
29720	REPAIR OF SPICA, BODY CAST OR JACKET	\$46.40	10/01/2016
29730	WINDOWING OF CAST	\$28.19	10/01/2016
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$42.99	10/01/2016
29750	WEDGING OF CLUBFOOT CAST	\$32.74	10/01/2016
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	\$1,107.73	10/01/2016
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$1,107.73	10/01/2016
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,107.73	10/01/2016
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$2,242.09	10/01/2016
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$2,242.09	10/01/2016
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$1,107.73	10/01/2016
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$1,107.73	10/01/2016
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$1,107.73	10/01/2016
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$1,107.73	10/01/2016
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$1,107.73	10/01/2016
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	\$1,107.73	10/01/2016
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR	\$1,107.73	10/01/2016
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	\$0.00	10/01/2014
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$2,242.09	10/01/2016
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$2,242.09	10/01/2016
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$661.91	10/01/2016
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$1,107.73	10/01/2016
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$1,107.73	10/01/2016
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$1,107.73	10/01/2016

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29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$1,107.73	10/01/2016
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$1,107.73	10/01/2016
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,107.73	10/01/2016
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$1,107.73	10/01/2016
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$1,107.73	10/01/2016
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$1,107.73	10/01/2016
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	\$1,107.73	10/01/2016
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$1,107.73	10/01/2016
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$661.91	10/01/2016
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$661.91	10/01/2016
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$661.91	10/01/2016
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	\$3,256.53	10/01/2016
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	\$3,256.53	10/01/2016
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,107.73	10/01/2016
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$1,107.73	10/01/2016
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$2,242.09	10/01/2016
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$1,107.73	10/01/2016
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL	\$2,242.09	10/01/2016
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,107.73	10/01/2016
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$1,107.73	10/01/2016
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$1,107.73	10/01/2016
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	\$1,107.73	10/01/2016
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	\$1,107.73	10/01/2016
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,	\$1,107.73	10/01/2016
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$1,107.73	10/01/2016
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	\$1,107.73	10/01/2016
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	\$1,107.73	10/01/2016
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY	\$1,107.73	10/01/2016
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$1,107.73	10/01/2016
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$1,107.73	10/01/2016

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29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	\$1,107.73	10/01/2016
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE	\$2,242.09	10/01/2016
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$1,107.73	10/01/2016
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$1,107.73	10/01/2016
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	\$3,256.53	10/01/2016
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE	\$7,427.42	10/01/2016
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$1,107.73	10/01/2016
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	\$1,107.73	10/01/2016
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$661.91	10/01/2016
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL	\$1,107.73	10/01/2016
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY,	\$1,107.73	10/01/2016
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$1,107.73	10/01/2016
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$1,107.73	10/01/2016
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	\$3,256.53	10/01/2016
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$1,107.73	10/01/2016
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$1,107.73	10/01/2016
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED	\$661.91	10/01/2016
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	\$1,107.73	10/01/2016
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$1,107.73	10/01/2016
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$661.91	10/01/2016
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$3,256.53	10/01/2016
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	\$2,242.09	10/01/2016
29915	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PI	\$3,256.53	10/01/2016
29916	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH LABRAL REPAIR	\$3,256.53	10/01/2016
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$57.84	10/01/2016
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$139.80	10/01/2016
30100	BIOPSY, INTRANASAL	\$84.56	10/01/2016
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$133.52	10/01/2016
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$737.58	10/01/2016
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	\$737.58	10/01/2016

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30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH	\$737.58	10/01/2016
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$737.58	10/01/2016
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	\$737.58	10/01/2016
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	\$1,650.19	10/01/2016
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$737.58	10/01/2016
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$737.58	10/01/2016
30150	RHINECTOMY; PARTIAL	\$1,650.19	10/01/2016
30160	RHINECTOMY; TOTAL	\$1,650.19	10/01/2016
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$67.48	10/01/2016
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	\$85.41	10/01/2016
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$311.26	10/01/2016
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	\$0.00	10/01/2015
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	\$737.58	10/01/2016
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	\$311.26	10/01/2016
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	\$737.58	10/01/2016
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL	\$1,650.19	10/01/2016
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	\$1,650.19	10/01/2016
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	\$737.58	10/01/2016
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	\$1,650.19	10/01/2016
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	\$1,650.19	10/01/2016
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$1,650.19	10/01/2016
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$1,650.19	10/01/2016
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL	\$1,650.19	10/01/2016
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	\$737.58	10/01/2016
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$1,650.19	10/01/2016
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$1,650.19	10/01/2016
30560	LYSIS INTRANASAL SYNECHIA	\$139.80	10/01/2016
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	\$1,650.19	10/01/2016
30600	REPAIR FISTULA; ORONASAL	\$1,650.19	10/01/2016
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	\$1,650.19	10/01/2016

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30630	REPAIR NASAL SEPTAL PERFORATIONS	\$737.58	10/01/2016
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$311.26	10/01/2016
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$737.58	10/01/2016
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	\$0.00	10/01/2015
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	\$57.84	10/01/2016
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$57.84	10/01/2016
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$57.84	10/01/2016
30915	LIGATION ARTERIES; ETHMOIDAL	\$1,117.53	10/01/2016
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	\$1,117.53	10/01/2016
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	\$737.58	10/01/2016
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	\$110.75	10/01/2016
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	\$311.26	10/01/2016
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	\$737.58	10/01/2016
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF	\$1,650.19	10/01/2016
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF	\$1,650.19	10/01/2016
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$737.58	10/01/2016
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	\$1,650.19	10/01/2016
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	\$1,650.19	10/01/2016
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	\$1,650.19	10/01/2016
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH	\$1,650.19	10/01/2016
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION	\$1,650.19	10/01/2016
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,650.19	10/01/2016
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$1,650.19	10/01/2016
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,650.19	10/01/2016
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$1,650.19	10/01/2016
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,650.19	10/01/2016
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY,	\$1,650.19	10/01/2016
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$1,650.19	10/01/2016
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$737.58	10/01/2016
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$737.58	10/01/2016

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31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	\$1,417.85	10/01/2014
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$62.84	10/01/2016
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR	\$166.86	10/01/2016
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF	\$470.33	10/01/2016
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	\$470.33	10/01/2016
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	\$470.33	10/01/2016
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$916.75	10/01/2016
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$470.33	10/01/2016
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	\$1,515.56	10/01/2016
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND	\$1,515.56	10/01/2016
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	\$916.75	10/01/2016
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	\$1,515.56	10/01/2016
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	\$1,515.56	10/01/2016
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	\$1,515.56	10/01/2016
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	\$1,515.56	10/01/2016
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BA	\$1,515.56	10/01/2016
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BAL	\$1,515.56	10/01/2016
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, B	\$1,515.56	10/01/2016
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	\$737.58	10/01/2016
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	\$1,650.19	10/01/2016
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$1,650.19	10/01/2016
31420	EPIGLOTTIDECTOMY	\$1,650.19	10/01/2016
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$57.84	10/01/2016
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$57.84	10/01/2016
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	\$48.11	10/01/2016
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	\$916.75	10/01/2016
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	\$62.84	10/01/2016
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	\$916.75	10/01/2016
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	\$470.33	10/01/2016
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$166.86	10/01/2016

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31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	\$166.86	10/01/2016
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	\$470.33	10/01/2016
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	\$470.33	10/01/2016
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	\$916.75	10/01/2016
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	\$916.75	10/01/2016
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	\$916.75	10/01/2016
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$470.33	10/01/2016
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	\$916.75	10/01/2016
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$916.75	10/01/2016
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	\$916.75	10/01/2016
31540	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE	\$916.75	10/01/2016
31541	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH	\$916.75	10/01/2016
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$916.75	10/01/2016
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$1,515.56	10/01/2016
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$1,515.56	10/01/2016
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	\$916.75	10/01/2016
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$916.75	10/01/2016
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	\$916.75	10/01/2016
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$57.50	10/01/2016
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$470.33	10/01/2016
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$166.86	10/01/2016
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$916.75	10/01/2016
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$98.50	10/01/2016
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	\$1,650.19	10/01/2016
31582	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDING	\$1,650.19	10/01/2016
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	\$1,650.19	10/01/2016
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$1,650.19	10/01/2016
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	\$1,650.19	10/01/2016
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$311.26	10/01/2016
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$311.26	10/01/2016

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31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	\$737.58	10/01/2016
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	\$1,650.19	10/01/2016
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$737.58	10/01/2016
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$1,650.19	10/01/2016
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$311.26	10/01/2016
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$470.33	10/01/2016
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$470.33	10/01/2016
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$470.33	10/01/2016
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$470.33	10/01/2016
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,515.56	10/01/2016
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00	10/01/2012
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$916.75	10/01/2016
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$916.75	10/01/2016
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$916.75	10/01/2016
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,515.56	10/01/2016
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$0.00	10/01/2014
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$0.00	10/01/2014
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,515.56	10/01/2016
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$470.33	10/01/2016
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,515.56	10/01/2016
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	\$0.00	10/01/2014
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,515.56	10/01/2016
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$916.75	10/01/2016
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$916.75	10/01/2016
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$470.33	10/01/2016
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$470.33	10/01/2016
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$166.86	10/01/2016
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,515.56	10/01/2016
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$916.75	10/01/2016
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$470.33	10/01/2016

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31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00	10/01/2014
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$916.75	10/01/2016
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$916.75	10/01/2016
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00	10/01/2016
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$166.86	10/01/2016
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$0.00	10/01/2015
31730	INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV	\$470.33	10/01/2016
31750	TRACHEOPLASTY; CERVICAL	\$1,650.19	10/01/2016
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$1,650.19	10/01/2016
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$737.58	10/01/2016
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$737.58	10/01/2016
31830	REVISION OF TRACHEOSTOMY SCAR	\$737.58	10/01/2016
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	\$426.85	10/01/2016
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$426.85	10/01/2016
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$1,106.42	10/01/2016
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$221.55	10/01/2016
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$457.87	10/01/2016
32554	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG	\$221.55	10/01/2016
32555	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING	\$221.55	10/01/2016
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT I	\$602.33	10/01/2016
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAG	\$221.55	10/01/2016
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$221.55	10/01/2016
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S)	\$2,061.91	10/01/2016
33010	PERICARDIOCENTESIS; INITIAL	\$221.55	10/01/2016
33011	PERICARDIOCENTESIS; SUBSEQUENT	\$221.55	10/01/2016
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,376.06	10/01/2016
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,376.06	10/01/2016
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,376.06	10/01/2016
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC	\$5,579.42	10/01/2016
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	\$5,579.42	10/01/2016

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33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	\$5,579.42	10/01/2016
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	\$7,376.06	10/01/2016
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO	\$7,376.06	10/01/2016
33215	REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE	\$415.31	10/01/2016
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER	\$5,579.42	10/01/2016
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB	\$5,579.42	10/01/2016
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$1,259.26	10/01/2016
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$1,259.26	10/01/2016
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$12,474.15	10/01/2016
33222	RELOCATION OF PACEMAKER GENERATOR SKIN POCKET	\$711.19	10/01/2016
33223	RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET	\$711.19	10/01/2016
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$7,376.06	10/01/2016
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$0.00	10/01/2015
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	\$1,117.53	10/01/2016
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$5,579.42	10/01/2016
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$7,376.06	10/01/2016
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$12,474.15	10/01/2016
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$19,063.27	10/01/2016
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$26,178.01	10/01/2016
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	\$5,579.42	10/01/2016
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR	\$1,259.26	10/01/2016
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$1,259.26	10/01/2016
33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$19,063.27	10/01/2016
33241	REMOVAL OF DEFIBRILLATOR PULSE GENERATOR	\$1,259.26	10/01/2016
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W	\$26,178.01	10/01/2016
33262	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$19,063.27	10/01/2016
33263	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$19,063.27	10/01/2016
33264	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$26,178.01	10/01/2016
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYS	\$26,178.01	10/01/2016
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	\$5,579.42	10/01/2016

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33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELE	\$1,259.26	10/01/2016
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$5,579.42	10/01/2016
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$426.85	10/01/2016
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL	\$0.00	01/01/2015
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	\$0.00	10/01/2012
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	\$1,117.53	10/01/2016
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$1,234.32	10/01/2015
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$1,117.53	10/01/2016
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$1,234.32	10/01/2015
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$1,234.32	10/01/2015
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$1,117.53	10/01/2016
35460	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; VENOUS	\$2,069.90	10/01/2016
35475	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC TRUNK OR	\$1,045.12	10/01/2016
35476	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS	\$989.03	10/01/2016
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION	\$0.00	10/01/2012
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	\$1,117.53	10/01/2016
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$1,847.38	10/01/2016
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$1,847.38	10/01/2016
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$0.00	10/01/2012
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY	\$185.63	10/01/2016
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE	\$0.00	10/01/2012
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	\$0.00	10/01/2012
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL	\$0.00	10/01/2012
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE,	\$0.00	10/01/2012
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$0.00	10/01/2012
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$0.00	10/01/2012
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$0.00	10/01/2012
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	\$0.00	10/01/2012
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	\$0.00	10/01/2012
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	\$0.00	10/01/2012

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36147	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS	\$415.31	10/01/2016
36148	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS	\$0.00	10/01/2012
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$0.00	10/01/2012
36200	INTRODUCTION OF CATHETER, AORTA	\$0.00	10/01/2012
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR	\$0.00	10/01/2012
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	\$0.00	10/01/2012
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE	\$0.00	10/01/2012
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD	\$0.00	10/01/2012
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC	\$0.00	10/01/2013
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$0.00	10/01/2013
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$0.00	10/01/2013
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$0.00	10/01/2013
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH	\$0.00	10/01/2013
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF	\$0.00	10/01/2013
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$0.00	10/01/2013
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID V	\$0.00	10/01/2013
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	\$0.00	10/01/2012
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	\$0.00	10/01/2012
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	\$0.00	10/01/2012
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	\$0.00	10/01/2012
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$0.00	10/01/2012
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$0.00	10/01/2012
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$0.00	10/01/2012
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$0.00	10/01/2012
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	\$1,117.53	10/01/2016
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$1,259.26	10/01/2016
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$1,259.26	10/01/2016
36400	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$0.00	10/01/2012
36405	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$0.00	10/01/2012
36406	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$0.00	10/01/2012

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36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OT	\$0.00	10/01/2012
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$0.00	10/01/2016
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	\$0.00	10/01/2012
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	\$0.00	10/01/2015
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	\$0.00	10/01/2015
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$27.33	10/01/2016
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	\$157.48	10/01/2016
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	\$157.48	10/01/2016
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	\$157.48	10/01/2016
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS	\$0.00	10/01/2016
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	\$84.27	10/01/2016
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	\$86.27	10/01/2016
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,117.53	10/01/2016
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$0.00	10/01/2014
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,117.53	10/01/2016
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$0.00	10/01/2014
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	\$0.00	10/01/2012
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$0.00	10/01/2012
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	\$0.00	10/01/2012
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	\$475.90	10/01/2016
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$475.90	10/01/2016
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	\$475.90	10/01/2016
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$475.90	10/01/2016
36515	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA	\$1,354.33	10/01/2016
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	\$1,354.33	10/01/2016
36522	PHOTOPHERESIS, EXTRACORPOREAL	\$1,354.33	10/01/2016
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YE	\$415.31	10/01/2016
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	\$415.31	10/01/2016
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$1,117.53	10/01/2016
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$1,117.53	10/01/2016

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36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,117.53	10/01/2016
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,117.53	10/01/2016
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	\$1,847.38	10/01/2016
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,117.53	10/01/2016
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,847.38	10/01/2016
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$415.31	10/01/2016
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$415.31	10/01/2016
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,117.53	10/01/2016
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,117.53	10/01/2016
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	\$221.55	10/01/2016
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$415.31	10/01/2016
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$1,117.53	10/01/2016
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$415.31	10/01/2016
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$1,117.53	10/01/2016
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$1,117.53	10/01/2016
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$1,847.38	10/01/2016
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	\$415.31	10/01/2016
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,117.53	10/01/2016
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$221.55	10/01/2016
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR	\$415.31	10/01/2016
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$0.00	10/01/2012
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	\$0.00	10/01/2012
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$24.48	10/01/2016
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$360.14	10/01/2016
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$415.31	10/01/2016
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$415.31	10/01/2016
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	\$66.33	10/01/2016
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$0.00	10/01/2012
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	\$0.00	10/01/2012
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	\$0.00	10/01/2012

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36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	\$1,117.53	10/01/2016
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$0.00	10/01/2015
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	\$1,117.53	10/01/2016
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$1,847.38	10/01/2016
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$1,117.53	10/01/2016
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$1,117.53	10/01/2016
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	\$1,847.38	10/01/2016
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	\$1,117.53	10/01/2016
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	\$1,117.53	10/01/2016
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$1,847.38	10/01/2016
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$1,847.38	10/01/2016
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR	\$1,117.53	10/01/2016
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	\$1,847.38	10/01/2016
36833	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR	\$1,847.38	10/01/2016
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	\$1,117.53	10/01/2016
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	\$415.31	10/01/2016
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	\$1,847.38	10/01/2016
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGENOUS	\$2,069.90	10/01/2016
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$1,847.38	10/01/2016
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$0.00	10/01/2014
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	\$0.00	10/01/2014
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,847.38	10/01/2016
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,117.53	10/01/2016
37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	\$1,117.53	10/01/2016
37200	TRANSCATHETER BIOPSY	\$1,847.38	10/01/2016
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A	\$1,847.38	10/01/2016
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSES, ANY METHOD, INCLUDING R	\$415.31	10/01/2016
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$2,069.90	10/01/2016
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$5,595.38	10/01/2016
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$0.00	10/01/2015

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37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$0.00	10/01/2015
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$2,069.90	10/01/2016
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$5,595.38	10/01/2016
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$5,595.38	10/01/2016
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$9,326.69	10/01/2016
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$5,595.38	10/01/2016
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$9,326.69	10/01/2016
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$9,326.69	10/01/2016
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$9,326.69	10/01/2016
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/01/2015
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/01/2015
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/01/2015
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/01/2015
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	\$5,595.38	10/01/2016
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	\$0.00	10/01/2015
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	\$5,595.38	10/01/2016
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	\$0.00	10/01/2015
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$5,595.38	10/01/2016
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$5,595.38	10/01/2016
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$5,595.38	10/01/2016
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$0.00	10/01/2016
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$0.00	10/01/2016
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORA	\$1,847.38	10/01/2016
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$1,117.53	10/01/2016
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$639.84	10/01/2016
37650	LIGATION OF FEMORAL VEIN	\$1,117.53	10/01/2016
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR	\$1,117.53	10/01/2016
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$1,117.53	10/01/2016
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	\$1,117.53	10/01/2016
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	\$1,117.53	10/01/2016

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37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN	\$1,117.53	10/01/2016
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE,	\$1,117.53	10/01/2016
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$271.88	10/01/2016
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$306.62	10/01/2016
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	\$1,117.53	10/01/2016
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	\$1,117.53	10/01/2016
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	\$1,048.13	10/01/2016
38200	INJECTION PROCEDURE FOR SPLENOPTOGRAPHY	\$0.00	10/01/2012
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	\$0.00	10/01/2012
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$341.24	10/01/2014
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$475.90	10/01/2016
38220	BONE MARROW; ASPIRATION ONLY	\$98.50	10/01/2016
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$93.67	10/01/2016
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	\$1,354.33	10/01/2016
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$1,354.33	10/01/2016
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	\$1,354.33	10/01/2016
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	\$475.90	10/01/2016
38243	TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS	\$475.90	10/01/2016
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$639.84	10/01/2016
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$639.84	10/01/2016
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$991.78	10/01/2016
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	\$991.78	10/01/2016
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	\$426.85	10/01/2016
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	\$991.78	10/01/2016
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION	\$991.78	10/01/2016
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	\$991.78	10/01/2016
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	\$991.78	10/01/2016
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$1,667.46	10/01/2016
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR	\$991.78	10/01/2016
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR	\$1,676.14	10/01/2016

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38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$1,667.46	10/01/2016
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$2,802.49	10/01/2016
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$2,802.49	10/01/2016
38700	SUPRAHYOID LYMPHADENECTOMY	\$1,676.14	10/01/2016
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	\$0.00	10/01/2016
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$1,667.46	10/01/2016
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$1,667.46	10/01/2016
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE	\$991.78	10/01/2016
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	\$0.00	10/01/2012
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	\$0.00	10/01/2012
38794	CANNULATION, THORACIC DUCT	\$0.00	10/01/2012
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES I	\$0.00	10/01/2012
40490	BIOPSY OF LIP	\$65.48	10/01/2016
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$737.58	10/01/2016
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	\$737.58	10/01/2016
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	\$737.58	10/01/2016
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER	\$737.58	10/01/2016
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	\$1,650.19	10/01/2016
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$737.58	10/01/2016
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	\$311.26	10/01/2016
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	\$311.26	10/01/2016
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	\$311.26	10/01/2016
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	\$1,650.19	10/01/2016
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE	\$1,650.19	10/01/2016
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	\$1,650.19	10/01/2016
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	\$1,650.19	10/01/2016
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP	\$1,650.19	10/01/2016
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	\$102.30	10/01/2016
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	\$311.26	10/01/2016
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	\$0.00	10/01/2015

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40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	\$220.36	10/01/2016
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$83.42	10/01/2016
40808	BIOPSY, VESTIBULE OF MOUTH	\$122.42	10/01/2016
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	\$127.54	10/01/2016
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	\$162.85	10/01/2016
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX	\$737.58	10/01/2016
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH	\$737.58	10/01/2016
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$139.80	10/01/2016
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	\$737.58	10/01/2016
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	\$177.65	10/01/2016
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	\$139.80	10/01/2016
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	\$311.26	10/01/2016
40840	VESTIBULOPLASTY; ANTERIOR	\$737.58	10/01/2016
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	\$1,650.19	10/01/2016
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	\$737.58	10/01/2016
40844	VESTIBULOPLASTY; ENTIRE ARCH	\$1,650.19	10/01/2016
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	\$1,650.19	10/01/2016
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	\$91.10	10/01/2016
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$139.80	10/01/2016
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$311.26	10/01/2016
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$311.26	10/01/2016
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$737.58	10/01/2016
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$139.80	10/01/2016
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$311.26	10/01/2016
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$139.80	10/01/2016
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$737.58	10/01/2016
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$737.58	10/01/2016
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$311.26	10/01/2016
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK RE	\$737.58	10/01/2016
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	\$93.10	10/01/2016

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41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	\$93.95	10/01/2016
41108	BIOPSY OF FLOOR OF MOUTH	\$87.12	10/01/2016
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$125.55	10/01/2016
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	\$737.58	10/01/2016
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	\$737.58	10/01/2016
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	\$737.58	10/01/2016
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$147.19	10/01/2016
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$737.58	10/01/2016
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	\$1,650.19	10/01/2016
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O	\$0.00	10/01/2016
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	\$139.80	10/01/2016
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	\$311.26	10/01/2016
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	\$737.58	10/01/2016
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	\$737.58	10/01/2016
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	\$1,650.19	10/01/2016
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$1,650.19	10/01/2016
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER S	\$737.58	10/01/2016
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$0.00	10/01/2016
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	\$171.39	10/01/2016
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	\$203.56	10/01/2016
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	\$737.58	10/01/2016
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	\$311.26	10/01/2016
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$165.12	10/01/2016
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$232.88	10/01/2016
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$130.67	10/01/2016
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$184.48	10/01/2016
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$1,650.19	10/01/2016
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	\$154.02	10/01/2016
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$215.23	10/01/2016
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	\$737.58	10/01/2016

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41870	PERIODONTAL MUCOSAL GRAFTING	\$1,650.19	10/01/2016
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	\$208.11	10/01/2016
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	\$209.54	10/01/2016
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$251.84	10/01/2014
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$139.80	10/01/2016
42100	BIOPSY OF PALATE, UVULA	\$80.57	10/01/2016
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	\$124.41	10/01/2016
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	\$158.00	10/01/2016
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	\$1,650.19	10/01/2016
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$737.58	10/01/2016
42140	UVULECTOMY, EXCISION OF UVULA	\$737.58	10/01/2016
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	\$1,650.19	10/01/2016
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$132.38	10/01/2016
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$139.80	10/01/2016
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	\$737.58	10/01/2016
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$1,650.19	10/01/2016
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	\$1,650.19	10/01/2016
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT	\$1,650.19	10/01/2016
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	\$1,650.19	10/01/2016
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	\$1,650.19	10/01/2016
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	\$1,650.19	10/01/2016
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	\$1,650.19	10/01/2016
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$1,650.19	10/01/2016
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	\$1,650.19	10/01/2016
42260	REPAIR OF NASOLABIAL FISTULA	\$737.58	10/01/2016
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$85.12	10/01/2016
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$737.58	10/01/2016
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	\$311.26	10/01/2016
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	\$737.58	10/01/2016
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	\$139.80	10/01/2016

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42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	\$139.80	10/01/2016
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,	\$119.00	10/01/2016
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	\$199.86	10/01/2016
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	\$737.58	10/01/2016
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	\$62.35	10/01/2016
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	\$737.58	10/01/2016
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$737.58	10/01/2016
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$737.58	10/01/2016
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE	\$1,650.19	10/01/2016
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND	\$1,650.19	10/01/2016
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND	\$1,650.19	10/01/2016
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH	\$1,650.19	10/01/2016
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	\$1,650.19	10/01/2016
42450	EXCISION OF SUBLINGUAL GLAND	\$1,650.19	10/01/2016
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	\$737.58	10/01/2016
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	\$1,650.19	10/01/2016
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	\$1,650.19	10/01/2016
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	\$1,650.19	10/01/2016
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M	\$1,650.19	10/01/2016
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$0.00	10/01/2012
42600	CLOSURE SALIVARY FISTULA	\$737.58	10/01/2016
42650	DILATION SALIVARY DUCT	\$44.13	10/01/2016
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	\$64.06	10/01/2016
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$1,650.19	10/01/2016
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	\$139.80	10/01/2016
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	\$737.58	10/01/2016
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	\$1,650.19	10/01/2016
42800	BIOPSY; OROPHARYNX	\$84.27	10/01/2016
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	\$737.58	10/01/2016
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	\$737.58	10/01/2016

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42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$737.58	10/01/2016
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$0.00	10/01/2015
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	\$737.58	10/01/2016
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	\$1,650.19	10/01/2016
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	\$737.58	10/01/2016
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	\$737.58	10/01/2016
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	\$1,650.19	10/01/2016
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	\$737.58	10/01/2016
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	\$1,650.19	10/01/2016
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	\$737.58	10/01/2016
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	\$737.58	10/01/2016
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	\$737.58	10/01/2016
42860	EXCISION OF TONSIL TAGS	\$1,650.19	10/01/2016
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	\$737.58	10/01/2016
42890	LIMITED PHARYNGECTOMY	\$1,650.19	10/01/2016
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY	\$1,650.19	10/01/2016
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$311.26	10/01/2016
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$1,650.19	10/01/2016
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$311.26	10/01/2016
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$57.84	10/01/2016
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$737.58	10/01/2016
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$57.84	10/01/2016
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$737.58	10/01/2016
43030	CRICOPHARYNGEAL MYOTOMY	\$1,650.19	10/01/2016
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	\$1,650.19	10/01/2016
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL	\$737.58	10/01/2016
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S)	\$337.49	10/01/2016
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBS	\$509.53	10/01/2016
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$509.53	10/01/2016
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016

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43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER	\$509.53	10/01/2016
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATI	\$509.53	10/01/2016
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN	\$104.48	10/01/2016
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$111.31	10/01/2016
43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$337.49	10/01/2016
43201	INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$337.49	10/01/2016
43204	INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$337.49	10/01/2016
43205	TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$509.53	10/01/2016
43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43211	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	\$509.53	10/01/2016
43212	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES	\$1,575.55	10/01/2016
43213	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DIL	\$509.53	10/01/2016
43214	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 M	\$509.53	10/01/2016
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$956.23	10/01/2016
43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$509.53	10/01/2016
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43226	INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43227	CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE	\$509.53	10/01/2016
43229	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$956.23	10/01/2016
43231	ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO	\$509.53	10/01/2016
43233	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGU	\$509.53	10/01/2016
43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$337.49	10/01/2016
43236	INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$337.49	10/01/2016
43237	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$509.53	10/01/2016
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$337.49	10/01/2016
43240	DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN	\$956.23	10/01/2016

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43241	INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN	\$337.49	10/01/2016
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	\$509.53	10/01/2016
43243	INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$337.49	10/01/2016
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43245	DILATION OF STOMACH OUTLET USING AN ENDOSCOPE	\$509.53	10/01/2016
43246	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE	\$509.53	10/01/2016
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	\$337.49	10/01/2016
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$337.49	10/01/2016
43249	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$509.53	10/01/2016
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$509.53	10/01/2016
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$509.53	10/01/2016
43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$509.53	10/01/2016
43253	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTR	\$509.53	10/01/2016
43254	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL R	\$509.53	10/01/2016
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END	\$509.53	10/01/2016
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	\$956.23	10/01/2016
43259	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E	\$509.53	10/01/2016
43260	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	\$956.23	10/01/2016
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR	\$956.23	10/01/2016
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	\$956.23	10/01/2016
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$956.23	10/01/2016
43264	REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$956.23	10/01/2016
43265	DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$956.23	10/01/2016
43266	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCO	\$1,575.55	10/01/2016
43270	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S)	\$509.53	10/01/2016
43273	ENDOSCOPIC CANNULATION OF PAPANILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(	\$0.00	10/01/2014
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH PLACEMENT OF ENDOSCO	\$1,575.55	10/01/2016
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL OF FOREIGN B	\$956.23	10/01/2016
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL AND EXCHANGE	\$1,575.55	10/01/2016
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH TRANS-ENDOSCOPIC BAL	\$956.23	10/01/2016

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43278	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH ABLATION OF TUMOR(S)	\$956.23	10/01/2016
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	\$337.49	10/01/2016
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	\$509.53	10/01/2016
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	\$1,667.46	10/01/2016
43752	INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE	\$86.45	10/01/2016
43753	INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS	\$0.00	10/01/2015
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	\$0.00	10/01/2015
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	\$57.85	10/01/2016
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	\$44.85	10/01/2016
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	\$337.49	10/01/2016
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	\$91.36	10/01/2016
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E	\$337.49	10/01/2016
43870	CLOSURE OF GASTROSTOMY, SURGICAL	\$956.23	10/01/2016
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONL	\$993.62	10/01/2016
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	\$993.62	10/01/2016
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS POR	\$993.62	10/01/2016
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	\$509.53	10/01/2016
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$993.62	10/01/2016
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$993.62	10/01/2016
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$337.49	10/01/2016
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$509.53	10/01/2016
44363	REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE	\$509.53	10/01/2016
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$509.53	10/01/2016
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$509.53	10/01/2016
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$509.53	10/01/2016
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$509.53	10/01/2016
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,575.55	10/01/2016
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$509.53	10/01/2016
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$509.53	10/01/2016
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$509.53	10/01/2016

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44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$509.53	10/01/2016
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$509.53	10/01/2016
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$1,575.55	10/01/2016
44380	DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$337.49	10/01/2016
44381	ILLEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$337.49	10/01/2016
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE	\$337.49	10/01/2016
44384	ILLEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDING PRE- AN	\$1,575.55	10/01/2016
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	\$340.75	10/01/2016
44386	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	\$340.75	10/01/2016
44388	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$340.75	10/01/2016
44389	BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O	\$340.75	10/01/2016
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$340.75	10/01/2016
44391	CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH	\$340.75	10/01/2016
44392	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$340.75	10/01/2016
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	\$340.75	10/01/2016
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(	\$340.75	10/01/2016
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND	\$1,575.55	10/01/2016
44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	\$340.75	10/01/2016
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$340.75	10/01/2016
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$340.75	10/01/2016
44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO T	\$340.75	10/01/2016
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$340.75	10/01/2016
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG,	\$340.75	10/01/2016
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	\$221.55	10/01/2016
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00	10/01/2012
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$1,702.06	10/01/2015
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$756.63	10/01/2016
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$756.63	10/01/2016
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	\$756.63	10/01/2016
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	\$756.63	10/01/2016

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45108	ANORECTAL MYOMECTOMY	\$1,064.53	10/01/2016
45150	DIVISION OF STRICTURE OF RECTUM	\$756.63	10/01/2016
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCYGEAL APPROACH	\$756.63	10/01/2016
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	\$1,064.53	10/01/2016
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	\$1,064.53	10/01/2016
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	\$756.63	10/01/2016
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	\$73.46	10/01/2016
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$340.75	10/01/2016
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	\$756.63	10/01/2016
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	\$756.63	10/01/2016
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$756.63	10/01/2016
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$756.63	10/01/2016
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	\$756.63	10/01/2016
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$340.75	10/01/2016
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$1,064.53	10/01/2016
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	\$756.63	10/01/2016
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	\$1,575.55	10/01/2016
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	\$107.90	10/01/2016
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	\$222.11	10/01/2016
45332	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$340.75	10/01/2016
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$222.11	10/01/2016
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$340.75	10/01/2016
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$222.11	10/01/2016
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	\$340.75	10/01/2016
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$340.75	10/01/2016
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$340.75	10/01/2016
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$340.75	10/01/2016
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$756.63	10/01/2016
45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$340.75	10/01/2016
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE	\$1,575.55	10/01/2016

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45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$340.75	10/01/2016
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	\$340.75	10/01/2016
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	\$340.75	10/01/2016
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$340.75	10/01/2016
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	\$340.75	10/01/2016
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL	\$340.75	10/01/2016
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING	\$340.75	10/01/2016
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$340.75	10/01/2016
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$340.75	10/01/2016
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1	\$340.75	10/01/2016
45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (	\$340.75	10/01/2016
45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-D	\$1,575.55	10/01/2016
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$340.75	10/01/2016
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	\$340.75	10/01/2016
45392	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO	\$756.63	10/01/2016
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVU	\$340.75	10/01/2016
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S), (EG, HEMORRHOIDS)	\$340.75	10/01/2016
45500	PROCTOPLASTY; FOR STENOSIS	\$756.63	10/01/2016
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	\$1,064.53	10/01/2016
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$0.00	10/01/2016
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	\$1,064.53	10/01/2016
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	\$1,064.53	10/01/2016
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$222.11	10/01/2016
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$756.63	10/01/2016
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$756.63	10/01/2016
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$756.63	10/01/2016
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	\$756.63	10/01/2016
46020	PLACEMENT OF SETON	\$756.63	10/01/2016
46030	REMOVAL OF ANAL SETON, OTHER MARKER	\$340.75	10/01/2016
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE	\$756.63	10/01/2016

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46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS,	\$756.63	10/01/2016
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$222.11	10/01/2016
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY	\$756.63	10/01/2016
46070	INCISION, ANAL SEPTUM (INFANT)	\$756.63	10/01/2016
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	\$756.63	10/01/2016
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$94.60	10/01/2016
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	\$756.63	10/01/2016
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	\$756.63	10/01/2016
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	\$140.36	10/01/2016
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	\$756.63	10/01/2016
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	\$756.63	10/01/2016
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	\$756.63	10/01/2016
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	\$756.63	10/01/2016
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY,	\$1,064.53	10/01/2016
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	\$1,064.53	10/01/2016
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	\$1,064.53	10/01/2016
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC	\$1,064.53	10/01/2016
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	\$756.63	10/01/2016
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	\$756.63	10/01/2016
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSSPHINCTERIC,	\$756.63	10/01/2016
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	\$756.63	10/01/2016
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$1,064.53	10/01/2016
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$93.95	10/01/2016
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$111.03	10/01/2016
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$756.63	10/01/2016
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	\$0.00	10/01/2015
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE,	\$0.00	01/01/2015
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$467.19	10/01/2016
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	\$143.21	10/01/2016
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MI	\$340.75	10/01/2016

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46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$340.75	10/01/2016
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY	\$756.63	10/01/2016
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE	\$340.75	10/01/2016
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	\$756.63	10/01/2016
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR	\$71.17	10/01/2016
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE	\$756.63	10/01/2016
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	\$756.63	10/01/2016
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$1,064.53	10/01/2016
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	\$1,064.53	10/01/2016
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	\$1,064.53	10/01/2016
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	\$1,064.53	10/01/2016
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$756.63	10/01/2016
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	\$1,064.53	10/01/2016
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	\$1,064.53	10/01/2016
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL	\$1,575.55	10/01/2016
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM,	\$100.52	10/01/2016
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$144.34	10/01/2016
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$100.52	10/01/2016
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$756.63	10/01/2016
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$756.63	10/01/2016
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$756.63	10/01/2016
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	\$114.73	10/01/2016
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$108.19	10/01/2016
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$107.61	10/01/2016
46945	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$176.51	10/01/2016
46946	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$756.63	10/01/2016
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$1,064.53	10/01/2016
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	\$426.85	10/01/2016
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	\$0.00	10/01/2012
47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	\$2,061.91	10/01/2016

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47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	\$2,061.91	10/01/2016
47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, C	\$879.28	10/01/2015
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$0.00	10/01/2016
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$0.00	10/01/2016
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$1,106.42	10/01/2016
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$1,106.42	10/01/2016
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR	\$1,106.42	10/01/2016
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE	\$1,106.42	10/01/2016
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDA	\$221.55	10/01/2016
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$2,061.91	10/01/2016
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$2,061.91	10/01/2016
47540	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$2,061.91	10/01/2016
47541	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH	\$1,106.42	10/01/2016
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO	\$0.00	10/01/2016
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH,	\$0.00	10/01/2016
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS,	\$0.00	10/01/2016
47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK	\$1,106.42	10/01/2016
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE	\$2,061.91	10/01/2016
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF	\$2,061.91	10/01/2016
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$1,106.42	10/01/2016
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$2,061.91	10/01/2016
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$1,667.46	10/01/2016
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$1,667.46	10/01/2016
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$1,667.46	10/01/2016
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$426.85	10/01/2016
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	\$221.55	10/01/2016
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	\$221.55	10/01/2016
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$221.55	10/01/2016
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	\$426.85	10/01/2016
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	\$1,247.04	10/01/2016

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49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	\$1,667.46	10/01/2016
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	\$1,667.46	10/01/2016
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	\$1,667.46	10/01/2016
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	\$1,667.46	10/01/2016
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	\$1,667.46	10/01/2016
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	\$0.00	10/01/2014
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	\$0.00	10/01/2014
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$1,366.88	10/01/2015
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	\$0.00	10/01/2012
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$1,247.04	10/01/2016
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$464.64	10/01/2015
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$639.84	10/01/2016
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V	\$426.85	10/01/2016
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$324.55	10/01/2016
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH	\$1,106.42	10/01/2016
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA	\$1,117.53	10/01/2016
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	\$1,247.04	10/01/2016
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	\$1,117.53	10/01/2016
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER	\$602.33	10/01/2016
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED	\$0.00	10/01/2012
49426	REVISION OF PERITONEAL-VEIN SHUNT	\$1,247.04	10/01/2016
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	\$0.00	10/01/2012
49429	REMOVAL OF PERITONEAL-VEIN SHUNT	\$1,117.53	10/01/2016
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH	\$0.00	10/01/2015
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	\$602.33	10/01/2016
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI	\$509.53	10/01/2016
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	\$509.53	10/01/2016
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	\$756.63	10/01/2016
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER F	\$509.53	10/01/2016
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, U	\$221.55	10/01/2016

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49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPI	\$221.55	10/01/2016
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANC	\$221.55	10/01/2016
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUN	\$221.55	10/01/2016
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODE	\$44.85	10/01/2016
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$1,247.04	10/01/2016
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$1,247.04	10/01/2016
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$1,247.04	10/01/2016
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$1,247.04	10/01/2016
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$1,247.04	10/01/2016
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	\$1,247.04	10/01/2016
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	\$1,247.04	10/01/2016
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	\$1,247.04	10/01/2016
49540	REPAIR LUMBAR HERNIA	\$1,247.04	10/01/2016
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	\$1,247.04	10/01/2016
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	\$1,247.04	10/01/2016
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$1,247.04	10/01/2016
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$1,247.04	10/01/2016
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA R	\$0.00	10/01/2014
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	\$1,247.04	10/01/2016
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	\$1,247.04	10/01/2016
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$1,247.04	10/01/2016
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	\$1,247.04	10/01/2016
49590	REPAIR SPIGELIAN HERNIA	\$1,247.04	10/01/2016

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49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	\$1,247.04	10/01/2016
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$1,667.46	10/01/2016
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$1,667.46	10/01/2016
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$1,667.46	10/01/2016
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$1,667.46	10/01/2016
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$2,802.49	10/01/2016
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$2,802.49	10/01/2016
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$2,802.49	10/01/2016
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$2,802.49	10/01/2016
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$5,342.37	10/01/2016
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$5,342.37	10/01/2016
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	\$639.84	10/01/2016
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$688.02	10/01/2016
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	\$688.02	10/01/2016
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$688.02	10/01/2016
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	\$497.94	10/01/2016
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$602.33	10/01/2016
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$234.97	10/01/2016
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	\$426.85	10/01/2016
50391	INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER)	\$37.29	10/01/2016
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO	\$1,048.13	10/01/2016
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING	\$234.97	10/01/2016
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$0.00	10/01/2016
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$0.00	10/01/2016
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOG	\$688.02	10/01/2016
50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROS	\$688.02	10/01/2016
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING	\$234.97	10/01/2016
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM	\$234.97	10/01/2016
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$1,048.13	10/01/2016
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$1,434.79	10/01/2016

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50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$1,048.13	10/01/2016
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$5,342.37	10/01/2016
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$1,434.79	10/01/2016
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$1,048.13	10/01/2016
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$688.02	10/01/2016
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$234.97	10/01/2016
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$234.97	10/01/2016
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$1,434.79	10/01/2016
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$688.02	10/01/2016
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$688.02	10/01/2016
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$1,434.79	10/01/2016
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$2,061.91	10/01/2016
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	\$2,061.91	10/01/2016
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG	\$0.00	10/01/2016
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY	\$0.00	10/01/2012
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	\$57.85	10/01/2016
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO	\$602.33	10/01/2016
50690	INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING	\$0.00	10/01/2012
50693	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$1,048.13	10/01/2016
50694	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$1,048.13	10/01/2016
50695	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$1,048.13	10/01/2016
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A	\$0.00	10/01/2016
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	\$0.00	10/01/2016
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$1,048.13	10/01/2016
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT	\$1,667.46	10/01/2016
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	\$2,802.49	10/01/2016
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	\$688.02	10/01/2016
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$1,048.13	10/01/2016
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$1,048.13	10/01/2016
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$1,434.79	10/01/2016

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50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$688.02	10/01/2016
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$234.97	10/01/2016
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$234.97	10/01/2016
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$1,434.79	10/01/2016
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$1,434.79	10/01/2016
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$1,048.13	10/01/2016
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	\$1,048.13	10/01/2016
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	\$1,048.13	10/01/2016
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$688.02	10/01/2016
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	\$688.02	10/01/2016
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	\$1,434.79	10/01/2016
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	\$1,434.79	10/01/2016
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$426.85	10/01/2016
51100	ASPIRATION OF BLADDER; BY NEEDLE	\$24.77	10/01/2016
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$68.04	10/01/2016
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$688.02	10/01/2016
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	\$1,247.04	10/01/2016
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	\$1,048.13	10/01/2016
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$1,048.13	10/01/2016
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$0.00	10/01/2012
51605	INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA)	\$0.00	10/01/2012
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$0.00	10/01/2012
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$39.29	10/01/2016
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	\$0.00	10/01/2015
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$0.00	10/01/2015
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	\$57.85	10/01/2016
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	\$44.98	10/01/2016
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	\$221.55	10/01/2016
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	\$1,048.13	10/01/2016
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	\$40.71	10/01/2016

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51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$87.97	10/01/2016
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	\$234.97	10/01/2016
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	\$163.13	10/01/2016
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$166.83	10/01/2016
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$169.68	10/01/2016
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	\$0.00	10/01/2015
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$0.00	10/01/2016
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	\$57.85	10/01/2016
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	\$94.60	10/01/2016
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	\$0.00	10/01/2016
51797	51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT	\$0.00	10/01/2014
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	\$0.00	10/01/2015
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	\$688.02	10/01/2016
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	\$1,667.46	10/01/2016
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$234.97	10/01/2016
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	\$688.02	10/01/2016
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$688.02	10/01/2016
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$1,048.13	10/01/2016
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT	\$234.97	10/01/2016
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	\$688.02	10/01/2016
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF	\$688.02	10/01/2016
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	\$688.02	10/01/2016
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$1,048.13	10/01/2016
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$1,048.13	10/01/2016
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$1,048.13	10/01/2016
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	\$1,048.13	10/01/2016
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL	\$688.02	10/01/2016
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL	\$201.28	10/01/2016
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	\$688.02	10/01/2016
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	\$688.02	10/01/2016

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52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$688.02	10/01/2016
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	\$1,048.13	10/01/2016
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR	\$688.02	10/01/2016
52282	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	\$1,048.13	10/01/2016
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$688.02	10/01/2016
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	\$688.02	10/01/2016
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	\$688.02	10/01/2016
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	\$688.02	10/01/2016
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S),	\$688.02	10/01/2016
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	\$1,048.13	10/01/2016
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	\$1,434.79	10/01/2016
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$688.02	10/01/2016
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$688.02	10/01/2016
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$1,048.13	10/01/2016
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$1,434.79	10/01/2016
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	\$1,048.13	10/01/2016
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF	\$1,048.13	10/01/2016
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	\$1,048.13	10/01/2016
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	\$1,048.13	10/01/2016
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR	\$1,048.13	10/01/2016
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO	\$1,048.13	10/01/2016
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION,	\$1,048.13	10/01/2016
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	\$1,048.13	10/01/2016
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON	\$688.02	10/01/2016
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	\$1,048.13	10/01/2016
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	\$1,048.13	10/01/2016
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	\$1,434.79	10/01/2016
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$1,048.13	10/01/2016
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR	\$1,048.13	10/01/2016
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY	\$1,434.79	10/01/2016

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52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	\$1,048.13	10/01/2016
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF	\$1,434.79	10/01/2016
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDI	\$1,434.79	10/01/2016
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	\$1,048.13	10/01/2016
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$1,048.13	10/01/2016
52450	TRANSURETHRAL INCISION OF PROSTATE	\$1,048.13	10/01/2016
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$1,048.13	10/01/2016
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	\$1,434.79	10/01/2016
52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC	\$1,434.79	10/01/2016
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	\$1,048.13	10/01/2016
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP	\$1,434.79	10/01/2016
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM	\$1,434.79	10/01/2016
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	\$1,434.79	10/01/2016
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$1,048.13	10/01/2016
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	\$1,048.13	10/01/2016
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	\$1,434.79	10/01/2016
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	\$688.02	10/01/2016
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	\$688.02	10/01/2016
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$1,048.13	10/01/2016
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE	\$64.06	10/01/2016
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	\$688.02	10/01/2016
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	\$688.02	10/01/2016
53200	BIOPSY OF URETHRA	\$1,048.13	10/01/2016
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	\$1,434.79	10/01/2016
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	\$1,434.79	10/01/2016
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$1,048.13	10/01/2016
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	\$1,048.13	10/01/2016
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	\$1,434.79	10/01/2016
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$1,434.79	10/01/2016
53250	REMOVAL OF SEMINAL FLUID GLAND	\$688.02	10/01/2016

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53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$688.02	10/01/2016
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	\$688.02	10/01/2016
53270	REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS	\$1,048.13	10/01/2016
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	\$1,048.13	10/01/2016
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANN'S)	\$1,434.79	10/01/2016
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	\$1,434.79	10/01/2016
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	\$1,434.79	10/01/2016
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$1,434.79	10/01/2016
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$1,434.79	10/01/2016
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$1,048.13	10/01/2016
53431	REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE	\$1,434.79	10/01/2016
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	\$5,342.37	10/01/2016
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR	\$1,434.79	10/01/2016
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$5,342.37	10/01/2016
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	\$11,468.93	10/01/2016
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$1,434.79	10/01/2016
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$11,468.93	10/01/2016
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$1,434.79	10/01/2016
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$1,048.13	10/01/2016
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	\$1,048.13	10/01/2016
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$1,048.13	10/01/2016
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	\$1,434.79	10/01/2016
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	\$1,434.79	10/01/2016
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	\$1,434.79	10/01/2016
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	\$1,434.79	10/01/2016
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; IN	\$29.04	10/01/2016
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE;	\$0.00	10/01/2016
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL	\$688.02	10/01/2016
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$42.71	10/01/2016
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$45.55	10/01/2016

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53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	\$34.45	10/01/2016
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	\$0.00	10/01/2016
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	\$688.02	10/01/2016
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$688.02	10/01/2016
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$1,191.74	10/01/2016
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMEN	\$234.97	10/01/2016
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	\$688.02	10/01/2016
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	\$688.02	10/01/2016
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$426.85	10/01/2016
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM	\$0.00	10/01/2016
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$55.80	10/01/2016
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$0.00	10/01/2015
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$711.19	10/01/2016
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$711.19	10/01/2016
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	\$711.19	10/01/2016
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	\$426.85	10/01/2016
54105	BIOPSY OF PENIS; DEEP STRUCTURES	\$639.84	10/01/2016
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	\$1,048.13	10/01/2016
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	\$1,434.79	10/01/2016
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN	\$5,342.37	10/01/2016
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	\$639.84	10/01/2016
54120	AMPUTATION OF PENIS; PARTIAL	\$1,048.13	10/01/2016
54161	OLDER THAN 28 DAYS OF AGE	\$688.02	10/01/2016
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	\$688.02	10/01/2016
54163	REPAIR INCOMPLETE CIRCUMCISION	\$688.02	10/01/2016
54164	FRENULOTOMY OF PENIS	\$688.02	10/01/2016
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	\$51.53	10/01/2016
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	\$1,434.79	10/01/2016
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$94.60	10/01/2016
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	\$0.00	10/01/2012

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54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	\$48.97	10/01/2016
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	\$35.59	10/01/2016
54240	PENILE PLETHYSMOGRAPHY	\$27.62	10/01/2016
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	\$8.25	10/01/2016
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	\$1,048.13	10/01/2016
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE	\$1,048.13	10/01/2016
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$1,434.79	10/01/2016
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$1,048.13	10/01/2016
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	\$1,434.79	10/01/2016
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM	\$1,048.13	10/01/2016
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,048.13	10/01/2016
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,048.13	10/01/2016
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,434.79	10/01/2016
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,048.13	10/01/2016
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY	\$1,048.13	10/01/2016
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$1,434.79	10/01/2016
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$1,048.13	10/01/2016
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF	\$1,434.79	10/01/2016
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$1,048.13	10/01/2016
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	\$1,048.13	10/01/2016
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	\$1,048.13	10/01/2016
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$1,048.13	10/01/2016
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$1,434.79	10/01/2016
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE	\$11,468.93	10/01/2016
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE	\$1,048.13	10/01/2016
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$11,468.93	10/01/2016
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	\$688.02	10/01/2016
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER	\$688.02	10/01/2016
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	\$688.02	10/01/2016
54440	PLASTIC OPERATION OF PENIS FOR INJURY	\$1,048.13	10/01/2016

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54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	\$94.60	10/01/2016
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$639.84	10/01/2016
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$1,048.13	10/01/2016
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$1,048.13	10/01/2016
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR	\$1,048.13	10/01/2016
54522	ORCHIECTOMY, PARTIAL	\$1,048.13	10/01/2016
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	\$1,247.04	10/01/2016
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$1,247.04	10/01/2016
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$688.02	10/01/2016
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	\$1,048.13	10/01/2016
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$688.02	10/01/2016
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	\$1,247.04	10/01/2016
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$1,434.79	10/01/2016
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	\$688.02	10/01/2016
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	\$688.02	10/01/2016
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$1,667.46	10/01/2016
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$1,667.46	10/01/2016
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR	\$688.02	10/01/2016
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	\$639.84	10/01/2016
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$1,048.13	10/01/2016
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$1,048.13	10/01/2016
54860	EPIDIDYMECTOMY; UNILATERAL	\$1,048.13	10/01/2016
54861	EPIDIDYMECTOMY; BILATERAL	\$1,048.13	10/01/2016
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$1,048.13	10/01/2016
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	\$688.02	10/01/2016
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	\$1,048.13	10/01/2016
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	\$49.25	10/01/2016
55040	EXCISION OF HYDROCELE; UNILATERAL	\$1,247.04	10/01/2016
55041	EXCISION OF HYDROCELE; BILATERAL	\$1,247.04	10/01/2016
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$1,048.13	10/01/2016

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55100	DRAINAGE OF SCROTAL WALL ABSCESS	\$426.85	10/01/2016
55110	SCROTAL EXPLORATION	\$1,048.13	10/01/2016
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	\$688.02	10/01/2016
55150	RESECTION OF SCROTUM	\$1,048.13	10/01/2016
55175	SCROTOPLASTY; SIMPLE	\$1,048.13	10/01/2016
55180	SCROTOPLASTY; COMPLICATED	\$1,434.79	10/01/2016
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	\$688.02	10/01/2016
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	\$688.02	10/01/2016
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR	\$0.00	10/01/2012
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCE	\$150.32	10/01/2016
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	\$1,048.13	10/01/2016
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$1,048.13	10/01/2016
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	\$1,048.13	10/01/2016
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	\$1,247.04	10/01/2016
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	\$1,247.04	10/01/2016
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$1,667.46	10/01/2016
55600	VESICULOTOMY;	\$688.02	10/01/2016
55680	EXCISION OF MULLERIAN DUCT CYST	\$688.02	10/01/2016
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	\$688.02	10/01/2016
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	\$1,048.13	10/01/2016
55706	BIOPSY, PROSTATE; NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION	\$1,048.13	10/01/2016
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	\$688.02	10/01/2016
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	\$1,048.13	10/01/2016
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$1,048.13	10/01/2016
55870	ELECTROEJACULATION	\$60.92	10/01/2016
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI	\$5,342.37	10/01/2016
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	\$1,048.13	10/01/2016
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$55.52	10/01/2016
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	\$1,247.04	10/01/2016
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$40.43	10/01/2016

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56420	INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS	\$51.81	10/01/2016
56440	CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST	\$845.51	10/01/2016
56441	LYSIS OF LABIAL ADHESIONS	\$845.51	10/01/2016
56442	HYMENOTOMY, SIMPLE INCISION	\$845.51	10/01/2016
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	\$54.94	10/01/2016
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$993.62	10/01/2016
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$31.03	10/01/2016
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL	\$0.00	10/01/2014
56620	VULVECTOMY SIMPLE; PARTIAL	\$845.51	10/01/2016
56625	VULVECTOMY SIMPLE; COMPLETE	\$845.51	10/01/2016
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	\$845.51	10/01/2016
56740	REMOVAL OF FEMALE GENITAL GLAND OR CYST	\$845.51	10/01/2016
56800	PLASTIC REPAIR OF INTROITUS	\$845.51	10/01/2016
56805	CLITOROPLASTY FOR INTERSEX STATE	\$845.51	10/01/2016
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$845.51	10/01/2016
56820	COLPOSCOPY OF THE VULVA;	\$41.28	10/01/2016
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	\$52.67	10/01/2016
57000	COLPOTOMY; WITH EXPLORATION	\$845.51	10/01/2016
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	\$845.51	10/01/2016
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$845.51	10/01/2016
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	\$639.84	10/01/2016
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	\$639.84	10/01/2016
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	\$49.82	10/01/2016
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$845.51	10/01/2016
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	\$32.74	10/01/2016
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	\$845.51	10/01/2016
57120	COLPOCLEISIS (LE FORT TYPE)	\$1,607.08	10/01/2016
57130	EXCISION OF VAGINAL SEPTUM	\$845.51	10/01/2016
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$845.51	10/01/2016
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	\$0.00	10/01/2016

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57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	\$845.51	10/01/2016
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	\$111.84	10/01/2016
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	\$33.31	10/01/2016
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	\$19.93	10/01/2016
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	\$62.63	10/01/2016
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$845.51	10/01/2016
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	\$845.51	10/01/2016
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL	\$1,607.08	10/01/2016
57230	PLASTIC REPAIR OF URETHROCELE	\$845.51	10/01/2016
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	\$1,607.08	10/01/2016
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	\$1,607.08	10/01/2016
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	\$1,607.08	10/01/2016
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	\$1,607.08	10/01/2016
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	\$0.00	10/01/2014
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$845.51	10/01/2016
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	\$1,624.30	10/01/2015
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$845.51	10/01/2016
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$1,607.08	10/01/2016
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$2,296.85	10/01/2016
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	\$845.51	10/01/2016
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$845.51	10/01/2016
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	\$845.51	10/01/2016
57310	CLOSURE OF URETHROVAGINAL FISTULA;	\$2,296.85	10/01/2016
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	\$1,607.08	10/01/2016
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	\$845.51	10/01/2016
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	\$845.51	10/01/2016
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (	\$845.51	10/01/2016
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$42.42	10/01/2016
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	\$55.52	10/01/2016
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	\$2,296.85	10/01/2016

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57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	\$39.57	10/01/2016
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$48.97	10/01/2016
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$51.53	10/01/2016
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	\$49.25	10/01/2016
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$137.23	10/01/2016
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$147.75	10/01/2016
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO	\$64.63	10/01/2016
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	\$43.84	10/01/2016
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$44.98	10/01/2016
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	\$54.66	10/01/2016
57513	CAUTERY OF CERVIX; LASER ABLATION	\$845.51	10/01/2016
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$845.51	10/01/2016
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$845.51	10/01/2016
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	\$845.51	10/01/2016
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	\$845.51	10/01/2016
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	\$1,607.08	10/01/2016
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	\$845.51	10/01/2016
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	\$845.51	10/01/2016
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	\$845.51	10/01/2016
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	\$23.92	10/01/2016
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	\$39.00	10/01/2016
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	\$0.00	10/01/2012
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	\$845.51	10/01/2016
58145	VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	\$845.51	10/01/2016
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF	\$0.00	10/01/2016
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$1,607.08	10/01/2016
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S),	\$1,607.08	10/01/2016
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$35.87	10/01/2016
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	\$0.00	10/01/2012
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	\$845.51	10/01/2016

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58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	\$1,607.08	10/01/2016
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$1,307.32	10/01/2016
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$1,667.46	10/01/2016
58542	PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI	\$2,802.49	10/01/2016
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$2,802.49	10/01/2016
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$2,802.49	10/01/2016
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	\$1,667.46	10/01/2016
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	\$2,802.49	10/01/2016
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$1,667.46	10/01/2016
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$2,802.49	10/01/2016
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$2,802.49	10/01/2016
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$2,802.49	10/01/2016
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$845.51	10/01/2016
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	\$845.51	10/01/2016
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$1,607.08	10/01/2016
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY	\$1,607.08	10/01/2016
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$1,607.08	10/01/2016
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$845.51	10/01/2016
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION,	\$1,607.08	10/01/2016
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	\$1,607.08	10/01/2016
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$2,802.49	10/01/2016
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	\$2,802.49	10/01/2016
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	\$1,702.06	10/01/2015
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; W	\$2,802.49	10/01/2016
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	\$1,366.88	10/01/2015
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	\$845.51	10/01/2016
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL	\$845.51	10/01/2016
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	\$1,667.46	10/01/2016
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	\$1,667.46	10/01/2016
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,	\$1,667.46	10/01/2016

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58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	\$1,667.46	10/01/2016
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$1,667.46	10/01/2016
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	\$845.51	10/01/2016
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	\$845.51	10/01/2016
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	\$845.51	10/01/2016
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$845.51	10/01/2016
59000	AMNIOCENTESIS; DIAGNOSTIC	\$56.08	10/01/2016
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	\$111.84	10/01/2016
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	\$111.84	10/01/2016
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$48.97	10/01/2016
59020	FETAL CONTRACTION STRESS TEST	\$27.04	10/01/2015
59025	FETAL NON-STRESS TEST	\$14.52	10/01/2015
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	\$111.84	10/01/2016
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS),	\$111.84	10/01/2016
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$111.84	10/01/2016
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	\$845.51	10/01/2016
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	\$1,667.46	10/01/2016
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	\$1,667.46	10/01/2016
59160	CURETTAGE, POSTPARTUM	\$845.51	10/01/2016
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE	\$30.46	10/01/2016
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$72.02	10/01/2016
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	\$845.51	10/01/2016
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$845.51	10/01/2016
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$845.51	10/01/2016
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$845.51	10/01/2016
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$845.51	10/01/2016
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	\$845.51	10/01/2016
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$845.51	10/01/2016
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	\$845.51	10/01/2016
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	\$845.51	10/01/2016

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59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$845.51	10/01/2016
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	\$311.26	10/01/2016
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	\$42.99	10/01/2016
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	\$1,667.46	10/01/2016
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$1,667.46	10/01/2016
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$1,667.46	10/01/2016
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$1,667.46	10/01/2016
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$1,667.46	10/01/2016
60240	THYROIDECTOMY, TOTAL OR COMPLETE	\$1,667.46	10/01/2016
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	\$0.00	10/01/2016
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	\$1,667.46	10/01/2016
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	\$1,667.46	10/01/2016
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	\$65.19	10/01/2016
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	\$1,650.19	10/01/2016
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	\$1,672.53	10/01/2015
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$0.00	10/01/2016
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	\$267.76	10/01/2016
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL;	\$267.76	10/01/2016
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$267.76	10/01/2016
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$101.86	10/01/2016
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	\$267.76	10/01/2016
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	\$267.76	10/01/2016
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	\$221.55	10/01/2016
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	\$1,684.82	10/01/2016
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	\$1,650.19	10/01/2016
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF	\$1,684.82	10/01/2016
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	\$0.00	10/01/2012
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	\$0.00	10/01/2012
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	\$0.00	10/01/2012
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$630.20	10/01/2016

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61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$630.20	10/01/2016
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$1,010.18	10/01/2016
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$14,942.50	10/01/2016
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$22,699.49	10/01/2016
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$3,785.89	10/01/2016
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	\$0.00	10/01/2012
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$630.20	10/01/2016
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$602.33	10/01/2016
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	\$1,684.82	10/01/2016
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	\$31.03	10/01/2016
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$373.57	10/01/2016
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,	\$373.57	10/01/2016
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PAR	\$426.85	10/01/2016
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$267.76	10/01/2016
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$426.85	10/01/2016
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$267.76	10/01/2016
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	\$267.76	10/01/2016
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	\$267.76	10/01/2016
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$373.57	10/01/2016
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$373.57	10/01/2016
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$373.57	10/01/2016
62284	INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL	\$0.00	10/01/2012
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DIS	\$1,684.82	10/01/2016
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	\$0.00	10/01/2012
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	\$0.00	10/01/2012
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	\$630.20	10/01/2016
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	\$267.76	10/01/2016
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	01/01/2015
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	01/01/2015
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	01/01/2015

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62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	01/01/2015
62310	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, A	\$267.76	10/01/2016
62311	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, A	\$267.76	10/01/2016
62318	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR IN	\$373.57	10/01/2016
62319	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR IN	\$373.57	10/01/2016
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATH	\$1,684.82	10/01/2016
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$630.20	10/01/2016
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$12,716.53	10/01/2016
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$12,716.53	10/01/2016
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$12,716.53	10/01/2016
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	\$1,684.82	10/01/2016
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$18.50	10/01/2016
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$25.34	10/01/2016
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$77.15	10/01/2016
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$75.73	10/01/2016
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	\$2,242.09	10/01/2016
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$2,242.09	10/01/2016
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$2,242.09	10/01/2016
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$2,242.09	10/01/2016
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$2,242.09	10/01/2016
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$2,242.09	10/01/2016
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$0.00	10/01/2015
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$2,242.09	10/01/2016
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$2,242.09	10/01/2016
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$2,242.09	10/01/2016
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	\$2,242.09	10/01/2016
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$2,242.09	10/01/2016
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODA	\$630.20	10/01/2016
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT	\$630.20	10/01/2016
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	\$630.20	10/01/2016

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63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	\$3,785.89	10/01/2016
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE,	\$14,942.50	10/01/2016
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLU	\$630.20	10/01/2016
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	\$1,010.18	10/01/2016
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$3,785.89	10/01/2016
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$3,785.89	10/01/2016
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,	\$22,699.49	10/01/2016
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	\$1,010.18	10/01/2016
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$1,684.82	10/01/2016
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$630.20	10/01/2016
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	\$65.77	10/01/2016
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$0.00	10/01/2015
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	\$50.11	10/01/2016
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	\$41.56	10/01/2016
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	\$267.76	10/01/2016
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	\$58.08	10/01/2016
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	\$373.57	10/01/2016
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (I	\$373.57	10/01/2016
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	\$267.76	10/01/2016
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	\$77.15	10/01/2016
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	\$267.76	10/01/2016
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	\$267.76	10/01/2016
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	\$53.52	10/01/2016
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	\$267.76	10/01/2016
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	\$64.34	10/01/2016
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	\$65.19	10/01/2016
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$373.57	10/01/2016
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$54.38	10/01/2016
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$373.57	10/01/2016
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	\$373.57	10/01/2016

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64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$41.56	10/01/2016
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT	\$15.66	10/01/2016
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (	\$66.33	10/01/2016
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITION	\$0.00	10/01/2016
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY	\$78.00	10/01/2016
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$267.76	10/01/2016
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$0.00	10/01/2014
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$267.76	10/01/2016
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$0.00	10/01/2014
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	01/01/2015
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	01/01/2015
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	01/01/2015
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	01/01/2015
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$373.57	10/01/2016
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$373.57	10/01/2016
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/01/2014
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	\$42.13	10/01/2016
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	\$14.81	10/01/2016
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	\$267.76	10/01/2016
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$373.57	10/01/2016
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	\$267.76	10/01/2016
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC	\$373.57	10/01/2016
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	\$3,785.89	10/01/2016
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$3,785.89	10/01/2016
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$3,785.89	10/01/2016
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$3,785.89	10/01/2016
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME	\$83.42	10/01/2016

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64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	\$22,699.49	10/01/2016
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	\$3,785.89	10/01/2016
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	\$1,684.82	10/01/2016
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$3,785.89	10/01/2016
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$14,942.50	10/01/2016
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$3,785.89	10/01/2016
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	\$1,010.18	10/01/2016
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO	\$14,942.50	10/01/2016
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR	\$1,010.18	10/01/2016
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	\$373.57	10/01/2016
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$630.20	10/01/2016
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$630.20	10/01/2016
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	\$54.66	10/01/2016
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	\$58.36	10/01/2016
64615	CHEMODENERVATION OF MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINE A	\$47.26	10/01/2016
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX,	\$44.98	10/01/2016
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMOD	\$88.54	10/01/2016
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	\$373.57	10/01/2016
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	\$373.57	10/01/2016
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	\$31.89	10/01/2016
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$630.20	10/01/2016
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$0.00	10/01/2014
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$630.20	10/01/2016
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$0.00	10/01/2014
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$70.32	10/01/2016
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	\$57.23	10/01/2016
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIS	\$0.00	01/01/2014
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	\$68.61	10/01/2016
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLE(S	\$0.00	01/01/2014
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	\$58.93	10/01/2016

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64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	\$69.75	10/01/2016
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$39.29	10/01/2016
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$46.40	10/01/2016
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P	\$373.57	10/01/2016
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING;	\$373.57	10/01/2016
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	\$630.20	10/01/2016
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$630.20	10/01/2016
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	\$630.20	10/01/2016
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE	\$630.20	10/01/2016
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	\$630.20	10/01/2016
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	\$630.20	10/01/2016
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	\$630.20	10/01/2016
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$630.20	10/01/2016
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$630.20	10/01/2016
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$630.20	10/01/2016
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$630.20	10/01/2016
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$630.20	10/01/2016
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN	\$0.00	10/01/2014
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	\$630.20	10/01/2016
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	\$630.20	10/01/2016
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$630.20	10/01/2016
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	\$630.20	10/01/2016
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	\$630.20	10/01/2016
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	\$630.20	10/01/2016
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	\$630.20	10/01/2016
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	\$630.20	10/01/2016
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	\$630.20	10/01/2016
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	\$1,684.82	10/01/2016
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$630.20	10/01/2016
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$630.20	10/01/2016

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64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$630.20	10/01/2016
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	\$630.20	10/01/2016
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN	\$0.00	10/01/2014
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$630.20	10/01/2016
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	\$0.00	10/01/2014
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$630.20	10/01/2016
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$1,684.82	10/01/2016
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	\$0.00	10/01/2014
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	\$630.20	10/01/2016
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	\$630.20	10/01/2016
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	\$1,684.82	10/01/2016
64795	BIOPSY OF NERVE	\$630.20	10/01/2016
64802	SYMPATHECTOMY, CERVICAL	\$630.20	10/01/2016
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	\$630.20	10/01/2016
64821	SYMPATHECTOMY; RADIAL ARTERY	\$1,107.73	10/01/2016
64822	SYMPATHECTOMY; ULNAR ARTERY	\$1,107.73	10/01/2016
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$661.91	10/01/2016
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	\$1,684.82	10/01/2016
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	\$0.00	10/01/2014
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	\$1,684.82	10/01/2016
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	\$1,684.82	10/01/2016
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	\$1,684.82	10/01/2016
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO	\$0.00	10/01/2014
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$1,684.82	10/01/2016
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING	\$1,684.82	10/01/2016
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT	\$1,684.82	10/01/2016
64858	SUTURE OF SCIATIC NERVE	\$1,684.82	10/01/2016
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	\$0.00	10/01/2014
64861	SUTURE OF; BRACHIAL PLEXUS	\$1,684.82	10/01/2016
64862	SUTURE OF; LUMBAR PLEXUS	\$1,684.82	10/01/2016

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64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	\$1,684.82	10/01/2016
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	\$1,684.82	10/01/2016
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	\$0.00	10/01/2014
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	\$0.00	10/01/2014
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	\$0.00	10/01/2014
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	\$1,684.82	10/01/2016
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	\$1,684.82	10/01/2016
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	\$1,684.82	10/01/2016
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN	\$1,684.82	10/01/2016
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM	\$1,684.82	10/01/2016
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4	\$1,684.82	10/01/2016
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$1,684.82	10/01/2016
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$1,684.82	10/01/2016
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$1,684.82	10/01/2016
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$1,684.82	10/01/2016
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION	\$0.00	10/01/2014
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY	\$0.00	10/01/2014
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	\$1,684.82	10/01/2016
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	\$1,684.82	10/01/2016
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	\$1,684.82	10/01/2016
65091	EVISCKERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	\$1,185.40	10/01/2016
65093	EVISCKERATION OF OCULAR CONTENTS; WITH IMPLANT	\$1,185.40	10/01/2016
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	\$1,185.40	10/01/2016
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	\$1,185.40	10/01/2016
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	\$1,185.40	10/01/2016
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,185.40	10/01/2016
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,185.40	10/01/2016
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,185.40	10/01/2016
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	\$647.82	10/01/2016
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCKERATION, IN SCLERAL SHELL	\$1,185.40	10/01/2016

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65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED	\$1,185.40	10/01/2016
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO	\$1,185.40	10/01/2016
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	\$1,185.40	10/01/2016
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	\$1,185.40	10/01/2016
65175	REMOVAL OF OCULAR IMPLANT	\$1,185.40	10/01/2016
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	\$0.00	10/01/2015
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES	\$0.00	10/01/2015
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	\$0.00	10/01/2015
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	\$0.00	10/01/2015
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	\$859.91	10/01/2016
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	\$859.91	10/01/2016
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC	\$859.91	10/01/2016
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	\$647.82	10/01/2016
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	\$647.82	10/01/2016
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	\$1,185.40	10/01/2016
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL	\$1,560.02	10/01/2016
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	\$1,560.02	10/01/2016
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	\$365.27	10/01/2016
65290	REPAIR OF INJURED EYE MUSCLE OR TENDON	\$1,185.40	10/01/2016
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	\$316.64	10/01/2016
65410	BIOPSY OF CORNEA	\$647.82	10/01/2016
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	\$647.82	10/01/2016
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	\$647.82	10/01/2016
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$0.00	10/01/2015
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION,	\$36.16	10/01/2016
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	\$165.69	10/01/2016
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR	\$116.75	10/01/2016
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	\$189.89	10/01/2016
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	\$1,560.02	10/01/2016
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI	\$1,560.02	10/01/2016

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65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	\$1,560.02	10/01/2016
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$1,560.02	10/01/2016
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	\$1,560.02	10/01/2016
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	\$0.00	10/01/2012
65770	KERATOPROSTHESIS	\$4,179.39	10/01/2016
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$316.64	10/01/2016
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$647.82	10/01/2016
65778	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE	\$0.00	10/01/2012
65779	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES	\$0.00	10/01/2013
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	\$1,185.40	10/01/2016
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	\$1,560.02	10/01/2016
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	\$1,185.40	10/01/2016
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	\$1,560.02	10/01/2016
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ	\$859.91	10/01/2016
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$859.91	10/01/2016
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$859.91	10/01/2016
65820	GONIOTOMY	\$1,560.02	10/01/2016
65850	TRABECULOTOMY AB EXTERNO	\$859.91	10/01/2016
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT	\$138.93	10/01/2016
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$139.50	10/01/2016
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	\$859.91	10/01/2016
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$859.91	10/01/2016
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$859.91	10/01/2016
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$859.91	10/01/2016
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	\$859.91	10/01/2016
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	\$859.91	10/01/2016
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	\$859.91	10/01/2016
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	\$859.91	10/01/2016
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	\$859.91	10/01/2016
66130	EXCISION OF LESION, SCLERA	\$647.82	10/01/2016

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66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	\$1,560.02	10/01/2016
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	\$859.91	10/01/2016
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH	\$859.91	10/01/2016
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF	\$859.91	10/01/2016
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING	\$859.91	10/01/2016
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	\$859.91	10/01/2016
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	\$1,560.02	10/01/2016
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH	\$1,560.02	10/01/2016
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT	\$1,560.02	10/01/2016
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$1,560.02	10/01/2016
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRA	\$859.91	10/01/2016
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	\$859.91	10/01/2016
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	\$859.91	10/01/2016
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	\$859.91	10/01/2016
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	\$647.82	10/01/2016
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	\$859.91	10/01/2016
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS	\$859.91	10/01/2016
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	\$859.91	10/01/2016
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	\$859.91	10/01/2016
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	\$859.91	10/01/2016
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	\$859.91	10/01/2016
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	\$859.91	10/01/2016
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$859.91	10/01/2016
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	\$859.91	10/01/2016
66700	CILIARY BODY DESTRUCTION; DIATHERMY	\$859.91	10/01/2016
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	\$647.82	10/01/2016
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$859.91	10/01/2016
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	\$647.82	10/01/2016
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	\$647.82	10/01/2016
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	\$147.19	10/01/2016

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66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF	\$199.47	10/01/2016
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	\$199.47	10/01/2016
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	\$859.91	10/01/2016
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	\$199.47	10/01/2016
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	\$859.91	10/01/2016
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	\$859.91	10/01/2016
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	\$859.91	10/01/2016
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR	\$859.91	10/01/2016
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$1,560.02	10/01/2016
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	\$859.91	10/01/2016
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	\$1,560.02	10/01/2016
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	\$859.91	10/01/2016
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$859.91	10/01/2016
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$859.91	10/01/2016
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$859.91	10/01/2016
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED	\$859.91	10/01/2016
66986	EXCHANGE OF INTRAOCULAR LENS	\$859.91	10/01/2016
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00	10/01/2012
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$859.91	10/01/2016
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$859.91	10/01/2016
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA	\$859.91	10/01/2016
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	\$859.91	10/01/2016
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	\$4,179.39	10/01/2016
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$38.15	10/01/2016
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	\$859.91	10/01/2016
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	\$199.47	10/01/2016
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	\$859.91	10/01/2016
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	\$1,560.02	10/01/2016
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	\$1,560.02	10/01/2016
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	\$859.91	10/01/2016

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67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING M	\$1,560.02	10/01/2016
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE	\$1,560.02	10/01/2016
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WI	\$363.56	10/01/2016
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR	\$199.47	10/01/2016
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL	\$1,560.02	10/01/2016
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR	\$1,560.02	10/01/2016
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	\$359.86	10/01/2016
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	\$1,560.02	10/01/2016
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$859.91	10/01/2016
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	\$859.91	10/01/2016
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	\$859.91	10/01/2016
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITH	\$116.75	10/01/2016
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION)	\$199.47	10/01/2016
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MO	\$116.75	10/01/2016
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$199.47	10/01/2016
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$1,185.40	10/01/2016
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$199.47	10/01/2016
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$126.12	10/01/2016
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$0.00	10/01/2014
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY),	\$1,185.40	10/01/2016
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; (EG, DI	\$141.21	10/01/2016
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM	\$199.47	10/01/2016
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	\$647.82	10/01/2016
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	\$859.91	10/01/2016
67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	\$647.82	10/01/2016
67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	\$1,185.40	10/01/2016
67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	\$647.82	10/01/2016
67316	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO OR MORE VERTICAL	\$647.82	10/01/2016
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	\$647.82	10/01/2016
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR	\$0.00	10/01/2014

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67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT	\$0.00	10/01/2014
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR	\$0.00	10/01/2014
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	\$0.00	10/01/2014
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING	\$0.00	10/01/2014
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR	\$0.00	10/01/2014
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	\$647.82	10/01/2016
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$98.79	10/01/2016
67346	BIOPSY OF EXTRAOCULAR MUSCLE	\$1,185.40	10/01/2016
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLOR	\$1,185.40	10/01/2016
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$647.82	10/01/2016
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$647.82	10/01/2016
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$647.82	10/01/2016
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$1,185.40	10/01/2016
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	\$647.82	10/01/2016
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,185.40	10/01/2016
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,185.40	10/01/2016
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,185.40	10/01/2016
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,185.40	10/01/2016
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	\$1,185.40	10/01/2016
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	\$116.75	10/01/2016
67505	RETROBULBAR INJECTION; ALCOHOL	\$33.31	10/01/2016
67515	INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	\$35.59	10/01/2016
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	\$1,185.40	10/01/2016
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	\$1,185.40	10/01/2016
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$1,185.40	10/01/2016
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$116.75	10/01/2016
67710	SEVERING OF TARSORRHAPHY	\$147.19	10/01/2016
67715	CANTHOTOMY (SEPARATE PROCEDURE)	\$647.82	10/01/2016
67800	EXCISION OF CHALAZION; SINGLE	\$59.21	10/01/2016
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	\$72.31	10/01/2016

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67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	\$93.10	10/01/2016
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING	\$647.82	10/01/2016
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	\$100.78	10/01/2016
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	\$0.00	10/01/2015
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	\$59.79	10/01/2016
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	\$316.64	10/01/2016
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	\$647.82	10/01/2016
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE	\$157.44	10/01/2016
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$117.86	10/01/2016
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$316.64	10/01/2016
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$647.82	10/01/2016
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$647.82	10/01/2016
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$647.82	10/01/2016
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	\$647.82	10/01/2016
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI	\$1,185.40	10/01/2016
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	\$647.82	10/01/2016
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	\$647.82	10/01/2016
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	\$1,185.40	10/01/2016
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	\$647.82	10/01/2016
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	\$647.82	10/01/2016
67911	CORRECTION OF LID RETRACTION	\$647.82	10/01/2016
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG,	\$647.82	10/01/2016
67914	REPAIR OF ECTROPION; SUTURE	\$647.82	10/01/2016
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	\$173.67	10/01/2016
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	\$647.82	10/01/2016
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	\$647.82	10/01/2016
67921	REPAIR OF ENTROPION; SUTURE	\$647.82	10/01/2016
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	\$171.39	10/01/2016
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	\$647.82	10/01/2016
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	\$647.82	10/01/2016

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67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	\$181.07	10/01/2016
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	\$647.82	10/01/2016
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$116.75	10/01/2016
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$647.82	10/01/2016
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$647.82	10/01/2016
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$647.82	10/01/2016
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$647.82	10/01/2016
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$647.82	10/01/2016
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$1,185.40	10/01/2016
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$647.82	10/01/2016
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$52.96	10/01/2016
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	\$24.77	10/01/2016
68100	BIOPSY OF CONJUNCTIVA	\$95.37	10/01/2016
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	\$125.84	10/01/2016
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	\$647.82	10/01/2016
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	\$647.82	10/01/2016
68135	DESTRUCTION OF LESION, CONJUNCTIVA	\$68.61	10/01/2016
68200	SUBCONJUNCTIVAL INJECTION	\$0.00	10/01/2015
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	\$647.82	10/01/2016
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	\$1,185.40	10/01/2016
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR	\$1,185.40	10/01/2016
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	\$647.82	10/01/2016
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	\$859.91	10/01/2016
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE	\$1,185.40	10/01/2016
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF	\$647.82	10/01/2016
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	\$1,185.40	10/01/2016
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	\$647.82	10/01/2016
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$647.82	10/01/2016
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$175.09	10/01/2016
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	\$186.76	10/01/2016

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68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$52.10	10/01/2016
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	\$1,185.40	10/01/2016
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	\$1,185.40	10/01/2016
68510	BIOPSY OF LACRIMAL GLAND	\$647.82	10/01/2016
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	\$1,185.40	10/01/2016
68525	BIOPSY OF LACRIMAL SAC	\$647.82	10/01/2016
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$116.75	10/01/2016
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	\$647.82	10/01/2016
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	\$1,185.40	10/01/2016
68700	PLASTIC REPAIR OF CANALICULI	\$647.82	10/01/2016
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$116.75	10/01/2016
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	\$1,185.40	10/01/2016
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT	\$1,185.40	10/01/2016
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	\$1,185.40	10/01/2016
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	\$107.61	10/01/2016
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$75.73	10/01/2016
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$647.82	10/01/2016
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$0.00	10/01/2015
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	\$116.75	10/01/2016
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	\$647.82	10/01/2016
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	\$647.82	10/01/2016
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	\$647.82	10/01/2016
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$63.48	10/01/2016
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$0.00	10/01/2012
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$102.30	10/01/2016
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	\$105.34	10/01/2016
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$102.30	10/01/2016
69100	BIOPSY EXTERNAL EAR	\$55.23	10/01/2016
69105	BIOPSY EXTERNAL AUDITORY CANAL	\$87.12	10/01/2016
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	\$639.84	10/01/2016

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69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	\$737.58	10/01/2016
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$1,650.19	10/01/2016
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$639.84	10/01/2016
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	\$737.58	10/01/2016
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	\$0.00	10/01/2015
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	\$426.85	10/01/2016
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$0.00	10/01/2016
69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	\$0.00	10/01/2015
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	\$0.00	10/01/2015
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN	\$132.38	10/01/2016
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$737.58	10/01/2016
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	\$1,650.19	10/01/2016
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	\$1,650.19	10/01/2016
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	\$111.60	10/01/2016
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING	\$737.58	10/01/2016
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	\$76.58	10/01/2016
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	\$114.45	10/01/2016
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	\$737.58	10/01/2016
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	\$1,650.19	10/01/2016
69450	TYMPANOLYSIS, TRANSCANAL	\$1,650.19	10/01/2016
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$1,650.19	10/01/2016
69502	MASTOIDECTOMY; COMPLETE	\$1,650.19	10/01/2016
69505	MASTOIDECTOMY; MODIFIED RADICAL	\$1,650.19	10/01/2016
69511	MASTOIDECTOMY; RADICAL	\$1,650.19	10/01/2016
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$1,650.19	10/01/2016
69540	EXCISION AURAL POLYP	\$130.11	10/01/2016
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	\$1,650.19	10/01/2016
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	\$1,650.19	10/01/2016
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	\$1,650.19	10/01/2016
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	\$1,650.19	10/01/2016

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69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	\$1,650.19	10/01/2016
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	\$1,650.19	10/01/2016
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	\$1,650.19	10/01/2016
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	\$169.40	10/01/2016
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$737.58	10/01/2016
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$1,650.19	10/01/2016
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$1,650.19	10/01/2016
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$1,650.19	10/01/2016
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,650.19	10/01/2016
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,650.19	10/01/2016
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,650.19	10/01/2016
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,650.19	10/01/2016
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,650.19	10/01/2016
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,650.19	10/01/2016
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,650.19	10/01/2016
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,650.19	10/01/2016
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,650.19	10/01/2016
69650	STAPES MOBILIZATION	\$1,650.19	10/01/2016
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$1,650.19	10/01/2016
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$1,650.19	10/01/2016
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$1,650.19	10/01/2016
69666	REPAIR OVAL WINDOW FISTULA	\$737.58	10/01/2016
69667	REPAIR ROUND WINDOW FISTULA	\$737.58	10/01/2016
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$1,650.19	10/01/2016
69676	TYMPANIC NEURECTOMY	\$737.58	10/01/2016
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$311.26	10/01/2016
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	\$1,650.19	10/01/2016
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$7,427.42	10/01/2016
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$7,427.42	10/01/2016
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$2,242.09	10/01/2016

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69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$3,256.53	10/01/2016
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	\$1,650.19	10/01/2016
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$1,650.19	10/01/2016
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$1,650.19	10/01/2016
69801	LABYRINTHOTOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S); TRANSCANAL	\$93.38	10/01/2016
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	\$1,650.19	10/01/2016
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	\$1,650.19	10/01/2016
69820	FENESTRATION SEMICIRCULAR CANAL	\$1,650.19	10/01/2016
69840	REVISION FENESTRATION OPERATION	\$1,650.19	10/01/2016
69905	LABYRINTHECTOMY; TRANSCANAL	\$1,650.19	10/01/2016
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	\$1,650.19	10/01/2016
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$1,650.19	10/01/2016
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$27,664.63	10/01/2016
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	\$0.00	10/01/2012
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$0.00	10/01/2015
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$0.00	10/01/2015
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$0.00	10/01/2015
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$0.00	10/01/2015
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$0.00	10/01/2015
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$0.00	10/01/2015
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$0.00	10/01/2015
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$0.00	10/01/2015
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$0.00	10/01/2015
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$0.00	10/01/2015
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015

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70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$0.00	10/01/2015
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	\$0.00	10/01/2015
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	\$0.00	10/01/2015
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$0.00	10/01/2015
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$0.00	10/01/2015
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$0.00	10/01/2015
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$0.00	10/01/2015
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$0.00	10/01/2015
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$121.68	10/01/2016
70350	CEPHALOGRAM, ORTHODONTIC	\$0.00	10/01/2015
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	\$0.00	10/01/2015
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$0.00	10/01/2015
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	\$0.00	10/01/2016
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$0.00	10/01/2016
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$0.00	10/01/2015
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$83.42	10/01/2016
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$101.35	10/01/2016
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$50.02	10/01/2016
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$115.68	10/01/2016
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$115.68	10/01/2016
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$88.54	10/01/2016
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$115.68	10/01/2016
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$115.68	10/01/2016
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	\$115.68	10/01/2016
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$115.68	10/01/2016

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70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$115.68	10/01/2016
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTR	\$121.68	10/01/2016
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST	\$211.39	10/01/2016
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT	\$211.39	10/01/2016
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$121.68	10/01/2016
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$211.39	10/01/2016
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$211.39	10/01/2016
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$121.68	10/01/2016
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$211.39	10/01/2016
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$211.39	10/01/2016
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$121.68	10/01/2016
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	\$182.49	10/01/2016
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$211.39	10/01/2016
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$121.68	10/01/2016
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	\$121.68	10/01/2016
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$121.68	10/01/2016
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$211.39	10/01/2016
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$1,333.57	10/01/2016
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$10.25	10/01/2015
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$13.10	10/01/2016
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$13.10	10/01/2016
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL	\$0.00	10/01/2015
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE	\$0.00	10/01/2015
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$0.00	10/01/2015
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$0.00	10/01/2015
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$0.00	10/01/2016
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY	\$0.00	10/01/2015
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$0.00	10/01/2015
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$0.00	10/01/2015
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$0.00	10/01/2015

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71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$0.00	10/01/2015
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$115.68	10/01/2016
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$166.46	10/01/2016
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	\$115.68	10/01/2016
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$121.68	10/01/2016
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$211.39	10/01/2016
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$211.39	10/01/2016
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$0.00	10/01/2015
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	\$0.00	10/01/2015
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	\$0.00	10/01/2015
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$0.00	10/01/2015
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$0.00	10/01/2015
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$0.00	10/01/2015
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$0.00	10/01/2015
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$0.00	10/01/2015
72083	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$86.45	10/01/2016
72084	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$86.45	10/01/2016
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$0.00	10/01/2015
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$0.00	10/01/2015
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M	\$0.00	10/01/2015
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	\$0.00	10/01/2015
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$133.23	10/01/2016
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$115.68	10/01/2016
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$115.68	10/01/2016
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$115.68	10/01/2016

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72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$132.67	10/01/2016
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$115.68	10/01/2016
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$118.15	10/01/2016
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$186.19	10/01/2016
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$118.44	10/01/2016
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$183.92	10/01/2016
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$117.58	10/01/2016
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$183.06	10/01/2016
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$211.39	10/01/2016
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$211.39	10/01/2016
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$211.39	10/01/2016
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$0.00	10/01/2015
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	\$115.68	10/01/2016
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$115.68	10/01/2016
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$115.68	10/01/2016
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$121.68	10/01/2016
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$211.39	10/01/2016
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	\$211.39	10/01/2016
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$0.00	10/01/2015
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$0.00	10/01/2015
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
72270	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI	\$0.00	10/01/2012
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012

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72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$0.00	10/01/2015
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$0.00	10/01/2015
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$0.00	10/01/2015
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	\$0.00	10/01/2015
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$0.00	10/01/2015
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$0.00	10/01/2015
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$0.00	10/01/2015
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$0.00	10/01/2015
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$130.67	10/01/2016
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$115.68	10/01/2016
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$115.68	10/01/2016
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$121.68	10/01/2016
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$211.39	10/01/2016
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$211.39	10/01/2016
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$121.68	10/01/2016
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	\$211.39	10/01/2016
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$211.39	10/01/2016
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012

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73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$0.00	10/01/2015
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$0.00	10/01/2015
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$0.00	10/01/2015
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$0.00	10/01/2015
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$0.00	10/01/2015
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$0.00	10/01/2015
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$0.00	10/01/2015
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/01/2015
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	\$0.00	10/01/2015
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$115.68	10/01/2016
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$115.68	10/01/2016
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$115.68	10/01/2016
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$121.68	10/01/2016
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$211.39	10/01/2016
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$211.39	10/01/2016
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$121.68	10/01/2016
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	\$211.39	10/01/2016
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$211.39	10/01/2016
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$0.00	10/01/2015
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND	\$0.00	10/01/2015
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT	\$0.00	10/01/2015
74022	IMAGING OF ABDOMEN AND CHEST	\$0.00	10/01/2015
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$50.02	10/01/2016
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$115.68	10/01/2016

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74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$115.68	10/01/2016
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	\$166.46	10/01/2016
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	\$115.68	10/01/2016
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$86.45	10/01/2016
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	\$166.46	10/01/2016
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	\$166.46	10/01/2016
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$121.68	10/01/2016
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$211.39	10/01/2016
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$211.39	10/01/2016
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$0.00	10/01/2012
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$0.00	10/01/2016
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$0.00	10/01/2016
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$0.00	10/01/2016
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	\$0.00	10/01/2012
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$44.85	10/01/2016
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$44.85	10/01/2016
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE,	\$86.45	10/01/2016
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$44.85	10/01/2016
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$44.85	10/01/2016
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$86.45	10/01/2016
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	\$44.85	10/01/2016
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA	\$86.45	10/01/2016
74260	DUODENOGRAPHY, HYPOTONIC	\$0.00	10/01/2016
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$50.02	10/01/2016
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$115.68	10/01/2016
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB	\$0.00	10/01/2016
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM,	\$86.45	10/01/2016
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	\$86.45	10/01/2016
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$0.00	10/01/2016
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	\$0.00	10/01/2012

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74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	\$0.00	10/01/2012
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	\$0.00	10/01/2012
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	\$0.00	10/01/2012
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	\$0.00	10/01/2012
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	\$0.00	10/01/2012
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	\$0.00	10/01/2012
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$0.00	10/01/2012
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$86.45	10/01/2016
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$86.45	10/01/2016
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$86.45	10/01/2016
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$163.59	10/01/2016
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	\$0.00	10/01/2012
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION,	\$0.00	10/01/2012
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$0.00	10/01/2015
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	\$121.68	10/01/2016
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$86.45	10/01/2016
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$121.68	10/01/2016
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$215.34	10/01/2016
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$211.39	10/01/2016
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$281.56	10/01/2016
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	\$0.00	10/01/2012
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	\$0.00	10/01/2015

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75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$115.68	10/01/2016
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$115.68	10/01/2016
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	\$115.68	10/01/2016
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$0.00	10/01/2012
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$0.00	10/01/2012
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$0.00	10/01/2012
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	\$0.00	10/01/2012
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	\$0.00	10/01/2012
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	\$0.00	10/01/2012
75791	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF ARTERY-VEIN DIALYSIS S	\$0.00	10/01/2012
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$0.00	10/01/2012
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	\$0.00	10/01/2012
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012

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75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/01/2012
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	\$0.00	10/01/2012
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$0.00	10/01/2012
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	\$0.00	10/01/2012
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$0.00	10/01/2012
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	\$0.00	10/01/2012
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	\$0.00	10/01/2012
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	\$0.00	10/01/2012
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	\$0.00	10/01/2012
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	\$0.00	10/01/2012
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$0.00	10/01/2012
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY OTHER THAN RENAL, OR OTHER V	\$0.00	10/01/2012
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY OTHER THAN R	\$0.00	10/01/2012
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL	\$0.00	10/01/2012
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL	\$0.00	10/01/2012
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS),	\$0.00	10/01/2012
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	\$0.00	10/01/2012
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	\$0.00	10/01/2012
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEAL	\$30.46	10/01/2016
76001	FLUOROSCOPY, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME MORE THA	\$0.00	10/01/2012
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$0.00	10/01/2015

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76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	\$0.00	10/01/2012
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$0.00	10/01/2012
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	\$0.00	10/01/2015
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$44.85	10/01/2016
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$86.45	10/01/2016
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$0.00	10/01/2016
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	\$0.00	10/01/2012
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$0.00	10/01/2012
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$0.00	10/01/2012
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$0.00	10/01/2015
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00	10/01/2016
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00	10/01/2015
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$121.68	10/01/2016
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	\$0.00	10/01/2015
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	\$0.00	10/01/2016
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$0.00	10/01/2015
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$0.00	10/01/2016
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	\$0.00	10/01/2016
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	\$0.00	10/01/2016
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$0.00	10/01/2015
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$0.00	10/01/2015
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	\$0.00	10/01/2015
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$0.00	10/01/2016
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	\$0.00	10/01/2016
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$0.00	10/01/2016
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$0.00	01/01/2015
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$0.00	01/01/2015
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$65.48	10/01/2016
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	\$49.25	10/01/2016
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	\$60.92	10/01/2016

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76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	\$0.00	10/01/2016
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$68.31	10/01/2016
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$0.00	10/01/2015
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$58.36	10/01/2016
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$0.00	10/01/2014
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$68.31	10/01/2016
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$0.00	10/01/2014
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$67.19	10/01/2016
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$0.00	10/01/2014
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$0.00	10/01/2016
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$0.00	10/01/2014
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	\$0.00	10/01/2016
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	\$0.00	10/01/2015
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$0.00	10/01/2016
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$53.81	10/01/2016
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$39.57	10/01/2016
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$0.00	10/01/2015
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$0.00	10/01/2015
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$154.59	10/01/2016
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$98.22	10/01/2016
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$0.00	10/01/2015
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$0.00	10/01/2015
76830	ULTRASOUND, TRANSVAGINAL	\$68.31	10/01/2016
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	\$65.48	10/01/2016
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$60.07	10/01/2016
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$17.94	10/01/2016
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$0.00	10/01/2016
76872	ULTRASOUND, TRANSRECTAL;	\$48.11	10/01/2016
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	\$68.31	10/01/2016
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$66.62	10/01/2016

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76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED,	\$0.00	10/01/2015
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRIN	\$0.00	10/01/2015
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (	\$0.00	10/01/2015
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	\$0.00	10/01/2012
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	\$0.00	10/01/2012
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$98.66	10/01/2016
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	\$0.00	10/01/2012
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$0.00	10/01/2012
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	\$0.00	10/01/2012
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	\$0.00	10/01/2012
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	\$0.00	10/01/2012
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$0.00	10/01/2012
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$0.00	10/01/2015
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$0.00	10/01/2012
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$3.13	10/01/2015
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$0.00	10/01/2012
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00	10/01/2015
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	\$0.00	10/01/2012
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$0.00	10/01/2012
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	\$0.00	10/01/2012
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$0.00	10/01/2012
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	\$0.00	10/01/2012
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	\$0.00	10/01/2012
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$0.00	10/01/2012
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$0.00	10/01/2012
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$0.00	10/01/2012
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$0.00	10/01/2012
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$0.00	10/01/2012
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA	\$0.00	10/01/2015

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77072	BONE AGE STUDIES	\$0.00	10/01/2015
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$0.00	10/01/2015
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$0.00	10/01/2015
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$0.00	10/01/2016
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$0.00	10/01/2015
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$0.00	10/01/2015
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$27.05	10/01/2016
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$24.48	10/01/2016
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$13.38	10/01/2015
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$121.68	10/01/2016
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$0.00	01/01/2015
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	\$0.00	01/01/2015
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$74.11	10/01/2016
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$129.76	10/01/2016
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$129.76	10/01/2016
77295	MANAGEMENT OF RADIATION THERAPY, 3D	\$214.09	10/01/2016
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	\$47.75	10/01/2016
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$27.04	10/01/2016
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	\$457.87	10/01/2016
77306	TELEETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE A	\$61.21	10/01/2016
77307	TELEETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, T	\$110.46	10/01/2016
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION(S) MADE FROM 1 TO 4 SOURCES, OR	\$47.75	10/01/2016
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURC	\$119.86	10/01/2016
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES, O	\$129.76	10/01/2016
77321	SPECIAL TELEETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$34.73	10/01/2016
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	\$14.81	10/01/2016
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$43.56	10/01/2016
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS,	\$7.40	10/01/2016
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL	\$70.89	10/01/2016
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	\$47.75	10/01/2016

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77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	\$129.76	10/01/2016
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$74.11	10/01/2016
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$1,550.47	10/01/2015
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$844.30	10/01/2015
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$825.91	10/01/2015
77385	RADIATION THERAPY DELIVERY	\$224.78	10/01/2016
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND T	\$224.78	10/01/2016
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT D	\$0.00	01/01/2015
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	\$47.75	10/01/2016
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$19.36	10/01/2016
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$49.07	10/01/2016
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$49.07	10/01/2016
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$86.42	10/01/2016
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$0.00	10/01/2012
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	\$20.50	10/01/2016
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$40.71	10/01/2016
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	\$3,220.32	10/01/2016
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	\$3,220.32	10/01/2016
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	\$0.00	10/01/2012
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	\$37.86	10/01/2016
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	\$224.78	10/01/2016
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$511.65	10/01/2016
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	\$511.65	10/01/2016
77525	PROTON TREATMENT DELIVERY; COMPLEX	\$511.65	10/01/2016
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$86.42	10/01/2016
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	\$309.69	10/01/2016
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL	\$224.78	10/01/2016
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL	\$224.78	10/01/2016
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$224.78	10/01/2016
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-	\$86.42	10/01/2016

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77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$153.17	10/01/2016
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$175.66	10/01/2016
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$226.62	10/01/2016
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$86.42	10/01/2016
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$86.42	10/01/2016
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$309.69	10/01/2016
77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$309.69	10/01/2016
77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$309.69	10/01/2016
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$291.81	10/01/2016
77789	SURFACE APPLICATION OF RADIATION SOURCE	\$48.11	10/01/2016
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$0.00	10/01/2012
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	\$49.07	10/01/2016
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL	\$155.73	10/01/2016
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);	\$155.73	10/01/2016
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP	\$155.73	10/01/2016
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$155.73	10/01/2016
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	\$155.73	10/01/2016
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$155.73	10/01/2016
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	\$0.00	10/01/2012
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED);	\$155.73	10/01/2016
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$155.73	10/01/2016
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$215.34	10/01/2016
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$539.58	10/01/2016
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
78102	BONE MARROW IMAGING; LIMITED AREA	\$155.73	10/01/2016
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$155.73	10/01/2016
78104	BONE MARROW IMAGING; WHOLE BODY	\$155.73	10/01/2016
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$155.73	10/01/2016
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$155.73	10/01/2016
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$155.73	10/01/2016

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78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$155.73	10/01/2016
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	\$215.34	10/01/2016
78130	RED CELL SURVIVAL STUDY;	\$155.73	10/01/2016
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	\$155.73	10/01/2016
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	\$155.73	10/01/2016
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$155.73	10/01/2016
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$539.58	10/01/2016
78191	PLATELET SURVIVAL STUDY	\$155.73	10/01/2016
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$155.73	10/01/2016
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	\$155.73	10/01/2016
78201	LIVER IMAGING; STATIC ONLY	\$155.73	10/01/2016
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$155.73	10/01/2016
78205	LIVER IMAGING (SPECT);	\$155.73	10/01/2016
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$155.73	10/01/2016
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$155.73	10/01/2016
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$155.73	10/01/2016
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	\$155.73	10/01/2016
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERF	\$155.73	10/01/2016
78230	SALIVARY GLAND IMAGING;	\$155.73	10/01/2016
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$155.73	10/01/2016
78232	SALIVARY GLAND FUNCTION STUDY	\$155.73	10/01/2016
78258	ESOPHAGEAL MOTILITY	\$155.73	10/01/2016
78261	GASTRIC MUCOSA IMAGING	\$155.73	10/01/2016
78262	GASTROESOPHAGEAL REFLUX STUDY	\$155.73	10/01/2016
78264	GASTRIC EMPTYING STUDY	\$155.73	10/01/2016
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR	\$155.73	10/01/2016
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN	\$215.34	10/01/2016
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$155.73	10/01/2016
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$155.73	10/01/2016
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$155.73	10/01/2016

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78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$155.73	10/01/2016
78282	GASTROINTESTINAL PROTEIN LOSS	\$155.73	10/01/2016
78290	INTESTINE IMAGING	\$155.73	10/01/2016
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$155.73	10/01/2016
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$155.73	10/01/2016
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$155.73	10/01/2016
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$155.73	10/01/2016
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$155.73	10/01/2016
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$155.73	10/01/2016
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$215.34	10/01/2016
78428	CARDIAC SHUNT DETECTION	\$155.73	10/01/2016
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$155.73	10/01/2016
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$539.58	10/01/2016
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$539.58	10/01/2016
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$215.34	10/01/2016
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$539.58	10/01/2016
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$539.58	10/01/2016
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$215.34	10/01/2016
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$155.73	10/01/2016
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$606.96	10/01/2016
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$155.73	10/01/2016
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	\$155.73	10/01/2016
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	\$215.34	10/01/2016
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR	\$155.73	10/01/2016
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION	\$155.73	10/01/2016
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT	\$215.34	10/01/2016
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES,	\$215.34	10/01/2016
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	\$606.96	10/01/2016

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78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	\$606.96	10/01/2016
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	\$155.73	10/01/2016
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	\$0.00	10/01/2012
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$155.73	10/01/2016
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	\$155.73	10/01/2016
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$215.34	10/01/2016
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$155.73	10/01/2016
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	\$215.34	10/01/2016
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	\$155.73	10/01/2016
78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW	\$155.73	10/01/2016
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	\$215.34	10/01/2016
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	\$215.34	10/01/2016
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	\$539.58	10/01/2016
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$606.96	10/01/2016
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$155.73	10/01/2016
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$215.34	10/01/2016
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$215.34	10/01/2016
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$155.73	10/01/2016
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$539.58	10/01/2016
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$539.58	10/01/2016
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$155.73	10/01/2016
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
78700	KIDNEY IMAGING MORPHOLOGY;	\$155.73	10/01/2016
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$155.73	10/01/2016
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	\$215.34	10/01/2016
78708	NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION	\$215.34	10/01/2016
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	\$215.34	10/01/2016
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	\$215.34	10/01/2016

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78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$116.18	10/01/2016
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00	10/01/2014
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$155.73	10/01/2016
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$155.73	10/01/2016
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$155.73	10/01/2016
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$155.73	10/01/2016
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$215.34	10/01/2016
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$215.34	10/01/2016
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$539.58	10/01/2016
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$539.58	10/01/2016
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$539.58	10/01/2016
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$215.34	10/01/2016
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	\$0.00	10/01/2012
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	\$606.96	10/01/2016
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	\$606.96	10/01/2016
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	\$606.96	10/01/2016
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$606.96	10/01/2016
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$606.96	10/01/2016
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$606.96	10/01/2016
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$155.73	10/01/2016
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$39.00	10/01/2016
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$38.15	10/01/2016
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	\$46.40	10/01/2016
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$116.18	10/01/2016
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$65.19	10/01/2016
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$39.86	10/01/2016
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$116.18	10/01/2016
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	\$116.18	10/01/2016
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	\$15.28	10/01/2014

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85097	BONE MARROW, SMEAR INTERPRETATION	\$16.58	10/01/2014
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$9.00	10/01/2014
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	\$16.58	10/01/2014
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$5.02	10/01/2014
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$16.58	10/01/2014
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$5.02	10/01/2014
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$82.00	10/01/2014
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$16.58	10/01/2014
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$16.58	10/01/2014
90296	DIPHThERIA ANTITOXIN, EQUINE, ANY ROUTE	\$251.27	10/01/2014
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	\$104.87	10/01/2016
90375	RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE	\$271.63	10/01/2016
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR S	\$240.30	10/01/2016
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR	\$1,850.12	10/01/2015
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	\$0.00	10/01/2012
90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	CCR	02/01/2012
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	\$1,142.13	10/01/2016
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	\$0.00	10/01/2012
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	\$0.00	10/01/2013
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	\$0.00	10/01/2016
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS	\$116.74	10/01/2016
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE	\$147.92	10/01/2016
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B,	\$116.57	10/01/2015
90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FO	\$0.00	10/01/2016
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	\$0.00	10/01/2012
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCU	\$0.00	10/01/2012
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU	\$0.00	10/01/2012
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR	\$0.00	10/01/2012
90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HEMOPHILUS INFLUENZA B VAC	\$0.00	10/01/2013
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I	\$0.00	10/01/2012

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90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT	\$0.00	10/01/2012
90655	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINIS	\$0.00	10/01/2012
90656	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINIS	\$0.00	10/01/2012
90657	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6	\$0.00	10/01/2012
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE, FOR INTRANASAL USE	\$0.00	10/01/2012
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY	\$0.00	10/01/2012
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	\$0.00	10/01/2012
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	\$0.00	10/01/2013
90673	INFLUENZA VIRUS VACCINE, TRIVALENT, DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGL	\$0.00	10/01/2014
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$250.36	10/01/2016
90676	RABIES VACCINE, FOR INTRADERMAL USE	\$163.69	10/01/2015
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$0.00	10/01/2012
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$92.51	10/01/2014
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMI	\$0.00	10/01/2016
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMI	\$0.00	10/01/2013
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDRE	\$0.00	10/01/2015
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVID	\$0.00	10/01/2014
90690	TYPHOID VACCINE, LIVE, ORAL	\$0.00	10/01/2012
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	\$0.00	10/01/2012
90696	DIPHTHERIA, TETNUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE & POLIOVIRUS VACCINE INAC	\$0.00	10/01/2012
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA	\$0.00	10/01/2012
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINI	\$0.00	10/01/2012
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YO	\$0.00	10/01/2012
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	\$0.00	10/01/2012
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS US	\$0.00	10/01/2012
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	\$0.00	10/01/2012
90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTER	\$0.00	10/01/2012
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINIS	\$0.00	10/01/2012
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	\$0.00	10/01/2012
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIEN	\$0.00	10/01/2012

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90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP[S]), FOR SUBCUTANEOUS USE	\$101.17	10/01/2013
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR	\$96.29	10/01/2016
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDUL	CCR	02/01/2012
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	CCR	02/01/2012
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUS	CCR	02/01/2012
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	CCR	02/01/2012
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDUL	CCR	02/01/2012
90749	UNLISTED VACCINE/TOXOID	\$0.00	10/01/2012
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$38.31	10/01/2014
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$52.15	10/01/2014
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$52.15	10/01/2014
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$143.52	10/01/2015
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	\$180.60	10/01/2016
91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMA	\$0.00	10/01/2016
92015	DETERMINATION OF REFRACTIVE STATE	\$14.65	10/01/2014
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$688.41	10/01/2015
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	\$0.00	10/01/2012
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	\$0.00	10/01/2012
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$98.54	10/01/2014
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$58.02	10/01/2014
93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$0.00	01/01/2015
93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACAR	\$0.00	01/01/2015
93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDE	\$0.00	01/01/2015
93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BIL	\$0.00	01/01/2015
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE	\$0.00	10/01/2013
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING	\$0.00	10/01/2013
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	\$0.00	10/01/2012
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	\$0.00	10/01/2012
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	\$0.00	10/01/2012
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	\$0.00	10/01/2012

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A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	\$0.00	10/01/2012
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	\$0.00	10/01/2012
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	\$0.00	10/01/2012
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	\$0.00	10/01/2012
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	\$0.00	10/01/2012
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	\$0.00	10/01/2012
A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIE	\$0.00	01/01/2015
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VO	\$0.00	01/01/2015
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	\$0.00	10/01/2012
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	\$0.00	10/01/2012
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	\$0.00	10/01/2012
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	\$0.00	10/01/2012
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO	\$0.00	01/01/2015
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/01/2012
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/01/2012
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/01/2012
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00	10/01/2012
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	\$0.00	10/01/2012
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/01/2012
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	\$0.00	10/01/2012
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00	10/01/2012
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/01/2012
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/01/2012
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/01/2012
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI	\$0.00	10/01/2012
A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	\$0.00	10/01/2016
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/01/2012
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	\$0.00	10/01/2012
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	\$0.00	10/01/2012
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$6.78	10/01/2016

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A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	\$0.00	10/01/2012
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/01/2012
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	\$0.00	10/01/2012
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	\$0.00	10/01/2012
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	\$0.00	10/01/2012
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/01/2012
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	\$0.00	10/01/2012
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/01/2012
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	\$0.00	10/01/2012
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	\$0.00	10/01/2012
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	\$0.00	10/01/2012
A9544	IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/01/2012
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	\$0.00	10/01/2012
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00	10/01/2012
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00	10/01/2012
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	\$0.00	10/01/2012
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	\$0.00	10/01/2012
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$0.00	10/01/2012
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	\$0.00	10/01/2012
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	\$0.00	10/01/2012
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	\$0.00	10/01/2012
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/01/2012
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/01/2012
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	\$0.00	10/01/2012
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI	\$0.00	10/01/2012
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	\$0.00	10/01/2012
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00	10/01/2012
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/01/2012
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/01/2012
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	\$0.00	10/01/2012

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A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$0.00	10/01/2012
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	\$0.00	10/01/2012
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/01/2012
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/01/2012
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	\$0.00	10/01/2012
A9575	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	\$0.00	01/01/2014
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	\$0.00	10/01/2012
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	\$0.00	10/01/2012
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	\$0.00	10/01/2012
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPE	\$0.00	10/01/2012
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00	10/01/2012
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	\$0.00	10/01/2012
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/01/2012
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	\$0.00	10/01/2012
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$0.00	10/01/2014
A9585	INJECTION, GADOBUTROL, 0.1 ML	\$0.00	10/01/2012
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURRIES	\$2,618.20	10/01/2015
A9599	RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLOID POSITRON EMISSION TOMOGRAPHY (	\$0.00	01/01/2014
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	\$114.62	01/01/2015
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	\$0.00	10/01/2012
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	\$0.00	10/01/2012
C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	\$0.00	10/01/2012
C1715	BRACHYTHERAPY NEEDLE	\$0.00	10/01/2012
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE	\$43.26	10/01/2016
C1717	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$279.34	10/01/2016
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$88.45	10/01/2016
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	\$0.00	10/01/2012
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	\$0.00	10/01/2012
C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	\$0.00	10/01/2012
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE,	\$0.00	10/01/2012

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C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	\$0.00	10/01/2012
C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	\$0.00	10/01/2012
C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	\$0.00	10/01/2012
C1729	CATHETER, DRAINAGE	\$0.00	10/01/2012
C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER	\$0.00	10/01/2012
C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE	\$0.00	10/01/2012
C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING	\$0.00	10/01/2012
C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	\$0.00	10/01/2012
C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)	\$0.00	10/01/2013
C1750	CATHETER, HEMODIALYSIS/PERITONEAL, LONG-TERM	\$0.00	10/01/2012
C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN	\$0.00	10/01/2012
C1752	CATHETER, HEMODIALYSIS/PERITONEAL, SHORT-TERM	\$0.00	10/01/2012
C1753	CATHETER, INTRAVASCULAR ULTRASOUND	\$0.00	10/01/2012
C1754	CATHETER, INTRADISCAL	\$0.00	10/01/2012
C1755	CATHETER, INTRASPINAL	\$0.00	10/01/2012
C1756	CATHETER, PACING, TRANSESOPHAGEAL	\$0.00	10/01/2012
C1757	CATHETER, THROMBECTOMY/EMBOLECTOMY	\$0.00	10/01/2012
C1758	CATHETER, URETERAL	\$0.00	10/01/2012
C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	\$0.00	10/01/2012
C1760	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	\$0.00	10/01/2012
C1762	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	\$0.00	10/01/2012
C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	\$0.00	10/01/2012
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	\$0.00	10/01/2012
C1765	ADHESION BARRIER	\$0.00	10/01/2012
C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER	\$0.00	10/01/2012
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	\$0.00	10/01/2012
C1768	GRAFT, VASCULAR	\$0.00	10/01/2012
C1769	GUIDE WIRE	\$0.00	10/01/2012
C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	\$0.00	10/01/2012
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	\$0.00	10/01/2012

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C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	\$0.00	10/01/2012
C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	\$0.00	10/01/2012
C1776	JOINT DEVICE (IMPLANTABLE)	\$0.00	10/01/2012
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	\$0.00	10/01/2012
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	\$0.00	10/01/2012
C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	\$0.00	10/01/2012
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	\$0.00	10/01/2012
C1781	MESH (IMPLANTABLE)	\$0.00	10/01/2012
C1782	MORCELLATOR	\$0.00	10/01/2012
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	\$0.00	10/01/2012
C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	\$0.00	10/01/2012
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/01/2012
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/01/2012
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	\$0.00	10/01/2012
C1788	PORT, INDWELLING (IMPLANTABLE)	\$0.00	10/01/2012
C1789	PROSTHESIS, BREAST (IMPLANTABLE)	\$0.00	10/01/2012
C1813	PROSTHESIS, PENILE, INFLATABLE	\$0.00	10/01/2012
C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	\$0.00	10/01/2012
C1815	PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)	\$0.00	10/01/2012
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	\$0.00	10/01/2012
C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	\$0.00	10/01/2012
C1818	INTEGRATED KERATOPROSTHESIS	\$0.00	10/01/2012
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	\$0.00	10/01/2012
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE B	\$0.00	10/01/2012
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	\$0.00	10/01/2012
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATT	CCR	01/01/2016
C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	\$0.00	10/01/2012
C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	\$0.00	10/01/2012
C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	\$0.00	10/01/2012
C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	\$0.00	10/01/2012

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C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	\$0.00	10/01/2012
C1880	VENA CAVA FILTER	\$0.00	10/01/2012
C1881	DIALYSIS ACCESS SYSTEM (IMPLANTABLE)	\$0.00	10/01/2012
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	\$0.00	10/01/2012
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	\$0.00	10/01/2012
C1884	EMBOLIZATION PROTECTIVE SYSTEM	\$0.00	10/01/2012
C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	\$0.00	10/01/2012
C1886	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	\$0.00	10/01/2013
C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	\$0.00	10/01/2012
C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	\$0.00	10/01/2012
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	\$0.00	10/01/2012
C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	\$0.00	10/01/2012
C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	\$0.00	10/01/2012
C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC ELECTROPHYSIOLOGI	\$0.00	10/01/2012
C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	\$0.00	10/01/2012
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	\$0.00	10/01/2012
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	\$0.00	10/01/2012
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)	\$0.00	10/01/2012
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	\$0.00	10/01/2012
<b>C2613</b>	<b>LUNG BIOPSY PLUG WITH DELIVERY SYSTEM</b>	<b>CCR</b>	<b>10/01/2016</b>
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	\$0.00	10/01/2012
C2615	SEALANT, PULMONARY, LIQUID	\$0.00	10/01/2012
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	\$15,220.62	10/01/2016
C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	\$0.00	10/01/2012
C2618	PROBE/NEEDLE, CRYOABLATION	\$0.00	10/01/2012
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/01/2012
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/01/2012
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	\$0.00	10/01/2012
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	\$0.00	10/01/2012
C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	\$0.00	10/01/2012

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C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	\$0.00	10/01/2012
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	\$0.00	10/01/2012
C2628	CATHETER, OCCLUSION	\$0.00	10/01/2012
C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	\$0.00	10/01/2012
C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	\$0.00	10/01/2012
C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	\$0.00	10/01/2012
C2634	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01	\$80.92	10/01/2016
C2635	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALADIUM-103, GREATER THAN 2.	\$33.48	10/01/2016
C2636	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM	\$13.53	10/01/2016
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	\$36.19	10/01/2016
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	\$34.81	10/01/2016
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103. PER SOURCE	\$65.34	10/01/2016
C2641	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103 PER SOURCE	\$62.92	10/01/2016
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM0131, PER SOURCE	\$82.26	10/01/2016
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED CESIUM-131, PER SOURCE	\$49.57	10/01/2016
C2644	BRACHYTHERAPY SOURCE, CESIUM-131 CHLORIDE SOLUTION, PER MILLICURIE	\$11.79	10/01/2016
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PERSOURCE	\$36.19	10/01/2016
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED,PER SOURCE	\$13.53	10/01/2016
C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$197.24	10/01/2016
C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$0.00	01/01/2014
C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$993.62	10/01/2016
C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$0.00	01/01/2014
C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$197.24	10/01/2016
C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$0.00	01/01/2014
C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$711.19	10/01/2016
C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$0.00	01/01/2014
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	\$211.39	10/01/2016
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	\$121.68	10/01/2016
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$211.39	10/01/2016
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	\$211.39	10/01/2016

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C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL	\$121.68	10/01/2016
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$211.39	10/01/2016
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	\$211.39	10/01/2016
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL	\$121.68	10/01/2016
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$211.39	10/01/2016
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$211.39	10/01/2016
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$121.68	10/01/2016
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$211.39	10/01/2016
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	\$211.39	10/01/2016
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	\$121.68	10/01/2016
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$211.39	10/01/2016
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	\$211.39	10/01/2016
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	\$121.68	10/01/2016
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$211.39	10/01/2016
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS	\$211.39	10/01/2016
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	\$121.68	10/01/2016
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINA	\$211.39	10/01/2016
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	\$211.39	10/01/2016
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	\$121.68	10/01/2016
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER	\$211.39	10/01/2016
C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	\$0.00	10/01/2012
C9121	INJECTION, ARGATROBAN, PER 5 MG	\$14.38	10/01/2016
C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. O	\$1.54	10/01/2015
C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	\$4.10	10/01/2016
C9254	INJECTION, LACOSAMIDE, 1 MG	\$0.00	10/01/2013
C9257	INJECTION, BEVACIZUMAB, 0.25 MG	\$1.65	10/01/2015
C9275	INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE	\$0.00	10/01/2013
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	\$0.00	10/01/2014
C9290	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	\$0.00	10/01/2015
C9293	INJECTION, GLUCARPIDASE, 10 UNITS	\$257.68	10/01/2016

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C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CENTIMETER LEN	\$0.00	10/01/2012
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENT	\$0.00	10/01/2012
C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE	\$0.00	10/01/2012
<b>C9399</b>	<b>UNCLASSIFIED DRUGS OR BIOLOGICALS</b>	<b>CCR</b>	<b>10/01/2013</b>
C9447	INJECTION, PHENYLEPHRINE AND KETOROLAC, 4 ML VIAL	\$468.26	10/01/2015
C9458	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	\$939.86	01/01/2016
C9459	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$3,135.00	01/01/2016
C9460	INJECTION, CANGRELOR, 1 MG	\$15.09	01/01/2016
C9497	LOXAPINE, INHALATION POWDER, 10 MG	\$139.97	10/01/2016
C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAP	\$222.11	10/01/2016
C9726	RXT BREAST APP. PLACE/REMOVE	\$0.00	10/01/2014
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG,	\$457.87	10/01/2016
C9733	NON-OPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY	\$0.00	10/01/2012
C9739	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	\$1,434.79	10/01/2016
C9740	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	\$3,533.76	10/01/2016
C9742	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTI	\$470.33	10/01/2016
C9743	INJECTION/IMPLANTATION OF BULKING OR SPACER MATERIAL (ANY TY	\$1,048.13	10/01/2016
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$215.92	10/01/2014
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$215.92	10/01/2014
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$215.92	10/01/2014
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	\$215.92	10/01/2014
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$215.92	10/01/2014
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$215.92	10/01/2014
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$215.92	10/01/2014
D2932	PREFABRICATED RESIN CROWN	\$215.92	10/01/2014
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$215.92	10/01/2014
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	\$215.92	10/01/2014
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$215.92	10/01/2014
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	\$0.00	10/01/2012
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	\$0.00	10/01/2012

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E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00	10/01/2012
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00	10/01/2012
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	\$0.00	10/01/2012
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$107.90	10/01/2016
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$340.75	10/01/2016
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$340.75	10/01/2016
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$0.00	10/01/2015
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	\$17.94	10/01/2016
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	\$199.47	10/01/2016
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$0.00	10/01/2015
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	\$0.00	10/01/2012
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	\$267.76	10/01/2016
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	\$0.00	10/01/2012
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	\$0.00	10/01/2012
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	\$0.00	10/01/2012
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	\$1,305.80	10/01/2014
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	\$931.58	10/01/2014
G0364	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME	\$0.00	10/01/2015
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$68.31	10/01/2016
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	\$93.07	10/01/2015
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERE	\$35.46	10/01/2016
J0130	INJECTION ABCIXIMAB, 10 MG	\$916.87	10/01/2016
J0131	INJECTION, ACETAMINOPHEN, 10 MG	\$0.00	10/01/2014
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	\$1.90	10/01/2016
J0133	INJECTION, ACYCLOVIR, 5 MG	\$0.00	10/01/2012
J0135	INJECTION, ADALIMUMAB, 20 MG	\$705.81	10/01/2016
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COM	\$0.00	01/01/2015
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	\$0.00	10/01/2012
J0178	INJECTION, AFLIBERCEPT, 1 MG	\$931.48	10/01/2014
J0180	INJECTION, AGALSIDASE BETA, 1 MG	\$150.14	10/01/2016

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J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	\$2.85	10/01/2014
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	\$0.00	10/01/2016
J0202	INJECTION, ALEMTUZUMAB, 1 MG	\$1,656.03	01/01/2016
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	\$37.93	10/01/2014
J0207	INJECTION, AMIFOSTINE, 500 MG	\$345.73	10/01/2016
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	\$0.00	10/01/2014
J0215	INJECTION, ALEFACEPT, 0.5 MG	\$39.56	10/01/2013
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	\$196.31	10/01/2015
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	\$145.92	10/01/2015
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	\$4.23	10/01/2016
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	\$3.90	10/01/2015
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	\$0.00	10/01/2012
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	\$0.00	10/01/2012
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	\$0.00	10/01/2012
J0285	INJECTION, AMPHOTERICIN B, 50 MG	\$0.00	10/01/2012
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	\$11.76	10/01/2016
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	\$0.00	10/01/2014
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	\$17.32	10/01/2016
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	\$0.00	10/01/2012
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	\$0.00	10/01/2012
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	\$184.55	10/01/2014
J0330	INJECTION, SUCCINYLMCHOLINE CHLORIDE, UP TO 20 MG	\$0.00	10/01/2012
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	\$0.00	10/01/2014
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	\$0.00	10/01/2013
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	\$0.00	10/01/2012
J0364	INJECTION, APMORPHINE HYDROCHLORIDE, 1 MG	\$0.00	10/01/2013
J0365	INJECTION, APROTONIN, 10,000 KIU	\$3.25	10/01/2014
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	\$0.00	10/01/2012
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	\$0.00	10/01/2012
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	\$77.95	10/01/2014

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J0400	INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	\$0.00	10/01/2012
J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	\$3.90	10/01/2015
J0456	INJECTION, AZITHROMYCIN, 500 MG	\$0.00	10/01/2012
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	\$0.00	10/01/2012
J0470	INJECTION, DIMERCAPROL, PER 100 MG	\$0.00	10/01/2012
J0475	INJECTION, BACLOFEN, 10 MG	\$161.53	10/01/2016
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	\$72.27	10/01/2016
J0480	INJECTION, BASILIXIMAB, 20 MG	\$2,708.94	10/01/2016
J0485	INJECTION, BELATACEPT, 1 MG	\$3.61	10/01/2015
J0490	INJECTION, BELIMUMAB, 10 MG	\$38.51	10/01/2015
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	\$0.00	10/01/2012
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	\$0.00	10/01/2012
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	\$0.00	10/01/2012
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	\$0.00	10/01/2012
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$7.45	10/01/2016
J0583	INJECTION, BIVALIRUDIN, 1 MG	\$3.52	10/01/2016
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	\$5.43	10/01/2016
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	\$7.66	10/01/2016
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	\$11.07	10/01/2016
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	\$4.44	10/01/2016
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	\$0.00	10/01/2012
J0594	INJECTION, BUSULFAN, 1 MG	\$31.54	10/01/2016
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	\$0.00	10/01/2012
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	\$22.13	01/01/2016
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	\$38.49	10/01/2016
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	\$51.74	10/01/2016
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	\$5,314.70	10/01/2015
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	\$0.00	10/01/2012
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	\$0.00	10/01/2012
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	\$1,906.51	10/01/2016

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J0636	INJECTION, CALCITRIOL, 0.1 MCG	\$0.00	10/01/2012
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	\$12.11	10/01/2016
J0638	INJECTION, CANAKINUMAB, 1 MG	\$87.19	10/01/2016
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	\$0.00	10/01/2012
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	\$1.82	10/01/2016
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	\$0.00	10/01/2012
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	\$0.00	10/01/2012
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	\$0.00	10/01/2012
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	\$0.00	10/01/2012
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	\$0.40	01/01/2016
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	\$0.00	10/01/2012
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	\$0.00	10/01/2012
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	\$0.00	10/01/2012
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	\$0.00	10/01/2012
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	\$0.00	10/01/2012
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	\$2.03	10/01/2016
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	\$0.00	10/01/2012
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	\$71.75	01/01/2016
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	\$0.00	10/01/2012
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB) <sub>2</sub> , UP TO 120 MILLIGRAMS	\$3,454.01	10/01/2013
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADM	\$6.29	10/01/2016
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	\$30.15	10/01/2016
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	\$21.46	10/01/2016
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	\$0.00	10/01/2012
J0740	INJECTION, CIDOFOVIR, 375 MG	\$617.67	10/01/2016
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	\$0.00	10/01/2012
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	\$0.00	10/01/2012
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	\$0.00	10/01/2012
J0760	INJECTION, COLCHICINE, PER 1MG	\$0.00	10/01/2012
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	\$0.00	10/01/2012

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J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	\$36.16	10/01/2016
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	\$0.00	10/01/2012
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	\$7.35	10/01/2015
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	\$3,294.72	10/01/2016
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	\$96.60	10/01/2013
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	\$0.00	10/01/2012
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	\$2,415.83	10/01/2016
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	\$1,011.53	10/01/2016
J0875	INJECTION, DALBAVANCIN, 5MG	\$13.57	01/01/2016
J0878	INJECTION, DAPTOMYCIN, 1 MG	\$0.72	10/01/2015
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	\$4.16	10/01/2016
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	\$11.99	10/01/2016
J0894	INJECTION, DECITABINE, 1 MG	\$21.02	10/01/2016
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	\$0.00	10/01/2012
J0897	INJECTION, DENOSUMAB, 1 MG	\$14.48	10/01/2016
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	\$0.00	10/01/2012
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	\$0.00	10/01/2012
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$0.00	10/01/2012
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	\$0.00	10/01/2012
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	\$0.00	10/01/2012
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	\$0.00	10/01/2013
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	\$0.00	01/01/2015
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	\$0.00	10/01/2012
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	\$0.00	10/01/2012
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	\$0.00	10/01/2012
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	\$0.00	10/01/2012
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	\$0.00	10/01/2012
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	\$2,507.30	10/01/2016
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	\$0.00	10/01/2012
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	\$0.00	10/01/2012

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J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	\$0.00	10/01/2012
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	\$139.06	10/01/2016
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	\$0.00	10/01/2012
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	\$113.93	10/01/2016
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	\$0.00	10/01/2014
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	\$0.00	10/01/2012
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	\$0.00	10/01/2012
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	\$0.00	10/01/2012
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	\$0.00	10/01/2012
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	\$0.00	10/01/2012
J1265	INJECTION, DOPAMINE HCL, 40 MG	\$0.00	10/01/2012
J1267	INJECTION, DORIPENEM, 10 MG	\$0.00	10/01/2012
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	\$0.00	10/01/2012
J1290	INJECTION, ECALLANTIDE, 1 MG	\$382.32	10/01/2016
J1300	INJECTION, ECULIZUMAB, 10 MG	\$205.12	10/01/2016
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	\$0.00	10/01/2012
J1322	INJECTION, ELOSULFASE ALFA, 1MG	\$210.46	10/01/2016
J1324	INJECTION, ENFUVRTIDE, 1 MG	\$17.70	10/01/2015
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	\$0.00	10/01/2012
J1327	INJECTION, EPTIFIBATIDE, 5 MG	\$30.77	10/01/2016
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	\$0.00	10/01/2012
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	\$0.00	10/01/2012
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	\$45.98	10/01/2016
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	\$0.00	10/01/2012
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	\$204.92	10/01/2016
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	\$383.89	10/01/2016
J1435	INJECTION, ESTRONE, PER 1 MG	\$1.39	10/01/2014
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	\$0.00	10/01/2012
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$314.27	10/01/2016
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	\$1.01	10/01/2016

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J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	\$0.95	10/01/2014
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	\$3.65	10/01/2016
J1450	INJECTION FLUCONAZOLE, 200 MG	\$0.00	10/01/2012
J1451	INJECTION, FOMEPIZOLE, 15 MG	\$6.66	10/01/2016
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	\$0.00	10/01/2014
J1453	INJECTION, FOSAPREPITANT, 1 MG	\$1.64	10/01/2015
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	\$0.00	10/01/2015
J1457	INJECTION, GALLIUM NITRATE, 1 MG	\$0.00	10/01/2012
J1458	INJECTION, GALSULFASE, 1 MG	\$346.54	10/01/2016
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$36.15	10/01/2016
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	\$0.00	10/01/2015
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	\$36.57	10/01/2016
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUI	\$35.42	10/01/2016
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	\$8.05	10/01/2016
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	\$0.00	10/01/2015
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID),	\$38.29	10/01/2016
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	\$11.48	10/01/2014
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWIS	\$31.45	10/01/2016
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$40.66	10/01/2016
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID),	\$36.63	10/01/2016
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	\$0.00	10/01/2015
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	\$51.71	10/01/2016
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHI	\$33.88	10/01/2016
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	\$51.71	10/01/2016
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	\$10.41	01/01/2016
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	\$0.00	10/01/2012
J1590	INJECTION, GATIFLOXACIN, 10MG	\$0.00	10/01/2014
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHE	\$0.00	10/01/2012
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	\$0.00	10/01/2016
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	\$23.11	10/01/2016

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J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	\$181.07	10/01/2016
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	\$5.47	10/01/2014
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	\$0.00	10/01/2012
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	\$0.00	10/01/2012
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	\$0.00	10/01/2012
J1640	INJECTION, HEMIN, 1 MG	\$20.68	10/01/2016
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	\$0.00	10/01/2012
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	\$0.00	10/01/2012
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	\$0.00	10/01/2012
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	\$0.00	10/01/2012
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	\$0.00	10/01/2012
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	\$0.00	10/01/2012
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	\$242.45	10/01/2016
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	\$0.00	10/01/2012
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	\$0.00	10/01/2012
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	\$0.00	10/01/2012
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	\$2.48	10/01/2016
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	\$79.67	10/01/2014
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	\$110.84	10/01/2016
J1741	INJECTION, IBUPROFEN, 100 MG	\$0.00	10/01/2013
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	\$59.95	10/01/2016
J1743	INJECTION, IDURSULFASE, 1 MG	\$472.61	10/01/2016
J1744	INJECTION, ICATIBANT, 1 MG	\$283.96	10/01/2016
J1745	INJECTION INFLIXIMAB, 10 MG	\$74.82	10/01/2016
J1750	INJECTION, IRON DEXTRAN, 50 MG	\$11.48	10/01/2016
J1756	INJECTION, IRON SUCROSE, 1 MG	\$0.00	10/01/2013
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	\$39.90	10/01/2015
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	\$0.00	10/01/2012
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	\$0.00	10/01/2012
J1815	INJECTION, INSULIN, PER 5 UNITS	\$0.00	10/01/2012

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J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	\$0.00	10/01/2012
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$339.36	10/01/2016
J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	\$0.65	01/01/2016
J1835	INJECTION, ITRACONAZOLE, 50 MG	\$0.26	10/01/2014
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	\$0.00	10/01/2012
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	\$0.00	10/01/2012
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$0.00	10/01/2012
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	\$0.00	10/01/2012
J1930	INJECTION, LANREOTIDE, 1 MG	\$44.82	10/01/2016
J1931	INJECTION, LARONIDASE, 0.1 MG	\$27.98	10/01/2015
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	\$0.00	10/01/2012
J1945	INJECTION, LEPIRUDIN, 50 MG	\$223.74	10/01/2015
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$855.83	10/01/2016
J1953	INJECTION, LEVETIRACETAM, 10 MG	\$0.00	10/01/2012
J1956	INJECTION, LEVOFLOXACIN, 250 MG	\$0.00	10/01/2012
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	\$0.00	10/01/2012
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	\$0.00	10/01/2012
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	\$0.00	10/01/2012
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	\$0.00	10/01/2012
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	\$0.00	10/01/2012
J2020	INJECTION, LINEZOLID, 200MG	\$30.04	10/01/2016
J2060	INJECTION, LORAZEPAM, 2 MG	\$0.00	10/01/2012
J2150	INJECTION, MANNITOL, 25% IN 50 ML	\$0.00	10/01/2012
J2170	INJECTION, MECASERMIN, 1 MG	\$0.00	10/01/2013
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	\$0.00	10/01/2012
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	\$0.00	10/01/2012
J2185	INJECTION, MEROPENEM, 100 MG	\$0.00	10/01/2012
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	\$0.00	10/01/2012
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	\$0.00	10/01/2015
J2248	INJECTION, MICAfungin Sodium, 1 MG	\$0.00	10/01/2016

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J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	\$0.00	10/01/2012
J2260	INJECTION, MILRINONE LACTATE, 5 MG	\$0.00	10/01/2012
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	\$0.00	10/01/2014
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	\$0.00	10/01/2012
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE,	\$0.00	01/01/2015
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM	\$6.73	10/01/2016
J2280	INJECTION, MOXIFLOXACIN, 100 MG	\$0.00	10/01/2012
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	\$0.00	10/01/2012
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$0.00	10/01/2012
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$3.02	10/01/2015
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	\$116.64	10/01/2015
J2323	INJECTION, NATALIZUMAB, 1 MG	\$15.43	10/01/2016
J2325	INJECTION, NESIRITIDE, 0.1 MG	\$69.33	10/01/2016
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	\$149.09	10/01/2016
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS	\$0.00	10/01/2012
J2355	INJECTION, OPRELVEKIN, 5 MG	\$396.90	10/01/2016
J2357	INJECTION, OMALIZUMAB, 5 MG	\$28.41	10/01/2016
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	\$2.77	10/01/2015
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	\$0.00	10/01/2012
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	\$0.00	10/01/2012
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	\$0.00	10/01/2012
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$0.00	10/01/2012
J2407	INJECTION, ORITAVANCIN, 10 MG	\$23.82	01/01/2016
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	\$0.00	10/01/2012
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	\$14.81	10/01/2015
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	\$8.03	10/01/2016
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	\$0.00	10/01/2012
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	\$0.00	10/01/2012
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	\$0.00	10/01/2013
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	\$19.50	10/01/2016

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J2501	INJECTION, PARICALCITOL, 1 MCG	\$0.00	10/01/2012
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	\$238.70	01/01/2016
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	\$980.26	10/01/2016
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	\$267.06	10/01/2016
J2505	INJECTION, PEGFILGRASTIM, 6 MG	\$3,584.15	10/01/2016
J2507	INJECTION, PEGLOTICASE, 1 MG	\$1,177.20	10/01/2016
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	\$0.00	10/01/2012
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	\$0.00	10/01/2013
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	\$0.00	10/01/2016
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	\$0.00	10/01/2012
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125	\$0.00	10/01/2012
J2547	INJECTION, PERAMIVIR, 1 MG	\$1.60	01/01/2016
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	\$0.00	10/01/2012
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	\$0.00	10/01/2012
J2562	INJECTION, PLERIXAFOR, 1 MG	\$290.68	10/01/2016
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	\$0.00	10/01/2012
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	\$8.52	10/01/2016
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	\$0.00	10/01/2012
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	\$1,520.38	10/01/2015
J2675	INJECTION, PROGESTERONE, PER 50 MG	\$0.00	10/01/2012
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	\$0.00	10/01/2012
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	\$0.00	10/01/2012
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	\$0.00	10/01/2014
J2704	INJECTION, PROPOFOL, 10 MG	\$0.00	01/01/2015
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	\$0.00	10/01/2012
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	\$0.00	10/01/2012
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	\$14.36	10/01/2016
J2725	INJECTION, PROTIRELIN, PER 250 MCG	\$26.84	10/01/2014
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	\$0.00	10/01/2016
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	\$151.05	10/01/2015

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J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	\$0.00	10/01/2012
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	\$295.49	10/01/2016
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	\$371.84	10/01/2016
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	\$0.00	10/01/2012
J2783	INJECTION, RASBURICASE, 0.5 MG	\$216.23	10/01/2016
J2785	INJECTION, REGADENOSON, 0.1 MG	\$0.00	10/01/2014
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	\$0.00	10/01/2014
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	\$0.00	10/01/2014
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVE	\$0.00	10/01/2016
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	\$18.43	10/01/2016
J2793	INJECTION, RILONACEPT, 1 MG	\$22.89	10/01/2013
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	\$6.56	10/01/2016
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	\$0.00	10/01/2012
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	\$54.60	10/01/2016
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	\$0.00	10/01/2012
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	\$0.00	10/01/2012
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	\$0.00	10/01/2012
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	\$30.10	10/01/2016
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	\$33.04	10/01/2015
J2860	INJECTION, SILTUXIMAB, 10 MG	\$8.46	01/01/2016
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	\$0.00	10/01/2012
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	\$0.00	10/01/2012
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	\$0.00	10/01/2012
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	\$0.00	10/01/2012
J2940	INJECTION, SOMATREM, 1 MG	\$38.18	10/01/2014
J2941	INJECTION, SOMATROPIN, 1 MG	\$77.51	10/01/2015
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	\$0.00	10/01/2012
J2993	INJECTION, RETEPLASE, 18.1 MG	\$2,186.81	10/01/2014
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	\$0.00	10/01/2013
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	\$70.05	10/01/2016

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J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	\$0.00	10/01/2012
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	\$0.00	10/01/2012
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$0.00	10/01/2013
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	\$34.66	10/01/2016
J3070	INJECTION, PENTAZOCINE, 30 MG	\$115.74	10/01/2016
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	\$0.11	01/01/2016
J3095	INJECTION, TELEVANCIN, 10 MG	\$4.66	10/01/2016
J3101	INJECTION, TENECTEPLASE, 1 MG	\$89.26	10/01/2016
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	\$0.00	10/01/2012
J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	\$0.00	01/01/2015
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	\$1.11	10/01/2015
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	\$0.00	10/01/2012
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	\$1,360.56	10/01/2016
J3243	INJECTION, TIGECYCLINE, 1 MG	\$2.23	10/01/2016
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	\$8.49	10/01/2016
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	\$0.00	10/01/2012
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	\$0.00	10/01/2012
J3262	INJECTION, TOCILIZUMAB, 1 MG	\$3.66	10/01/2016
J3265	INJECTION, TORSEMIDE, 10 MG/ML	\$0.00	10/01/2012
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	\$0.00	10/01/2012
J3285	INJECTION, TREPROSTINIL, 1 MG	\$58.18	10/01/2013
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	\$3.53	10/01/2016
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	\$0.00	10/01/2012
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	\$0.00	10/01/2012
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	\$0.00	10/01/2012
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	\$123.46	10/01/2014
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	\$0.00	10/01/2013
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	\$137.36	10/01/2016
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	\$27.15	10/01/2014
J3350	INJECTION, UREA, UP TO 40 GM	\$0.00	10/01/2016

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J3357	INJECTION, USTEKINUMAB, 1 MG	\$158.64	10/01/2016
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	\$0.00	10/01/2012
J3364	INJECTION, UROKINASE, 5000 IU VIAL	\$0.00	10/01/2012
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	\$413.10	10/01/2014
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	\$0.00	10/01/2012
J3380	INJECTION, VEDOLIZUMAB, 1 MG	\$16.18	01/01/2016
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	\$328.78	10/01/2016
J3396	INJECTION, VERTEPORFIN, 0.1 MG	\$10.44	10/01/2016
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	\$0.00	10/01/2013
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	\$0.00	10/01/2012
J3411	INJECTION, THIAMINE HCL, 100 MG	\$0.00	10/01/2012
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	\$0.00	10/01/2012
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	\$0.00	10/01/2012
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	\$0.00	10/01/2012
J3465	INJECTION, VORICONAZOLE, 10 MG	\$3.98	10/01/2016
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	\$0.00	10/01/2012
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 US	\$0.00	10/01/2012
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	\$0.00	10/01/2012
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	\$0.00	10/01/2012
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	\$0.00	10/01/2012
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	\$0.00	10/01/2012
J3485	INJECTION, ZIDOVUDINE, 10 MG	\$0.00	10/01/2016
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	\$0.00	10/01/2012
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	\$33.22	10/01/2016
J3490	UNCLASSIFIED DRUGS	\$0.00	10/01/2012
J3530	NASAL VACCINE INHALATION	\$0.00	10/01/2012
J3590	UNCLASSIFIED BIOLOGICS	\$0.00	10/01/2012
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	\$0.00	10/01/2012
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	\$0.00	10/01/2012
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	\$0.00	10/01/2012

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J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	\$0.00	10/01/2012
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	\$0.00	10/01/2012
J7070	INFUSION, D5W, 1000 CC	\$0.00	10/01/2012
J7100	INFUSION, DEXTRAN 40, 500 ML	\$0.00	10/01/2012
J7110	INFUSION, DEXTRAN 75, 500 ML	\$0.00	10/01/2012
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	\$0.00	10/01/2012
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	\$0.00	10/01/2012
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	\$1.00	10/01/2015
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	\$7.04	10/01/2015
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	\$13.37	10/01/2016
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	\$0.97	10/01/2016
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	\$1.35	10/01/2016
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER	\$0.91	10/01/2015
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	\$0.94	10/01/2015
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	\$4.66	01/01/2016
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	\$1.97	10/01/2016
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	\$0.91	10/01/2016
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	\$0.19	01/01/2014
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFI	\$1.10	10/01/2016
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	\$1.02	10/01/2016
J7194	FACTOR IX, COMPLEX, PER I.U.	\$1.13	10/01/2016
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE	\$1.39	10/01/2016
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	\$98.18	10/01/2013
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	\$3.20	10/01/2016
J7198	ANTI-INHIBITOR, PER I.U.	\$1.74	10/01/2015
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	\$1.17	10/01/2016
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU	\$2.67	10/01/2015
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	\$1.81	01/01/2016
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE	\$278.15	10/01/2016
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	\$79.51	10/01/2013

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J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	\$16,112.00	10/01/2013
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	\$19,131.18	10/01/2016
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	\$190.98	10/01/2016
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	\$466.40	01/01/2016
J7315	MITOMYCIN, OPHTHALMIC, 0.2 MG	\$0.00	10/01/2016
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	\$994.41	01/01/2014
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER	\$84.18	10/01/2016
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$144.40	10/01/2016
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$164.00	10/01/2016
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION,	\$12.23	10/01/2016
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$549.20	10/01/2016
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$910.53	10/01/2016
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	\$2.67	10/01/2016
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	\$2.03	01/01/2016
J7500	AZATHIOPRINE, ORAL, 50 MG	\$0.00	10/01/2012
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	\$206.44	10/01/2014
J7502	CYCLOSPORINE, ORAL, 100 MG	\$0.00	10/01/2012
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	\$1,015.86	10/01/2016
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	\$6.29	10/01/2014
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	\$0.00	10/01/2012
J7508	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	\$0.37	10/01/2015
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	\$0.00	10/01/2012
J7510	PREDNISOLONE ORAL, PER 5 MG	\$0.00	10/01/2012
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	\$606.57	10/01/2016
J7513	DACLIZUMAB, PARENTERAL, 25 MG	\$500.02	10/01/2013
J7515	CYCLOSPORINE, ORAL, 25 MG	\$0.00	10/01/2012
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	\$0.00	10/01/2012
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	\$0.00	10/01/2012
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	\$0.00	10/01/2012
J7520	SIROLIMUS, ORAL, 1 MG	\$0.00	10/01/2012

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J7525	TACROLIMUS, PARENTERAL, 5 MG	\$155.09	10/01/2016
J7527	EVEROLIMUS, ORAL, 0.25 MG	\$0.00	10/01/2014
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	\$0.00	10/01/2012
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	\$0.00	10/01/2013
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	\$0.00	10/01/2012
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	\$0.00	10/01/2012
J8501	APREPITANT, ORAL, 5 MG	\$9.06	10/01/2016
J8510	BUSULFAN; ORAL, 2 MG	\$0.00	10/01/2014
J8520	CAPECITABINE, ORAL, 150 MG	\$4.98	10/01/2016
J8521	CAPECITABINE, ORAL, 500 MG	\$15.82	10/01/2016
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	\$0.00	10/01/2012
J8540	DEXAMETHASONE, ORAL, 0.25 MG	\$0.00	10/01/2012
J8560	ETOPOSIDE; ORAL, 50 MG	\$65.30	10/01/2016
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	\$0.00	10/01/2014
J8600	MELPHALAN; ORAL, 2 MG	\$0.00	10/01/2012
J8610	METHOTREXATE; ORAL, 2.5 MG	\$0.00	10/01/2012
J8650	NABILONE, ORAL, 1 MG	\$32.40	10/01/2015
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	\$451.11	01/01/2016
J8700	TEMOZOLOMIDE, ORAL, 5 MG	\$2.53	10/01/2016
J8705	TOPOTECAN, ORAL, 0.25 MG	\$96.29	10/01/2016
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	\$0.00	10/01/2012
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	\$2,534.13	10/01/2015
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	\$56.45	10/01/2016
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	\$357.67	10/01/2016
J9020	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	\$0.00	10/01/2016
J9025	INJECTION, AZACITIDINE, 1 MG	\$2.90	10/01/2016
J9027	INJECTION, CLOFARABINE, 1 MG	\$131.46	10/01/2016
J9031	BCG (INTRAVESICAL) PER INSTILLATION	\$116.74	10/01/2016
J9032	INJECTION, BELINOSTAT, 10 MG	\$30.06	01/01/2016
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	\$23.43	10/01/2016

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J9035	INJECTION, BEVACIZUMAB, 10 MG	\$66.12	10/01/2016
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	\$91.20	01/01/2016
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	\$0.00	10/01/2012
J9041	INJECTION, BORTEZOMIB, 0.1 MG	\$44.41	10/01/2015
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	\$113.64	10/01/2016
J9043	INJECTION, CABAZITAXEL, 1 MG	\$141.23	10/01/2016
J9045	INJECTION, CARBOPLATIN, 50 MG	\$0.00	10/01/2012
J9047	INJECTION, CARFILZOMIB, 1 MG	\$29.51	10/01/2016
J9050	INJECTION, CARMUSTINE, 100 MG	\$2,824.67	10/01/2016
J9055	INJECTION, CETUXIMAB, 10 MG	\$50.81	10/01/2016
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	\$0.00	10/01/2012
J9065	INJECTION, CLADRIBINE, PER 1 MG	\$19.86	10/01/2016
J9070	CYCLOPHOSPHAMIDE, 100 MG	\$46.50	10/01/2016
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	\$547.66	10/01/2016
J9100	INJECTION, CYTARABINE, 100 MG	\$0.00	10/01/2012
J9120	INJECTION, DACTINOMYCIN, 0.5 MG	\$1,106.34	10/01/2016
J9130	DACARBAZINE, 100 MG	\$0.00	10/01/2012
J9150	INJECTION, DAUNORUBICIN, 10 MG	\$25.13	10/01/2016
J9151	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	\$226.92	10/01/2016
J9155	INJECTION, DEGARELIX, 1 MG	\$3.41	10/01/2016
J9160	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	\$1,563.87	10/01/2013
J9165	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	\$11.64	10/01/2014
J9171	INJECTION, DOCETAXEL, 1 MG	\$3.32	10/01/2016
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	\$0.00	10/01/2012
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	\$0.00	10/01/2014
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	\$97.40	10/01/2016
J9181	INJECTION, ETOPOSIDE, 10 MG	\$0.00	10/01/2012
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	\$0.00	10/01/2016
J9190	INJECTION, FLUOROURACIL, 500 MG	\$0.00	10/01/2012
J9200	INJECTION, FLOXURIDINE, 500 MG	\$64.31	10/01/2016

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J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	\$0.00	10/01/2014
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	\$267.00	10/01/2016
J9206	INJECTION, IRINOTECAN, 20 MG	\$0.00	10/01/2013
J9207	INJECTION, IXABEPILONE, 1 MG	\$68.48	10/01/2016
J9208	INJECTION, IFOSFAMIDE, 1 GRAM	\$30.59	10/01/2016
J9209	INJECTION, MESNA, 200 MG	\$0.00	10/01/2012
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	\$33.14	10/01/2016
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	\$0.00	10/01/2014
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	\$696.89	10/01/2015
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	\$22.85	10/01/2016
J9215	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	\$0.00	10/01/2015
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	\$5,002.65	10/01/2016
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	\$230.66	10/01/2016
J9218	LEUPROLIDE ACETATE, PER 1 MG	\$0.00	10/01/2015
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	\$4,349.89	10/01/2014
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	\$2,861.68	10/01/2016
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	\$21,062.30	10/01/2016
J9228	INJECTION, IPILIMUMAB, 1 MG	\$131.89	10/01/2016
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	\$229.89	10/01/2016
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	\$1,221.13	10/01/2016
J9250	METHOTREXATE SODIUM, 5 MG	\$0.00	10/01/2012
J9260	METHOTREXATE SODIUM, 50 MG	\$0.00	10/01/2012
J9261	INJECTION, NELARABINE, 50 MG	\$141.14	10/01/2016
J9262	INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG	\$2.36	01/01/2014
J9263	INJECTION, OXALIPLATIN, 0.5 MG	\$0.46	10/01/2016
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	\$9.28	10/01/2016
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	\$5,880.25	10/01/2016
J9267	INJECTION, PACLITAXEL, 1 MG	\$0.00	01/01/2015
J9268	INJECTION, PENTOSTATIN, 10 MG	\$1,397.91	10/01/2016
J9270	INJECTION, PLICAMYCIN, 2.5 MG	\$0.00	10/01/2012

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J9271	INJECTION, PEMBROLIZUMAB, 1 MG	\$43.41	01/01/2016
J9280	INJECTION, MITOMYCIN, 5 MG	\$69.38	10/01/2016
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	\$30.51	10/01/2016
J9299	INJECTION, NIVOLUMAB, 1 MG	\$24.11	01/01/2016
J9300	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	\$2,605.46	10/01/2013
J9301	INJECTION, OBINUTUZUMAB, 10 MG	\$51.50	10/01/2016
J9302	INJECTION, OFATUMUMAB, 10 MG	\$47.00	10/01/2016
J9303	INJECTION, PANITUMUMAB, 10 MG	\$95.86	10/01/2016
J9305	INJECTION, PEMETREXED, 10 MG	\$58.15	10/01/2016
J9306	INJECTION, PERTUZUMAB, 1 MG	\$9.71	10/01/2014
J9307	INJECTION, PRALATREXATE, 1 MG	\$202.16	10/01/2016
J9308	INJECTION, RAMUCIRUMAB, 5 MG	\$51.27	01/01/2016
J9310	INJECTION, RITUXIMAB, 100 MG	\$711.27	10/01/2016
J9315	INJECTION, ROMIDEPSIN, 1 MG	\$276.30	10/01/2016
J9320	INJECTION, STREPTOZOCIN, 1 GRAM	\$307.82	10/01/2016
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	\$6.50	10/01/2016
J9330	INJECTION, TEMSIROLIMUS, 1 MG	\$59.38	10/01/2016
J9340	INJECTION, THIOTEPA, 15 MG	\$599.17	10/01/2014
J9351	INJECTION, TOPOTECAN, 0.1 MG	\$0.00	10/01/2016
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	\$27.75	10/01/2016
J9355	INJECTION, TRASTUZUMAB, 10 MG	\$82.99	10/01/2016
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	\$1,061.44	10/01/2016
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	\$0.00	10/01/2012
J9370	VINCRIStINE SULFATE, 1 MG	\$0.00	10/01/2012
J9371	INJECTION, VINCRIStINE SULFATE LIPOSOME, 1 MG	\$2,205.73	10/01/2016
J9390	INJECTION, VINOReLBINE TARTRATE, 10 MG	\$0.00	10/01/2013
J9395	INJECTION, FULVESTRANT, 25 MG	\$88.77	10/01/2016
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	\$7.90	10/01/2016
J9600	INJECTION, PORFIMER SODIUM, 75 MG	\$19,416.68	10/01/2016
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	\$0.00	10/01/2012

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L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	\$0.00	10/01/2012
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE,	\$0.00	10/01/2012
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY	\$0.00	10/01/2012
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE,	\$0.00	10/01/2012
L8609	ARTIFICIAL CORNEA	\$0.00	10/01/2012
L8610	OCULAR IMPLANT	\$0.00	10/01/2012
L8612	AQUEOUS SHUNT	\$0.00	10/01/2012
L8613	OSSICULA IMPLANT	\$0.00	10/01/2012
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$0.00	10/01/2012
L8630	METACARPOPHALANGEAL JOINT IMPLANT	\$0.00	10/01/2012
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G.,	\$0.00	10/01/2012
L8641	METATARSAL JOINT IMPLANT	\$0.00	10/01/2012
L8642	HALLUX IMPLANT	\$0.00	10/01/2012
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	\$0.00	10/01/2012
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G.,	\$0.00	10/01/2012
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	\$0.00	10/01/2012
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	\$79.06	10/01/2014
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	\$0.00	10/01/2012
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$0.00	10/01/2012
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	\$0.00	10/01/2012
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	\$0.00	10/01/2013
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	\$10.36	10/01/2015
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	\$51.81	10/01/2015
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	\$21.37	10/01/2015
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	\$50.77	10/01/2015
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD	\$0.77	10/01/2015
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	01/01/2014
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMP	\$0.00	10/01/2012
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00	10/01/2012
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	10/01/2012

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Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	10/01/2012
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00	10/01/2012
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00	10/01/2012
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00	10/01/2012
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	10/01/2013
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00	10/01/2012
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	\$0.00	10/01/2012
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	\$0.00	10/01/2012
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	\$0.00	10/01/2014
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST D	\$0.00	01/01/2014
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST D	\$0.00	01/01/2014
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE ANY IMPLANTED VENTRICULAR ASSIST DEVIC	\$0.00	01/01/2014
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	\$1.62	10/01/2014
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	\$0.00	10/01/2012
Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	\$0.00	10/01/2012
Q2017	INJECTION, TENIPOSIDE, 50 MG	\$3,319.74	10/01/2016
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	\$0.00	01/01/2014
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	\$34,868.85	10/01/2016
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPOSOMAL, IMPORTED, 1	\$483.01	10/01/2015
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWI	\$421.64	10/01/2016
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	\$38.49	10/01/2016
Q3031	COLLAGEN SKIN TEST	\$0.00	10/01/2013
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	\$0.00	10/01/2012
Q4101	APLIGRAF, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	\$0.00	10/01/2014

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Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4116	ALLODERM, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4118	MATRISTEM MICROMATRIX, 1 MG	\$0.00	10/01/2014
Q4119	MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4120	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2015
Q4121	THERASKIN, PER SQUARE CENTIMETER	\$34.20	10/01/2016
Q4122	DERMACELL, PER SQUARE CENTIMETER	\$0.00	10/01/2016
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4126	MEMODERM, DERMASpan, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	\$0.00	10/01/2015
Q4127	TALYMED, PER SQUARE CENTIMETER	\$0.00	10/01/2016
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	\$0.00	10/01/2014
Q4129	UNITE BIOMATRIX, PER SQUARE CENTIMETER	\$0.00	10/01/2015
Q4137	AMNIOEXCEL OR BIODEXCEL, PER SQ CM	\$0.00	01/01/2014
Q4138	BIODFENCE DRYFLEX, PER SQ CM	\$0.00	01/01/2014
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1CC	\$0.00	01/01/2014
Q4140	BIODFENCE, PER SQ CM	\$0.00	01/01/2014
Q4141	ALLOSKIN AC, PER SQ CM	\$0.00	01/01/2014
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	\$0.00	01/01/2014
Q4143	REPRIZA, PER SQUARE CENTIMETER	\$0.00	01/01/2014
Q4146	TENSIXTM ACELLULAR DERMAL MATRIX, PER SQ CM	\$0.00	01/01/2014
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTI	\$0.00	01/01/2014
Q4148	NEOX 1K, PER SQUARE CENTIMETER	\$0.00	01/01/2014
Q4149	EXCELLAGEN, 0.1 CC	\$0.00	01/01/2014
Q5101	INJECTION, FILGRASTIM (G-CSF) BIOSIMILAR, 1 MICROGRAM	\$0.92	10/01/2016
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	\$0.00	01/01/2016
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	\$0.00	10/01/2012

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Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	\$0.00	10/01/2012
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$0.00	10/01/2012
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT)	\$0.00	10/01/2012
Q9956	INJECTION, OCTAFLOUROPROPANE MICROSPHERES, PER ML	\$0.00	10/01/2012
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$0.00	10/01/2012
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/01/2012
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC.	\$0.00	10/01/2012
Q9960	HIGH OSMOLAR CONTRAST METERIAL, 200-249 MG/ML IODINE CONCECENTRATION PER ML	\$0.00	10/01/2012
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/01/2012
Q9962	HIGH OSMOLAR CONTRAST METERIAL, 300-349 MG/ML IODINE CONCENTRATIONM PER ML	\$0.00	10/01/2012
Q9963	HIGH OSMOLAR CONTRAST METERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/01/2012
Q9964	HIGH OLMOLAR CONTRAST METERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	\$0.00	10/01/2012
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/01/2012
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/01/2012
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/01/2012
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE	\$10.26	10/01/2016
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	\$0.00	10/01/2012
V2631	IRIS SUPPORTED INTRAOCULAR LENS	\$0.00	10/01/2012
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	\$0.00	10/01/2012
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	CCR	10/01/2011
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	\$0.00	10/01/2012