Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
Proposed Ambulatory Surgery Center Rates
Effective 10/01/2020

Procedure Code	Procedure Code Description	Eff Date	FFS Rate 10/01/2020
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	10/01/2020	2,180.58
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/01/2020	304.96
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/01/2020	304.96
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
0238T	CATHETER REMOVAL OF PLAQUE FROM GROIN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN	10/01/2020	9,741.48
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	10/01/2020	2,079.62
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	10/01/2020	84.16
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	10/01/2020	262.90
0412T	REMOVAL OF PULSE GENERATOR FOR HEART CONTRACTILITY MODULATOR SYSTEM	10/01/2020	1,297.11
0413T	REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM	10/01/2020	1,297.11
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE	10/01/2020	1,498.04
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING	10/01/2020	1,498.04
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT	10/01/2020	1,498.04
0437T	IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIA	10/1/2017	0.00
0439T	MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY; AT REST OR WITH STRESS, FOR ASSE	10/1/2017	0.00
0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING G	10/01/2020	581.35
0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING G	10/01/2020	581.35
0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING G	10/01/2020	2,800.26
0443T	REAL TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY	10/1/2017	0.00
0444T	INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, IN	10/1/2017	0.00
0445T	SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS I	10/1/2017	0.00
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	10/01/2020	2,254.02
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	1/1/2017	0.00
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF ME	10/01/2020	141.15
0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA	10/01/2020	114.07
0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA	2/1/2018	0.00
0487T	BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT	2/1/2018	0.00
0491T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN	10/01/2020	114.07
0492T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN	2/1/2018	0.00
0508T	PULSE-ECHO ULTRASOUND BONE DENSITY MEASUREMENT RESULTING IN INDICATOR OF AXIAL B	10/01/2020	39.83
10004	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; EACH ADDITIONAL LESION	1/1/2019	0.00
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION	10/01/2020	52.70
10006	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; EACH ADDITIONAL LE	1/1/2019	0.00
10007	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; FIRST LESION	10/01/2020	163.17
10008	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL	1/1/2019	0.00

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10009	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; FIRST LESION	10/01/2020	225.55
10010	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; EACH ADDITIONAL LESION (LI	1/1/2019	0.00
10011	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; FIRST LESION	10/01/2020	225.55
10012	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; EACH ADDITIONAL LESION (LI	1/1/2019	0.00
10021	FINE NEEDLE ASPIRATION OF FIRST LESION	10/01/2020	41.56
10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T	10/01/2020	225.55
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAG	10/1/2016	0.00
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	10/1/2016	0.00
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	10/01/2020	52.96
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	10/01/2020	81.08
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	10/01/2020	116.04
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	10/01/2020	146.45
10120	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN	10/01/2020	75.00
10121	REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN	10/01/2020	425.34
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	10/01/2020	77.28
10160	ASPIRATION OF ABSCESS, BLOOD ACCUMULATION, BLISTER, OR CYST	10/01/2020	58.53
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	10/01/2020	735.68
11000	REMOVAL OF INFLAMED OR INFECTED SKIN, UP TO 10% OF BODY SURFACE	10/01/2020	24.07
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	10/1/2014	0.00
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	10/01/2020	225.55
11011	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, AND MUSCLE AT OPEN FRACTURE AND/O	10/01/2020	225.55
11012	REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, MUSCLE, AND BONE AT OPEN FRACTURE	10/01/2020	735.68
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	10/01/2020	114.07
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	10/01/2020	181.34
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	10/01/2020	425.34
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	10/1/2014	0.00
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	10/1/2014	0.00
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	10/1/2014	0.00
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	10/1/2015	0.00
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	10/1/2016	0.00
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	10/01/2020	40.79
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION	10/01/2020	53.21
11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPARATE/	1/1/2019	0.00
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	10/01/2020	63.80
11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/A	1/1/2019	0.00
11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED)	10/01/2020	81.59
11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED	1/1/2019	0.00
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN	10/1/2015	0.00

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11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10	10/1/2014	0.00
11300	SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS	10/1/2016	0.00
11301	SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR	10/1/2016	0.00
11302	SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS	10/1/2016	0.00
11303	SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS	10/1/2016	0.00
11305	SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR G	10/1/2015	0.00
11306	SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS,	10/1/2016	0.00
11307	SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GE	10/01/2020	63.80
11308	SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENI	10/1/2016	0.00
11310	SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIP	10/01/2020	60.81
11311	SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS	10/01/2020	63.80
11312	SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS	10/01/2020	78.04
11313	SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS,	10/01/2020	86.40
11400	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE TRUNK, ARMS OR LEGS	10/01/2020	64.86
11401	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	73.98
11402	REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	80.83
11403	REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	87.67
11404	REMOVAL OF GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	425.34
11406	REMOVAL OF GROWTH (4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	425.34
11420	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, HANDS, FEET, OR	10/01/2020	62.33
11421	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	10/01/2020	73.23
11422	REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	10/01/2020	81.08
11423	REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	10/01/2020	87.92
11424	REMOVAL OF GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G	10/01/2020	425.34
11426	REMOVAL OF GROWTH (OVER 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR GEN	10/01/2020	735.68
11440	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LI	10/01/2020	71.20
11441	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	10/01/2020	80.06
11442	REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	10/01/2020	86.66
11443	REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, O	10/01/2020	96.03
11444	REMOVAL (3.1 TO 4.0 CENTIMETERS) GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR M	10/01/2020	425.34
11446	REMOVAL (OVER 4.0 CENTIMETERS) GROWTH OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR	10/01/2020	735.68
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	10/01/2020	735.68
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	10/01/2020	735.68
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	10/01/2020	735.68
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	10/01/2020	735.68
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	10/01/2020	735.68
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	10/01/2020	735.68
11600	REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE TRUNK, ARMS, OR LEG	10/01/2020	95.52

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11601	REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	106.42
11602	REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	114.07
11603	REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	123.14
11604	REMOVAL OF MALIGNANT GROWTH (3.1 TO 4 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	225.55
11606	REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	10/01/2020	425.34
11620	REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, HANDS,	10/01/2020	95.78
11621	REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE SCALP, NECK, HANDS,	10/01/2020	106.67
11622	REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE SCALP, NECK, HANDS,	10/01/2020	115.79
11623	REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE SCALP, NECK, HANDS,	10/01/2020	127.19
11624	REMOVAL OF MALIGNANT GROWTH (3.1 TO 4 CENTIMETERS) OF THE SCALP, NECK, HANDS, FE	10/01/2020	425.34
11626	REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FE	10/01/2020	735.68
11640	REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS	10/01/2020	98.56
11641	REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	10/01/2020	109.96
11642	REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	10/01/2020	120.35
11643	REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	10/01/2020	131.76
11644	REMOVAL OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS,	10/01/2020	425.34
11646	REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, N	10/01/2020	735.68
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	10/1/2015	0.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	10/1/2015	0.00
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	10/1/2015	0.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	10/1/2016	0.00
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	10/1/2014	0.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA	10/1/2015	0.00
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	10/01/2020	69.68
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL	10/01/2020	53.97
11760	REPAIR OF NAIL BED	10/01/2020	181.34
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	10/01/2020	131.24
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	10/1/2016	0.00
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	10/01/2020	735.68
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	10/01/2020	735.68
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	10/01/2020	735.68
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	10/1/2015	0.00
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	10/1/2015	0.00
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	10/01/2020	87.16
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	10/01/2020	96.53
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	10/01/2020	1,176.01
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	10/01/2020	2,459.12
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	10/01/2020	735.68

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11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	10/01/2020	52.96
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	10/1/2015	0.00
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2015	0.00
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2015	0.00
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2015	0.00
12001	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK,	10/1/2015	0.00
12002	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS	10/1/2015	0.00
12004	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITAL	10/1/2015	0.00
12005	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITA	10/01/2020	114.07
12006	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITA	10/01/2020	114.07
12007	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS,	10/01/2020	63.80
12011	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS	10/1/2015	0.00
12013	REPAIR OF WOUND (2.6 TO 5.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS,	10/1/2015	0.00
12014	REPAIR OF WOUND (5.1 TO 7.5 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS,	10/1/2015	0.00
12015	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS	10/01/2020	63.80
12016	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	10/01/2020	114.07
12017	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP	10/01/2020	114.07
12018	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS,	10/01/2020	63.80
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	10/01/2020	181.34
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	10/01/2020	114.07
12031	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/01/2020	114.07
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A	10/01/2020	114.07
12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/01/2020	114.07
12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/01/2020	114.07
12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	10/01/2020	181.34
12037	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN	10/01/2020	771.70
12041	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF NECK, HANDS, FEET, AND/OR GENITALS	10/01/2020	114.07
12042	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	10/01/2020	114.07
12044	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	10/01/2020	181.34
12045	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	10/01/2020	181.34
12046	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	10/01/2020	114.07
12047	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS	10/01/2020	771.70
12051	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AN	10/01/2020	114.07
12052	REPAIR OF WOUND (2.6 TO 5.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND	10/01/2020	114.07
12053	REPAIR OF WOUND (5.1 TO 7.5 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND	10/01/2020	114.07
12054	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AN	10/01/2020	114.07
12055	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, A	10/01/2020	114.07
12056	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, A	10/01/2020	114.07

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12057	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND/	10/01/2020	114.07
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	10/01/2020	181.34
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	10/01/2020	181.34
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN	10/1/2014	0.00
13120	REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF SCALP, ARMS, AND/OR LEGS	10/01/2020	181.34
13121	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF SCALP, ARMS, AND/OR LEGS	10/01/2020	181.34
13122	REPAIR OF WOUND OF SCALP, ARMS, AND/OR LEGS	10/1/2014	0.00
13131	REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	10/01/2020	114.07
13132	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	10/01/2020	181.34
13133	REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS, HAN	10/1/2014	0.00
13151	REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF EYELIDS, NOSE, EARS, AND/OR LIPS	10/01/2020	181.34
13152	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF EYELIDS, NOSE, EARS, AND/OR LIPS	10/01/2020	181.34
13153	REPAIR OF WOUND OF EYELIDS, NOSE, EARS, AND/OR LIPS	10/1/2014	0.00
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	10/01/2020	771.70
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	10/01/2020	771.70
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ	10/01/2020	771.70
14020	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF THE SCALP, ARMS,	10/01/2020	771.70
14021	TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF THE SCALP, ARMS	10/01/2020	771.70
14040	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF THE FOREHEAD, CHE	10/01/2020	771.70
14041	TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF THE FOREHEAD, C	10/01/2020	771.70
14060	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF EYELIDS, NOSE, EA	10/01/2020	771.70
14061	TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF EYELIDS, NOSE,	10/01/2020	771.70
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA: DEFECT 30.1 SQ CM TO 60.0 S	10/01/2020	1,176.01
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM	10/1/2014	0.00
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	10/01/2020	771.70
15002	PREPARATION OF GRAFT SITE AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR 1% BODY AR	10/01/2020	771.70
15003	PREPARATION OF GRAFT SITE AT TRUNK, ARMS, OR LEGS	10/1/2014	0.00
15004	PREPARATION OF GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION	10/01/2020	181.34
15005	PREPARATION OF GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION	10/1/2014	0.00
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	10/01/2020	771.70
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER	10/01/2020	181.34
15100	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY ARE OF I	10/01/2020	771.70
15101	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	10/1/2014	0.00
15110	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY AREA OF	10/01/2020	771.70
15111	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	10/1/2014	0.00
15115	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/01/2020	771.70
15116	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/1/2014	0.00
15120	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/01/2020	1,176.01

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15121	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/1/2014	0.00
15130	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY AREA OF	10/01/2020	771.70
15131	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	10/1/2014	0.00
15135	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/01/2020	1,176.01
15136	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/1/2014	0.00
15150	SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 25 SQ CENTIMETERS OR LESS)	10/01/2020	771.70
15151	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	10/1/2014	0.00
15152	SKIN GRAFT AT TRUNK, ARMS, OR LEGS	10/1/2014	0.00
15155	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/01/2020	1,176.01
15156	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/1/2014	0.00
15157	SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN	10/1/2014	0.00
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20	10/01/2020	771.70
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	10/1/2014	0.00
15220	RELOCATION OF PATIENT SKIN (20 SQ CENTIMETERS OR LESS) TO SCALP, ARMS, AND/OR LE	10/01/2020	771.70
15221	RELOCATION OF PATIENT SKIN TO SCALP, ARMS, AND/OR LEGS	10/1/2014	0.00
15240	RELOCATION OF PATIENT SKIN TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GE	10/01/2020	771.70
15241	RELOCATION OF PATIENT SKIN TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GE	10/1/2014	0.00
15260	RELOCATION OF PATIENT SKIN TO NOSE, EARS, EYELIDS, AND/OR LIPS (20 SQ CENTIMETER	10/01/2020	771.70
15261	RELOCATION OF PATIENT SKIN TO NOSE, EARS, EYELIDS, AND/OR LIPS	10/1/2014	0.00
15271	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO TRUNK, ARMS, O	10/01/2020	771.70
15272	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO TRUNK, ARMS, O	10/1/2014	0.00
15273	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREATER OR EQUAL TO 100 SQ CM) TO	10/01/2020	1,176.01
15274	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREATER OR EQUAL TO 100 SQ CM) TO	10/1/2014	0.00
15275	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO FACE, SCALP, E	10/01/2020	771.70
15276	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO FACE, SCALP, E	10/1/2014	0.00
15277	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREAT THAN OR EQUAL TO 100 SQ CM)	10/01/2020	771.70
15278	APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREAT THAN OR EQUAL TO 100 SQ CM)	10/1/2014	0.00
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	10/01/2020	771.70
15572	CREATION OF FLAP GRAFT TO SCALP, ARMS, OR LEGS	10/01/2020	1,176.01
15574	CREATION OF FLAP GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITA	10/01/2020	771.70
15576	CREATION OF FLAP GRAFT TO EYELIDS, NOSE, EARS, LIPS, OR MOUTH	10/01/2020	771.70
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	10/01/2020	1,176.01
15610	TRANSFER OF SKIN FLAP TO SCALP, ARMS, OR LEGS	10/01/2020	771.70
15620	TRANSFER OF SKIN FLAP TO FOREHEAD, CHEEKS, CHIN, NECK, UNDERARMS, GENITALS, HAND	10/01/2020	771.70
15630	TRANSFER OF SKIN FLAP TO EYELIDS, NOSE, EARS, OR LIPS	10/01/2020	771.70
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	10/01/2020	771.70
15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S	10/01/2020	1,176.01
15731	CREATION OF FLAP GRAFT TO NOSE, FOREHEAD, TEMPLE, OR SCALP	10/01/2020	1,176.01

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15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR	10/01/2020	1,176.01
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	10/01/2020	1,176.01
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	10/01/2020	771.70
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	10/01/2020	1,176.01
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	10/01/2020	771.70
15750	FLAP; NEUROVASCULAR PEDICLE	10/01/2020	1,176.01
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING	10/01/2020	771.70
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY	10/01/2020	1,176.01
15770	"CREATION OF SKIN, FAT AND MUSCLE GRAFT"	10/01/2020	1,176.01
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECH	10/01/2020	1,176.01
15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECH	10/01/2020	771.70
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	10/1/2014	0.00
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	10/1/2015	0.00
15789	CHEMICAL PEEL, FACIAL; DERMAL	10/01/2020	181.34
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	10/1/2015	0.00
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	10/1/2015	0.00
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	10/01/2020	771.70
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	10/01/2020	1,722.37
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	10/01/2020	1,176.01
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	10/01/2020	1,176.01
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	10/01/2020	771.70
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	10/01/2020	1,176.01
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	10/1/2014	0.00
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	10/01/2020	181.34
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	10/01/2020	50.17
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	10/1/2015	0.00
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	10/1/2015	0.00
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	10/01/2020	735.68
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	10/01/2020	1,176.01
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/01/2020	735.68
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/01/2020	735.68
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/01/2020	1,176.01
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/01/2020	1,176.01
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	10/01/2020	771.70
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	10/01/2020	771.70
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/01/2020	735.68
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/01/2020	735.68
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/01/2020	1,176.01

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15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/01/2020	771.70
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	10/01/2020	771.70
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	10/01/2020	425.34
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/01/2020	735.68
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/01/2020	771.70
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/01/2020	1,176.01
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	10/01/2020	771.70
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	10/01/2020	1,176.01
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	10/1/2015	0.00
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	10/1/2016	0.00
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	10/01/2020	63.80
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	10/01/2020	114.07
16035	ESCHAROTOMY; INITIAL INCISION	10/01/2020	114.07
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	10/1/2016	0.00
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	10/1/2014	0.00
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	10/01/2020	75.76
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	10/01/2020	114.07
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	10/01/2020	181.34
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	10/01/2020	248.05
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	10/1/2015	0.00
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	10/1/2016	0.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	10/1/2016	0.00
17260	DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF TRUNK, ARMS, OR LEG	10/1/2016	0.00
17261	DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	10/1/2016	0.00
17262	DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	10/1/2016	0.00
17263	DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	10/1/2016	0.00
17264	DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	10/01/2020	92.74
17266	DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS	10/01/2020	102.11
17270	DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS) OF SCALP, NECK, HANDS, FEET, O	10/01/2020	63.80
17271	DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF SCALP, NECK, HANDS,	10/01/2020	63.80
17272	DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF SCALP, NECK, HANDS,	10/1/2016	0.00
17273	DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF SCALP, NECK, HANDS,	10/01/2020	91.46
17274	DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF SCALP, NECK, HANDS,	10/01/2020	103.12
17276	DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF SCALP, NECK, HANDS, FE	10/01/2020	114.07
17280	DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF FACE, EARS, EYELIDS	10/1/2016	0.00
17281	DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	10/01/2020	79.31
17282	DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	10/01/2020	89.19
17283	DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	10/01/2020	100.84

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17284	DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF FACE, EARS, EYELIDS,	10/01/2020	111.23
17286	DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF FACE, EARS, EYELIDS, N	10/01/2020	132.51
17311	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE HEAD, NECK, HANDS, FEET, OR	10/01/2020	181.34
17312	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE HEAD, NECK, HANDS, FEET, OR	10/1/2014	0.00
17313	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS (FIRST	10/01/2020	181.34
17314	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS	10/1/2014	0.00
17315	REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS	10/1/2014	0.00
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	10/1/2015	0.00
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	10/01/2020	54.73
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	10/1/2014	0.00
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	10/01/2020	425.34
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2012	0.00
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	10/01/2020	425.34
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	1/1/2014	0.00
19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	10/01/2020	425.34
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	1/1/2014	0.00
19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	10/01/2020	425.34
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	1/1/2014	0.00
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	10/01/2020	425.34
19101	BIOPSY OF BREAST, OPEN PROCEDURE	10/01/2020	842.38
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	10/01/2020	842.38
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	10/01/2020	842.38
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	10/01/2020	842.38
19120	REMOVAL OF 1 OR MORE BREAST GROWTH, OPEN PROCEDURE	10/01/2020	842.38
19125	REMOVAL OF BREAST GROWTH, OPEN PROCEDURE	10/01/2020	842.38
19126	REMOVAL OF GROWTH OF CHEST WALL AND RIBS, OPEN PROCEDURE	10/1/2014	0.00
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	1/1/2014	0.00
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FO	2/1/2018	0.00
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	10/01/2020	4,009.00
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	10/1/2015	0.00
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	10/01/2020	1,722.37

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19300	MASTECTOMY FOR GYNECOMASTIA	10/01/2020	842.38
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	10/01/2020	842.38
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	10/01/2020	1,722.37
19303	MASTECTOMY, SIMPLE, COMPLETE	10/01/2020	1,722.37
19316	MASTOPEXY	10/01/2020	1,722.37
19318	REDUCTION MAMMAPLASTY	10/01/2020	1,722.37
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	10/01/2020	2,613.05
19328	REMOVAL OF INTACT MAMMARY IMPLANT	10/01/2020	842.38
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	10/01/2020	842.38
19340	INSERTION OF BREAST PROSTHESIS AT TIME OF BREAST REPOSITIONING, REMOVAL OR RECON	10/01/2020	1,722.37
19342	INSERTION OF BREAST PROSTHESIS FOLLOWING BREAST REPOSITIONING, REMOVAL OR RECONS	10/01/2020	2,613.05
19350	NIPPLE/AREOLA RECONSTRUCTION	10/01/2020	842.38
19355	CORRECTION OF INVERTED NIPPLES	10/01/2020	842.38
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING	10/01/2020	4,480.22
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	10/01/2020	1,722.37
19370	INCISION OF CAPSULE SURROUNDING BREAST WITH FREEING OF SCAR TISSUE, OPEN PROCEDU	10/01/2020	842.38
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	10/01/2020	842.38
19380	REVISION OF RECONSTRUCTED BREAST	10/01/2020	1,722.37
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	10/01/2020	842.38
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	10/01/2020	225.55
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	10/01/2020	985.42
20200	BIOPSY, MUSCLE; SUPERFICIAL	10/01/2020	425.34
20205	BIOPSY, MUSCLE; DEEP	10/01/2020	735.68
20206	NEEDLE BIOPSY OF MUSCLE, ACCESSED THROUGH THE SKIN	10/01/2020	425.34
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	10/01/2020	425.34
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	10/01/2020	425.34
20240	BIOPSY OF BONE, OPEN PROCEDURE	10/01/2020	735.68
20245	BIOPSY OF BONE, OPEN PROCEDURE	10/01/2020	735.68
20250	BIOPSY OF SPINE BONE AT MIDDLE SPINAL COLUMN, OPEN PROCEDURE	10/01/2020	985.42
20251	BIOPSY OF SPINE BONE AT UPPER OR LOWER SPINAL COLUMN, OPEN PROCEDURE	10/01/2020	2,459.12
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	10/01/2020	46.62
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	10/1/2012	0.00
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	10/01/2020	97.54
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	10/01/2020	735.68
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	10/01/2020	29.14
20527	INJECTION OF ENZYME IN PALM TISSUE	10/01/2020	31.67
20550	INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	10/01/2020	18.24
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	10/01/2020	19.26

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20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	10/01/2020	21.29
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	10/01/2020	24.83
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	10/01/2020	985.42
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	10/01/2020	17.48
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS,	10/01/2020	30.15
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	10/01/2020	18.24
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TE	10/01/2020	32.69
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	10/01/2020	21.79
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT, OR BURSA (EG, SHOULDER	10/01/2020	36.74
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	10/01/2020	24.58
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	10/01/2020	113.76
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	10/01/2020	985.42
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	10/01/2020	518.56
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	10/01/2020	985.42
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	10/01/2020	173.45
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE	10/01/2020	425.34
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	10/01/2020	735.68
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	10/01/2020	3,128.15
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	10/01/2020	7,499.55
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG,	10/01/2020	2,459.12
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	10/01/2020	518.56
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	10/01/2020	11,433.36
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	10/01/2020	518.56
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON	10/01/2020	518.56
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	10/01/2020	2,459.12
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	10/01/2020	2,459.12
20910	CARTILAGE GRAFT; COSTOCHONDRAL	10/01/2020	181.34
20912	CARTILAGE GRAFT; NASAL SEPTUM	10/01/2020	1,176.01
20920	FASCIA LATA GRAFT; BY STRIPPER	10/01/2020	771.70
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	10/01/2020	771.70
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	10/01/2020	2,459.12
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER	10/1/2013	0.00
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO	10/1/2013	0.00
20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P	1/1/2019	0.00
20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P	1/1/2019	0.00
20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P	1/1/2019	0.00
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	10/1/2017	0.00
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	10/1/2017	0.00

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20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	10/1/2017	0.00
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE S	2/1/2018	0.00
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	10/01/2020	225.55
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	10/01/2020	2,459.12
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	10/01/2020	2,459.12
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	10/1/2012	0.00
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERAT	10/1/2015	0.00
20982	DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN	10/01/2020	2,459.12
20983	DESTRUCTION OF 1 OR MORE BONE GROWTHS, ACCESSED THROUGH THE SKIN	10/01/2020	3,156.09
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	10/01/2020	802.95
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	10/01/2020	173.56
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	10/01/2020	425.34
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	10/01/2020	224.49
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG,SUBGALEAL, INTRAM	10/01/2020	735.68
21015	REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP	10/01/2020	735.68
21016	REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP	10/01/2020	735.68
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	10/01/2020	1,722.70
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	10/01/2020	1,722.70
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	10/01/2020	802.95
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND	10/01/2020	220.43
21031	EXCISION OF TORUS MANDIBULARIS	10/01/2020	190.53
21032	EXCISION OF MAXILLARY TORUS PALATINUS	10/01/2020	189.52
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	10/01/2020	1,722.70
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	10/01/2020	802.95
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	10/01/2020	1,722.70
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	10/01/2020	1,722.70
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY	10/01/2020	1,722.70
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	10/01/2020	1,722.70
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	10/01/2020	1,722.70
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	10/01/2020	1,722.70
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	10/01/2020	1,722.70
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	10/01/2020	180.66
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	10/01/2020	286.56
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	10/01/2020	695.51
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	10/01/2020	490.79
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	10/01/2020	572.88
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	10/01/2020	531.07
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	10/01/2020	501.42

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21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	10/01/2020	494.33
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	10/01/2020	554.38
21085	IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT	10/01/2020	73.64
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	10/01/2020	522.96
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	10/01/2020	522.96
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	10/01/2020	802.95
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	10/01/2020	1,722.70
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	10/01/2020	406.28
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	10/1/2012	0.00
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	10/01/2020	1,722.70
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	10/01/2020	802.95
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION	10/01/2020	1,722.70
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES	10/01/2020	802.95
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	10/01/2020	1,722.70
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	10/01/2020	1,722.70
21137	REDUCTION FOREHEAD; CONTOURING ONLY	10/01/2020	802.95
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	10/01/2020	1,722.70
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	10/01/2020	1,722.70
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	10/01/2020	1,722.70
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	10/01/2020	1,722.70
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	10/01/2020	1,722.70
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	10/01/2020	1,722.70
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	10/01/2020	1,722.70
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	10/01/2020	2,214.23
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	10/01/2020	1,722.70
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	10/01/2020	1,722.70
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	10/01/2020	1,722.70
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	10/01/2020	1,722.70
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	10/01/2020	1,722.70
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	10/01/2020	1,722.70
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	10/01/2020	1,722.70
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	10/01/2020	11,600.20
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	10/01/2020	1,722.70
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	10/01/2020	1,722.70
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	10/01/2020	1,722.70
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	10/01/2020	1,722.70
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	10/01/2020	1,722.70
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;	10/01/2020	1,722.70

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21267	PLASTIC REPOSITIONING OF EYE SOCKET BONES ON ONE SIDE OF THE FACE WITH BONE GRAF	10/01/2020	1,722.70
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	10/01/2020	1,722.70
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	10/01/2020	1,722.70
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	10/01/2020	802.95
21282	LATERAL CANTHOPEXY	10/01/2020	802.95
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	10/01/2020	406.28
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	10/01/2020	802.95
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	10/01/2020	77.01
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	10/01/2020	406.28
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	10/01/2020	802.95
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	10/01/2020	802.95
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL	10/01/2020	1,722.70
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED	10/01/2020	802.95
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/01/2020	985.42
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/01/2020	802.95
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	10/01/2020	2,448.18
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	10/01/2020	1,722.70
21340	TREATMENT OF BROKEN EYE SOCKET AND NASAL BONES, ACCESSED THROUGH THE SKIN	10/01/2020	802.95
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH	10/01/2020	406.28
21355	TREATMENT OF BROKEN LOWER AND UPPER CHEEK BONES WITH MANIPULATION, ACCESSED THRO	10/01/2020	802.95
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)	10/01/2020	1,722.70
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR	10/01/2020	1,722.70
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH	10/01/2020	1,722.70
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	10/01/2020	158.27
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION	10/01/2020	406.28
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	10/01/2020	1,722.70
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT	10/01/2020	1,722.70
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH	10/01/2020	802.95
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	10/01/2020	358.27
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	10/01/2020	1,722.70
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	10/01/2020	158.27
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	10/01/2020	406.28
21452	TREATMENT OF BROKEN JAW BONE WITH PLACEMENT OF EXTERNAL HARDWARE, ACCESSED THROU	10/01/2020	1,722.70
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	10/01/2020	1,722.70
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	10/01/2020	1,722.70
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	10/01/2020	2,359.53
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	10/01/2020	2,313.83
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	10/01/2020	1,722.70

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21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	10/01/2020	77.01
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT	10/01/2020	406.28
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	10/01/2020	802.95
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	10/01/2020	406.28
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	10/01/2020	735.68
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR	10/01/2020	985.42
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	10/01/2020	425.34
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR G	10/01/2020	735.68
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG,INTRAMUS	10/01/2020	735.68
21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN	10/01/2020	425.34
21556	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU	10/01/2020	735.68
21557	REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST	10/01/2020	735.68
21558	REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST	10/01/2020	735.68
21600	EXCISION OF RIB, PARTIAL	10/01/2020	2,459.12
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	10/01/2020	985.42
21685	HYOID MYOTOMY AND SUSPENSION	10/01/2020	1,722.70
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	10/01/2020	2,459.12
21720	RELEASE OF TENDONS OF NECK MUSCLE, OPEN PROCEDURE	10/01/2020	985.42
21725	RELEASE OF TENDONS OF NECK MUSCLE WITH CAST APPLICATION, OPEN PROCEDURE	10/01/2020	225.55
21820	CLOSED TREATMENT OF STERNUM FRACTURE	10/01/2020	77.01
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	10/01/2020	124.91
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	10/01/2020	425.34
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	10/01/2020	425.34
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	10/01/2020	425.34
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	10/01/2020	735.68
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	10/01/2020	735.68
21935	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK	10/01/2020	735.68
21936	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK	10/01/2020	735.68
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	10/01/2020	2,459.12
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	10/1/2014	0.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	10/01/2020	77.01
22315	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA	10/01/2020	985.42
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	10/01/2020	518.56
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	10/01/2020	985.42
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	10/01/2020	985.42
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	1/1/2015	0.00
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	10/01/2020	2,459.12
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	10/01/2020	2,459.12

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22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	1/1/2015	0.00
22551	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT UPPER SPINAL COLUMN, ANTERIOR APPR	10/01/2020	7,697.17
22552	FUSION OF SPINE BONES WITH REMOVAL OF DISC IN UPPER SPINAL COLUMN BELOW SECOND V	10/1/2017	0.00
22554	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT UPPER SPINAL COLUMN, ANTERIOR APPR	10/01/2020	7,702.29
22585	FUSION OF SPINE BONES WITH REMOVAL OF DISC, ANTERIOR APPROACH	10/1/2017	0.00
22612	FUSION OF LOWER SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH	10/01/2020	7,829.05
22614	FUSION OF SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH	10/1/2015	0.00
22840	INSERTION OF POSTERIOR SPINAL INSTRUMENTATION AT BASE OF NECK FOR STABILIZATION,	10/1/2017	0.00
22842	INSERTION OF POSTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 3 TO 6 V	10/1/2017	0.00
22845	INSERTION OF ANTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 2 TO 3 VE	10/1/2017	0.00
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH I	1/1/2017	0.00
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) W	1/1/2017	0.00
22856	INSERTION OF ARTIFICIAL UPPER SPINE DISC, ANTERIOR APPROACH	10/01/2020	11,388.23
22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	10/1/2018	0.00
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, M	1/1/2017	0.00
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	10/01/2020	11,696.22
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	1/1/2017	0.00
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	10/01/2020	8,718.73
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	1/1/2017	0.00
22900	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	10/01/2020	735.68
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,INTRAMUSCULAR); 5	10/01/2020	735.68
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	10/01/2020	425.34
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	10/01/2020	735.68
22904	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL	10/01/2020	735.68
22905	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL	10/01/2020	735.68
23000	REMOVAL OF CALCIUM DEPOSITS AT ROTATOR CUFF TENDONS, OPEN PROCEDURE	10/01/2020	735.68
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	10/01/2020	985.42
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	10/01/2020	735.68
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	10/01/2020	735.68
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	10/01/2020	518.56
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	10/01/2020	985.42
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION,	10/01/2020	985.42
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	10/01/2020	95.52
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	10/01/2020	735.68
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	10/01/2020	425.34
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5	10/01/2020	735.68
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	10/01/2020	425.34
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L	10/01/2020	735.68

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23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA	10/01/2020	735.68
23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA	10/01/2020	735.68
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	10/01/2020	985.42
23101	INCISION TO REPAIR JOINTS BETWEEN SHOULDER, CHEST AND COLLAR BONES	10/01/2020	985.42
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	10/01/2020	2,459.12
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	10/01/2020	985.42
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	10/01/2020	2,459.12
23120	CLAVICULECTOMY; PARTIAL	10/01/2020	985.42
23125	CLAVICULECTOMY; TOTAL	10/01/2020	985.42
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL	10/01/2020	985.42
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	10/01/2020	985.42
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	10/01/2020	985.42
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	10/01/2020	2,459.12
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	10/01/2020	985.42
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	10/01/2020	2,459.12
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	10/01/2020	3,539.56
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	10/01/2020	985.42
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	10/01/2020	985.42
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO	10/01/2020	2,459.12
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	2,459.12
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	2,459.12
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	2,459.12
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	10/01/2020	985.42
23195	RESECTION, HUMERAL HEAD	10/01/2020	2,459.12
23330	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE SKIN	10/01/2020	225.55
23333	REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE	10/01/2020	735.68
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME	10/01/2020	735.68
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER	10/1/2012	0.00
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	10/01/2020	2,459.12
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	10/01/2020	2,459.12
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	10/01/2020	2,459.12
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	10/01/2020	2,459.12
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	10/01/2020	3,312.37
23410	REPAIR OF TORN TENDONS OF SHOULDER, OPEN PROCEDURE	10/01/2020	2,459.12
23412	REPAIR OF TORN TENDONS OF SHOULDER, OPEN PROCEDURE	10/01/2020	2,459.12
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	10/01/2020	2,459.12
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	10/01/2020	2,459.12
23430	TENODESIS OF LONG TENDON OF BICEPS	10/01/2020	2,459.12

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23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	10/01/2020	2,459.12
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	10/01/2020	2,459.12
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	10/01/2020	2,459.12
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	10/01/2020	2,459.12
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	10/01/2020	2,459.12
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	10/01/2020	2,459.12
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	10/01/2020	2,459.12
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	10/01/2020	2,459.12
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	10/01/2020	7,302.72
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/01/2020	2,459.12
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/01/2020	7,405.86
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	10/01/2020	518.56
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	10/01/2020	3,191.74
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	10/01/2020	518.56
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	10/01/2020	77.01
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	10/01/2020	2,459.12
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	10/01/2020	2,459.12
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	10/01/2020	77.01
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	10/01/2020	77.01
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	10/01/2020	2,459.12
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	10/01/2020	3,174.40
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	10/01/2020	518.56
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA	10/01/2020	2,459.12
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	10/01/2020	77.01
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	10/01/2020	518.56
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	10/01/2020	7,605.84
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	10/01/2020	11,292.75
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	10/01/2020	518.56
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO	10/01/2020	3,093.27
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	10/01/2020	77.01
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	10/01/2020	518.56
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	10/01/2020	2,459.12
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	10/01/2020	518.56
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	10/01/2020	2,459.12
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	10/01/2020	518.56

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23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	10/01/2020	7,663.71
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	10/01/2020	518.56
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	10/01/2020	2,459.12
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	10/01/2020	5,700.06
23921	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF SHOULDER	10/01/2020	771.70
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	10/01/2020	735.68
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	10/01/2020	425.34
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	10/01/2020	985.42
24000	INCISION OF ELBOW WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	10/01/2020	985.42
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE	10/01/2020	985.42
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	10/01/2020	126.69
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	10/01/2020	735.68
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR G	10/01/2020	735.68
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG,INTRAMUS	10/01/2020	735.68
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN	10/01/2020	425.34
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU	10/01/2020	735.68
24077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW	10/01/2020	735.68
24079	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW	10/01/2020	735.68
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	10/01/2020	985.42
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	10/01/2020	985.42
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	10/01/2020	985.42
24105	EXCISION, OLECRANON BURSA	10/01/2020	985.42
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	10/01/2020	985.42
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	10/01/2020	2,459.12
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	10/01/2020	2,459.12
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	10/01/2020	985.42
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	10/01/2020	985.42
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	10/01/2020	3,490.04
24130	EXCISION, RADIAL HEAD	10/01/2020	985.42
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	10/01/2020	2,459.12
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	10/01/2020	985.42
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	10/01/2020	2,459.12
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	985.42
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	2,459.12
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	985.42
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH	10/01/2020	2,459.12
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	10/01/2020	2,459.12
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	10/01/2020	985.42

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24160	REMOVAL OF ELBOW JOINT HARDWARE	10/01/2020	985.42
24164	REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT	10/01/2020	985.42
24200	REMOVAL OF FOREIGN BODY OF UPPER ARM OR ELBOW AREA, ACCESSED BENEATH THE SKIN	10/01/2020	103.38
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	10/01/2020	735.68
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	10/1/2012	0.00
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	10/01/2020	518.56
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	10/01/2020	2,459.12
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	10/01/2020	985.42
24310	INCISION OF TENDON LOCATED FROM ELBOW TO SHOULDER, OPEN PROCEDURE	10/01/2020	985.42
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO	10/01/2020	2,459.12
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	10/01/2020	2,459.12
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	10/01/2020	2,459.12
24332	TENOLYSIS, TRICEPS	10/01/2020	985.42
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	10/01/2020	2,459.12
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	10/01/2020	2,459.12
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT	10/01/2020	2,459.12
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	10/01/2020	985.42
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	10/01/2020	2,459.12
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	10/01/2020	2,459.12
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	10/01/2020	5,700.06
24357	INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN	10/01/2020	985.42
24358	REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE	10/01/2020	985.42
24359	REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE	10/01/2020	985.42
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	10/01/2020	2,459.12
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	10/01/2020	11,674.18
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	10/01/2020	5,700.06
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	10/01/2020	11,667.89
24365	ARTHROPLASTY, RADIAL HEAD;	10/01/2020	7,814.48
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	10/01/2020	8,195.16
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	10/01/2020	7,706.62
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	10/01/2020	10,778.57
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	10/01/2020	2,459.12
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	10/01/2020	5,700.06
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	10/01/2020	2,459.12
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION	10/01/2020	7,419.63
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	10/01/2020	7,460.18
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	10/01/2020	985.42
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	10/01/2020	2,459.12

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24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT	10/01/2020	7,341.30
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	10/01/2020	518.56
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	10/01/2020	7,273.19
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	10/01/2020	7,351.53
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	10/01/2020	77.01
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	10/01/2020	518.56
24538	INSERTION OF HARDWARE TO GROWTH PLATE OR BROKEN UPPER ARM BONE AT ELBOW, ACCESSE	10/01/2020	2,459.12
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	10/01/2020	7,546.79
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	10/01/2020	10,800.09
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	10/01/2020	77.01
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	10/01/2020	518.56
24566	INSERTION OF HARDWARE TO BROKEN UPPER ARM BONE AT ELBOW WITH MANIPULATION, ACCES	10/01/2020	518.56
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE	10/01/2020	6,990.15
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	10/01/2020	77.01
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	10/01/2020	518.56
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA	10/01/2020	7,079.11
24582	INSERTION OF HARDWARE TO BROKEN UPPER ARM BONE AT SHOULDER WITH MANIPULATION, AC	10/01/2020	2,459.12
24586	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW	10/01/2020	5,700.06
24587	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT	10/01/2020	7,585.37
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	10/01/2020	518.56
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	10/01/2020	2,459.12
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	10/01/2020	518.56
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	10/01/2020	3,237.80
24640	CLOSED TREATMENT OF DISLOCATED FOREARM BONE OF ELBOW, CHILD	10/01/2020	39.27
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	10/01/2020	518.56
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	10/01/2020	2,459.12
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	10/01/2020	8,162.48
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	10/01/2020	77.01
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	10/01/2020	518.56
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES	10/01/2020	3,076.89
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	10/01/2020	2,459.12
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	10/01/2020	5,700.06
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	10/01/2020	985.42
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	10/01/2020	518.56
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	10/01/2020	985.42

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25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	10/01/2020	518.56
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	10/01/2020	985.42
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	10/01/2020	985.42
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	10/01/2020	518.56
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	10/01/2020	985.42
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	10/01/2020	518.56
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE	10/01/2020	2,459.12
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	10/01/2020	985.42
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	10/01/2020	128.20
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/01/2020	735.68
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR	10/01/2020	425.34
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	10/01/2020	735.68
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH	10/01/2020	425.34
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	10/01/2020	425.34
25077	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST	10/01/2020	735.68
25078	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST	10/01/2020	735.68
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	10/01/2020	985.42
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	10/01/2020	985.42
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	10/01/2020	985.42
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	10/01/2020	985.42
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	10/01/2020	985.42
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	10/01/2020	985.42
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	10/01/2020	518.56
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	10/01/2020	518.56
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	10/01/2020	518.56
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	10/01/2020	518.56
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	10/01/2020	985.42
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	10/01/2020	518.56
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION	10/01/2020	985.42
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	10/01/2020	985.42
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	10/01/2020	518.56
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	10/01/2020	985.42
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	10/01/2020	985.42
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	10/01/2020	2,459.12
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	10/01/2020	3,098.48
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	10/01/2020	985.42
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	10/01/2020	985.42
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	10/01/2020	985.42

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25210	CARPECTOMY; ONE BONE	10/01/2020	985.42
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	10/01/2020	985.42
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	10/01/2020	985.42
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	10/01/2020	985.42
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	10/1/2012	0.00
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	10/01/2020	518.56
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	10/01/2020	518.56
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	10/01/2020	985.42
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	10/01/2020	518.56
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	10/01/2020	985.42
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	10/01/2020	2,459.12
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	10/01/2020	985.42
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	10/01/2020	985.42
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	10/01/2020	985.42
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	10/01/2020	985.42
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	10/01/2020	985.42
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	10/01/2020	985.42
25290	INCISION OF TENDON OF FOREARM AND/OR WRIST, OPEN PROCEDURE	10/01/2020	985.42
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	10/01/2020	985.42
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	10/01/2020	985.42
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	10/01/2020	985.42
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	10/01/2020	985.42
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	10/01/2020	985.42
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	10/01/2020	2,459.12
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	10/01/2020	2,459.12
25320	REPAIR OF WRIST JOINT, OPEN PROCEDURE	10/01/2020	2,459.12
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR	10/01/2020	985.42
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	10/01/2020	985.42
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	10/01/2020	2,459.12
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	10/01/2020	3,539.94
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	10/01/2020	985.42
25360	OSTEOTOMY; ULNA	10/01/2020	2,459.12
25365	OSTEOTOMY; RADIUS AND ULNA	10/01/2020	5,700.06
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	10/01/2020	985.42
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	10/01/2020	985.42
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	10/01/2020	3,262.08
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	10/01/2020	7,431.05
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	10/01/2020	2,459.12

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25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	10/01/2020	2,459.12
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	10/01/2020	985.42
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	10/01/2020	3,267.28
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	10/01/2020	3,236.26
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	10/01/2020	3,331.45
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES	10/01/2020	2,459.12
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	10/01/2020	2,459.12
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	10/01/2020	985.42
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	10/01/2020	985.42
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	10/01/2020	2,459.12
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL	10/01/2020	2,459.12
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	10/01/2020	8,341.99
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	10/01/2020	12,070.30
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	10/01/2020	3,235.10
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	10/01/2020	8,395.92
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	10/01/2020	3,264.00
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE	10/01/2020	12,122.78
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	10/01/2020	985.42
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	10/01/2020	2,459.12
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	10/01/2020	985.42
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	10/01/2020	985.42
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/01/2020	2,459.12
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/01/2020	5,700.06
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/01/2020	985.42
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	10/01/2020	518.56
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	10/01/2020	3,132.78
25520	CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES	10/01/2020	518.56
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	10/01/2020	2,459.12
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	10/01/2020	3,107.15
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	10/01/2020	77.01
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM	10/01/2020	3,082.29
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	10/01/2020	77.01
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	10/01/2020	518.56
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	10/01/2020	3,278.07
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	10/01/2020	3,200.80
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	10/01/2020	77.01

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25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	10/01/2020	518.56
25606	INSERTION OF HARDWARE TO LOWER FOREARM BONE BROKEN OR GROWTH PLATE SEPARATION, A	10/01/2020	985.42
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	10/01/2020	3,325.28
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	10/01/2020	3,313.15
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	10/01/2020	3,324.70
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	10/01/2020	518.56
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI	10/01/2020	2,459.12
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	10/01/2020	77.01
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	10/01/2020	518.56
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	10/01/2020	985.42
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	10/01/2020	77.01
25651	INSERTION OF HARDWARE BROKEN BONE OF FOREARM AT WRIST, ACCESSED THROUGH THE SKIN	10/01/2020	985.42
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	10/01/2020	2,459.12
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES,	10/01/2020	77.01
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	10/01/2020	2,459.12
25671	INSERTION OF HARDWARE TO DISLOCATED WRIST, ACCESSED THROUGH THE SKIN	10/01/2020	985.42
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	10/01/2020	77.01
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	10/01/2020	2,459.12
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH	10/01/2020	77.01
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	10/01/2020	2,459.12
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	10/01/2020	518.56
25695	OPEN TREATMENT OF LUNATE DISLOCATION	10/01/2020	2,459.12
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	10/01/2020	3,353.03
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	10/01/2020	3,336.85
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	10/01/2020	7,369.64
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	10/01/2020	3,166.31
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	10/01/2020	3,150.89
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	10/01/2020	3,099.25
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	10/01/2020	985.42
25922	REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST	10/01/2020	518.56
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	10/01/2020	771.70
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	10/01/2020	985.42
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	10/01/2020	63.80
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	10/01/2020	425.34
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	10/01/2020	985.42
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	10/01/2020	985.42
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	10/01/2020	985.42

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26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/01/2020	518.56
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	10/01/2020	985.42
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	10/01/2020	985.42
26040	RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN	10/01/2020	518.56
26045	PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE	10/01/2020	985.42
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	10/01/2020	518.56
26060	INCISION OF FINGER TENDON, ACCESSED THROUGH THE SKIN	10/01/2020	518.56
26070	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF WRIST BONE	10/01/2020	518.56
26075	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF HAND JOINT	10/01/2020	985.42
26080	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF HAND JOINT	10/01/2020	518.56
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	10/01/2020	985.42
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	10/01/2020	985.42
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	10/01/2020	518.56
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER,SUBCUTAN	10/01/2020	425.34
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	10/01/2020	425.34
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	10/01/2020	425.34
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	10/01/2020	425.34
26117	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER	10/01/2020	735.68
26118	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER	10/01/2020	735.68
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	10/01/2020	985.42
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	10/01/2020	985.42
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	10/1/2014	0.00
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	10/01/2020	985.42
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	10/01/2020	985.42
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	10/01/2020	518.56
26145	REPAIR OF TENDON, FINGER AND/OR HAND	10/01/2020	518.56
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	10/01/2020	518.56
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	10/01/2020	518.56
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	10/01/2020	518.56
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	10/01/2020	518.56
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	10/01/2020	518.56
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	10/01/2020	2,459.12
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	10/01/2020	518.56
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	10/01/2020	985.42
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	985.42
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	518.56
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	10/01/2020	518.56
26250	RADICAL RESECTION OF TUMOR, METACARPAL	10/01/2020	985.42

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26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	10/01/2020	985.42
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	10/01/2020	518.56
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	10/01/2020	425.34
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	10/01/2020	518.56
26341	MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION	10/01/2020	50.17
26350	REPAIR OF FINGER TENDON	10/01/2020	985.42
26352	REPAIR OF FINGER TENDON WITH GRAFT	10/01/2020	2,459.12
26356	REPAIR OF FINGER TENDON	10/01/2020	985.42
26357	REPAIR OF FINGER TENDON	10/01/2020	985.42
26358	REPAIR OF FINGER TENDON WITH GRAFT	10/01/2020	2,459.12
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	10/01/2020	985.42
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	10/01/2020	2,459.12
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	10/01/2020	985.42
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON	10/01/2020	3,102.53
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	10/01/2020	2,459.12
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	10/01/2020	518.56
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	10/01/2020	985.42
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	10/01/2020	985.42
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	10/01/2020	985.42
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	10/01/2020	518.56
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	10/01/2020	985.42
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	10/01/2020	985.42
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	10/01/2020	985.42
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	10/01/2020	518.56
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	10/01/2020	985.42
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE	10/01/2020	985.42
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	10/01/2020	985.42
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	10/01/2020	518.56
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	10/01/2020	985.42
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	10/01/2020	985.42
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	10/01/2020	985.42
26450	INCISION OF TENDON OF PALM, OPEN PROCEDURE	10/01/2020	985.42
26455	INCISION OF TENDON OF FINGER, OPEN PROCEDURE	10/01/2020	518.56
26460	INCISION OF TENDON OF HAND OR FINGER, OPEN PROCEDURE	10/01/2020	518.56
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	10/01/2020	985.42
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	10/01/2020	518.56
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	10/01/2020	985.42
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	10/01/2020	985.42

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26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	10/01/2020	985.42
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	10/01/2020	985.42
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	10/01/2020	985.42
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH	10/01/2020	985.42
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	10/01/2020	985.42
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES	10/01/2020	985.42
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	10/01/2020	985.42
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	10/01/2020	985.42
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	10/01/2020	985.42
26496	TRANSPLANT OF TENDON THUMB, PALM, OR WRIST	10/01/2020	985.42
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	10/01/2020	985.42
26498	TRANSFER OF TENDON OF HAND, ALL FOUR FINGERS	10/01/2020	985.42
26499	CORRECTION CLAW FINGER, OTHER METHODS	10/01/2020	985.42
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	10/01/2020	2,459.12
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	10/01/2020	985.42
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	10/01/2020	985.42
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	10/01/2020	985.42
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	10/01/2020	985.42
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	10/01/2020	985.42
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	10/01/2020	2,459.12
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	10/01/2020	985.42
26525	REPAIR OF JOINT CAPSULE, HAND AND FINGER	10/01/2020	518.56
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	10/01/2020	2,459.12
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	10/01/2020	3,314.11
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	10/01/2020	985.42
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	10/01/2020	3,103.30
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	10/01/2020	985.42
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	10/01/2020	985.42
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	10/01/2020	985.42
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING	10/01/2020	985.42
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	10/01/2020	2,459.12
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	10/01/2020	985.42
26550	POLLICIZATION OF A DIGIT	10/01/2020	985.42
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	10/01/2020	2,459.12
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	10/01/2020	518.56
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	10/01/2020	985.42
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE,	10/01/2020	985.42
26565	OSTEOTOMY; METACARPAL, EACH	10/01/2020	985.42

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26567	OSTEOTOMY; PHALANX OF FINGER, EACH	10/01/2020	985.42
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	10/01/2020	2,459.12
26580	REPAIR CLEFT HAND	10/01/2020	985.42
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	10/01/2020	985.42
26590	REPAIR MACRODACTYLIA, EACH DIGIT	10/01/2020	518.56
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	10/01/2020	985.42
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	10/01/2020	985.42
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	10/01/2020	985.42
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	10/01/2020	77.01
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	10/01/2020	77.01
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL	10/01/2020	985.42
26608	INSERTION OF HARDWARE TO BROKEN FINGER, ACCESSED THROUGH THE SKIN	10/01/2020	985.42
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN	10/01/2020	985.42
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	10/01/2020	77.01
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT	10/01/2020	518.56
26650	INSERTION OF HARDWARE TO BROKEN THUMB WITH MANIPULATION, ACCESSED THROUGH THE SK	10/01/2020	985.42
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	10/01/2020	985.42
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	10/01/2020	77.01
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	10/01/2020	518.56
26676	INSERTION OF HARDWARE TO DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION,	10/01/2020	985.42
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN	10/01/2020	985.42
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX,	10/01/2020	985.42
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	10/01/2020	77.01
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	10/01/2020	518.56
26706	INSERTION OF HARDWARE TO DISLOCATED HAND JOINT WITH MANIPULATION, ACCESSED THROU	10/01/2020	985.42
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX	10/01/2020	985.42
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	10/01/2020	77.01
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	10/01/2020	77.01
26727	INSERTION OF HARDWARE TO BROKEN FINGER OR THUMB WITH MANIPULATION, ACCESSED THRO	10/01/2020	985.42
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	10/01/2020	985.42
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	10/01/2020	77.01
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	10/01/2020	518.56
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	10/01/2020	985.42
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	10/01/2020	77.01
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	10/01/2020	77.01
26756	INSERTION OF HARDWARE TO BROKEN FINGER OR THUMB, ACCESSED THROUGH THE SKIN	10/01/2020	985.42
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL	10/01/2020	985.42
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	10/01/2020	77.01

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26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	10/01/2020	81.70
26776	INSERTION OF HARDWARE TO DISLOCATED FINGER JOINT WITH MANIPULATION, ACCESSED THR	10/01/2020	985.42
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	10/01/2020	985.42
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	10/01/2020	3,190.01
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	10/01/2020	2,459.12
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	10/01/2020	2,459.12
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	10/01/2020	2,459.12
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH	10/01/2020	2,459.12
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	10/01/2020	2,459.12
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	10/01/2020	2,459.12
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	10/01/2020	985.42
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	10/1/2014	0.00
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	10/01/2020	985.42
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	10/1/2014	0.00
26910	AMPUTATION OF HAND BONE, FINGER, OR THUMB	10/01/2020	985.42
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	10/01/2020	985.42
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	10/01/2020	985.42
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	10/01/2020	985.42
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	10/01/2020	518.56
27000	INCISION OF HIP TENDON, ACCESSED THROUGH THE SKIN	10/01/2020	518.56
27001	INCISION OF HIP TENDON, OPEN PROCEDURE	10/01/2020	985.42
27003	INCISION OF HIP TENDON WITH REMOVAL OF NERVE, OPEN PROCEDURE	10/01/2020	2,459.12
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	10/01/2020	2,459.12
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	10/01/2020	985.42
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	10/01/2020	425.34
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	10/01/2020	425.34
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREAT	10/01/2020	735.68
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	10/01/2020	735.68
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C	10/01/2020	735.68
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	10/01/2020	735.68
27049	REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP	10/01/2020	735.68
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	10/01/2020	518.56
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	10/01/2020	518.56
27059	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP	10/01/2020	735.68
27060	EXCISION; ISCHIAL BURSA	10/01/2020	2,459.12
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	10/01/2020	985.42
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	10/01/2020	2,459.12
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	10/01/2020	985.42

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27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	10/01/2020	2,459.12
27080	COCCYGECTOMY, PRIMARY	10/01/2020	985.42
27086	REMOVAL OF FOREIGN BODY IN TISSUE OF PELVIS OR HIP, ACCESSE D BENEATH THE SKIN	10/01/2020	442.25
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/01/2020	985.42
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	10/1/2012	0.00
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	10/1/2012	0.00
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	10/01/2020	985.42
27098	TRANSFER, ADDUCTOR TO ISCHIUM	10/01/2020	985.42
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	10/01/2020	2,459.12
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	10/01/2020	985.42
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	10/01/2020	2,459.12
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	10/01/2020	985.42
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	10/01/2020	77.01
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	10/01/2020	77.01
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	10/01/2020	77.01
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	10/01/2020	985.42
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	10/01/2020	77.01
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	10/01/2020	77.01
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	10/01/2020	518.56
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	10/01/2020	77.01
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	10/01/2020	77.01
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	10/01/2020	518.56
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	10/01/2020	77.01
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	10/01/2020	518.56
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	10/01/2020	518.56
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	10/01/2020	985.42
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	10/01/2020	518.56
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISU	10/01/2020	12,213.54
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	10/01/2020	735.68
27305	REMOVAL OF TISSUE AT THIGH OR KNEE REGION, OPEN PROCEDURE	10/01/2020	985.42
27306	INCISION OF TENDON OF THIGH OR HAMSTRING MUSCLES, ACCESSED THROUGH THE SKIN	10/01/2020	985.42
27307	INCISION OF MULTIPLE TENDONS OF THIGH OR HAMSTRING MUSCLES, ACCESSED THROUGH THE	10/01/2020	985.42
27310	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY IN KNEE JOINT	10/01/2020	985.42
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	10/01/2020	425.34
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/01/2020	735.68
27325	NEURECTOMY, HAMSTRING MUSCLE	10/01/2020	581.35
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	10/01/2020	581.35

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27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	10/01/2020	425.34
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	10/01/2020	735.68
27329	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE	10/01/2020	735.68
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	10/01/2020	985.42
27331	EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODY OF KNEE	10/01/2020	985.42
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	10/01/2020	985.42
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL	10/01/2020	985.42
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	10/01/2020	985.42
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL	10/01/2020	2,459.12
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATE	10/01/2020	735.68
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	10/01/2020	735.68
27340	EXCISION, PREPATELLAR BURSA	10/01/2020	985.42
27345	REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT	10/01/2020	985.42
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	10/01/2020	985.42
27350	PATELLECTOMY OR HEMIPATELLECTOMY	10/01/2020	2,459.12
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	10/01/2020	985.42
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	10/01/2020	5,700.06
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	10/01/2020	2,459.12
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	10/1/2014	0.00
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	10/01/2020	985.42
27364	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	10/01/2020	735.68
27369	INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI K	1/1/2019	0.00
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	10/01/2020	735.68
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	10/01/2020	2,459.12
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	10/01/2020	2,459.12
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	10/01/2020	2,459.12
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	10/01/2020	2,459.12
27390	REPAIR OF HAMSTRING TENDON, OPEN PROCEDURE	10/01/2020	985.42
27391	REPAIR OF MULTIPLE HAMSTRING TENDONS, OPEN PROCEDURE	10/01/2020	985.42
27392	REPAIR OF MULTIPLE HAMSTRING TENDONS OF BOTH LEGS, OPEN PROCEDURE	10/01/2020	985.42
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	10/01/2020	2,459.12
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	10/01/2020	2,459.12
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	10/01/2020	985.42
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	10/01/2020	2,459.12
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	10/01/2020	2,459.12
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING	10/01/2020	2,459.12
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	10/01/2020	3,091.16
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	10/01/2020	2,459.12

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27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	10/01/2020	2,459.12
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE	10/01/2020	2,459.12
27415	IMPLANTATION OF DONOR CARTILAGE CELLS INTO KNEE BONE, OPEN PROCEDURE	10/01/2020	8,392.78
27416	IMPLANTATION OF PATIENT'S KNEE CARTILAGE CELLS INTO KNEE BONE, OPEN PROCEDURE	10/01/2020	2,459.12
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	10/01/2020	2,459.12
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	10/01/2020	2,459.12
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	10/01/2020	2,459.12
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	10/01/2020	2,459.12
27425	RELEASE OF LIGAMENTS OF KNEE JOINT, OPEN PROCEDURE	10/01/2020	985.42
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	10/01/2020	3,040.09
27428	RECONSTRUCTION OF KNEE JOINT LIGAMENTS, OPEN PROCEDURE	10/01/2020	7,203.90
27429	RECONSTRUCTION OF KNEE JOINT LIGAMENTS, OPEN PROCEDURE	10/01/2020	8,886.44
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	10/01/2020	2,459.12
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	10/01/2020	985.42
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	10/01/2020	2,459.12
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	10/01/2020	7,308.62
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	10/01/2020	7,724.72
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	10/01/2020	5,700.06
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	10/01/2020	7,736.14
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND	10/01/2020	7,589.70
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	10/01/2020	7,690.87
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH	10/01/2020	7,830.62
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	10/01/2020	2,459.12
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	10/01/2020	2,459.12
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	10/01/2020	985.42
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	10/01/2020	985.42
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	10/01/2020	518.56
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH	10/01/2020	2,459.12
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	10/01/2020	77.01
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	10/01/2020	77.01
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT	10/01/2020	518.56
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	10/01/2020	518.56
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	10/01/2020	77.01
27509	INSERTION OF HARDWARE TO STABILIZE BROKEN THIGH BONE OR SEPARATED GROWTH PLATE,	10/01/2020	2,459.12
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	10/01/2020	518.56
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	10/01/2020	77.01
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION,	10/01/2020	518.56
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	10/01/2020	77.01

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27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR	10/01/2020	2,459.12
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	10/01/2020	77.01
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT	10/01/2020	985.42
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	10/01/2020	77.01
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	10/01/2020	518.56
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	10/01/2020	77.01
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL	10/01/2020	2,459.12
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	10/01/2020	518.56
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	10/01/2020	985.42
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	10/01/2020	985.42
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	10/01/2020	985.42
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	10/01/2020	985.42
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	10/01/2020	735.68
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	10/01/2020	985.42
27605	INCISION OF ACHILLES TENDON, ACCESSED THROUGH THE SKIN USING LOCAL ANESTHETIC	10/01/2020	518.56
27606	INCISION OF ACHILLES TENDON, ACCESSED THROUGH THE SKIN REQUIRING GENERAL ANESTHE	10/01/2020	985.42
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	10/01/2020	985.42
27610	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF ANKLE	10/01/2020	985.42
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	10/01/2020	985.42
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	10/01/2020	119.59
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/01/2020	735.68
27615	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE	10/01/2020	735.68
27616	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE	10/01/2020	735.68
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	10/01/2020	425.34
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	10/01/2020	735.68
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	10/01/2020	985.42
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	10/01/2020	985.42
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	10/01/2020	985.42
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	10/01/2020	985.42
27632	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL	10/01/2020	735.68
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	10/01/2020	735.68
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	10/01/2020	985.42
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	10/01/2020	2,459.12
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	10/01/2020	2,459.12
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	10/01/2020	985.42
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	10/01/2020	985.42

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27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	10/01/2020	985.42
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	10/1/2012	0.00
27650	REPAIR OF RUPTURED ACHILLES TENDON, OPEN OR THROUGH SKIN PROCEDURE	10/01/2020	2,459.12
27652	REPAIR OF RUPTURED ACHILLES TENDON WITH GRAFT, OPEN OR THROUGH SKIN PROCEDURE	10/01/2020	2,459.12
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	10/01/2020	2,459.12
27656	REPAIR, FASCIAL DEFECT OF LEG	10/01/2020	985.42
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	10/01/2020	985.42
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	10/01/2020	2,459.12
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	10/01/2020	2,459.12
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	10/01/2020	2,459.12
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	10/01/2020	985.42
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	10/01/2020	2,459.12
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	10/01/2020	985.42
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	10/01/2020	985.42
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	10/01/2020	985.42
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	10/01/2020	985.42
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	10/01/2020	985.42
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	10/01/2020	2,459.12
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	10/01/2020	2,459.12
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	10/1/2014	0.00
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	10/01/2020	2,459.12
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	10/01/2020	2,459.12
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	10/01/2020	2,459.12
27700	ARTHROPLASTY, ANKLE;	10/01/2020	2,459.12
27704	REMOVAL OF ANKLE IMPLANT	10/01/2020	985.42
27705	OSTEOTOMY; TIBIA	10/01/2020	3,325.67
27707	OSTEOTOMY; FIBULA	10/01/2020	985.42
27709	OSTEOTOMY; TIBIA AND FIBULA	10/01/2020	5,700.06
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	10/01/2020	3,192.32
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	10/01/2020	3,242.81
27730	SCRAPING OR STAPLING OF SHIN BONE GROWTH PLATE, OPEN PROCEDURE	10/01/2020	985.42
27732	SCRAPING OR STAPLING OF LEG BONE GROWTH PLATE, OPEN PROCEDURE	10/01/2020	985.42
27734	SCRAPING OR STAPLING OF GROWTH PLATES OF LEG BONES, OPEN PROCEDURE	10/01/2020	985.42
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	10/01/2020	985.42
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	10/01/2020	985.42
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	10/01/2020	3,232.79
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	10/01/2020	77.01
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	10/01/2020	518.56

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27756	INSERTION OF FIXATION TO BROKEN SHIN BONE, ACCESSED THROUGH THE SKIN	10/01/2020	3,366.52
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	10/01/2020	7,467.66
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	10/01/2020	7,395.62
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	10/01/2020	518.56
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	10/01/2020	2,459.12
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	10/01/2020	518.56
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	10/01/2020	2,459.12
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	10/01/2020	518.56
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION,	10/01/2020	2,459.12
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	10/01/2020	77.01
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH	10/01/2020	77.01
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL	10/01/2020	3,092.12
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	10/01/2020	77.01
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	10/01/2020	518.56
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O	10/01/2020	3,133.35
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	10/01/2020	518.56
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	10/01/2020	3,122.18
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	10/01/2020	3,113.51
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	10/01/2020	77.01
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	10/01/2020	518.56
27826	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE	10/01/2020	3,240.11
27827	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE	10/01/2020	7,414.52
27828	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	10/01/2020	7,512.93
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I	10/01/2020	2,459.12
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	10/01/2020	985.42
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX	10/01/2020	2,459.12
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT	10/01/2020	518.56
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	10/01/2020	2,459.12
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	10/01/2020	3,390.41
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	10/01/2020	985.42
27870	FUSION OF ANKLE JOINT, OPEN PROCEDURE	10/01/2020	7,717.25
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	10/01/2020	7,502.30

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27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	10/01/2020	985.42
27889	ANKLE DISARTICULATION	10/01/2020	2,459.12
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	10/01/2020	985.42
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT	10/01/2020	2,459.12
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	10/01/2020	985.42
28001	INCISION AND DRAINAGE, BURSA, FOOT	10/01/2020	126.94
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	10/01/2020	518.56
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	10/01/2020	985.42
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	10/01/2020	985.42
28008	FASCIOTOMY, FOOT AND/OR TOE	10/01/2020	985.42
28010	REPAIR OF TOE TENDON, ACCESSED THROUGH THE SKIN	10/01/2020	87.41
28011	REPAIR OF MULTIPLE TOE TENDONS, ACCESSED THROUGH THE SKIN	10/01/2020	518.56
28020	INCISION OF FOOT BONE AT ANKLE JOINT WITH EXPLORATION, DRAINAGE, OR REMOVAL OF F	10/01/2020	985.42
28022	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF FOOT	10/01/2020	985.42
28024	EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF TOE JOINT	10/01/2020	518.56
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	10/01/2020	581.35
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	10/01/2020	735.68
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5	10/01/2020	735.68
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	10/01/2020	425.34
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES	10/01/2020	735.68
28046	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE	10/01/2020	735.68
28047	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE	10/01/2020	735.68
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	10/01/2020	985.42
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	10/01/2020	985.42
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	10/01/2020	985.42
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	10/01/2020	581.35
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	10/01/2020	985.42
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	10/01/2020	985.42
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	10/01/2020	2,459.12
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	10/01/2020	985.42
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	10/01/2020	518.56
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	10/01/2020	985.42
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	10/01/2020	985.42
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	10/01/2020	518.56
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	10/01/2020	518.56
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	10/01/2020	985.42
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	10/01/2020	2,459.12
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	10/01/2020	2,459.12

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28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	10/01/2020	985.42
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	10/01/2020	2,459.12
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	10/01/2020	2,459.12
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	10/01/2020	518.56
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	10/01/2020	985.42
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	10/01/2020	985.42
28112	REMOVAL OF BONES AT SECOND, THIRD, OR FOURTH TOE JOINTS	10/01/2020	985.42
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	10/01/2020	985.42
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	10/01/2020	985.42
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	10/01/2020	985.42
28118	OSTECTOMY, CALCANEUS;	10/01/2020	985.42
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	10/01/2020	985.42
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	10/01/2020	985.42
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	10/01/2020	985.42
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	10/01/2020	211.82
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	10/01/2020	985.42
28130	TALECTOMY (ASTRAGALECTOMY)	10/01/2020	3,428.18
28140	METATARSECTOMY	10/01/2020	985.42
28150	PHALANGECTOMY, TOE, EACH TOE	10/01/2020	985.42
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	10/01/2020	985.42
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	10/01/2020	985.42
28171	EXTENSIVE REMOVAL OF BONE GROWTH, MIDDLE PORTION OF FOOT	10/01/2020	985.42
28173	RADICAL RESECTION OF TUMOR; METATARSAL	10/01/2020	985.42
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	10/01/2020	518.56
28190	REMOVAL OF FOREIGN BODY OF FOOT TISSUE, ACCESSED BENEATH THE SKIN	10/01/2020	127.95
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	10/01/2020	425.34
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	10/01/2020	425.34
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	10/01/2020	985.42
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	10/01/2020	2,459.12
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	10/01/2020	985.42
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	10/01/2020	2,459.12
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	10/01/2020	200.17
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	10/01/2020	985.42
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	10/01/2020	985.42
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	10/01/2020	985.42
28230	INCISION TO LENGTHEN FOOT TENDONS, OPEN PROCEDURE	10/01/2020	197.38
28232	INCISION TO LENGTHEN TOE TENDON, OPEN PROCEDURE	10/01/2020	184.20
28234	INCISION TO RELEASE FOOT TENDON, OPEN PROCEDURE	10/01/2020	518.56

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28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	10/01/2020	2,459.12
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	10/01/2020	985.42
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	10/01/2020	985.42
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	10/01/2020	985.42
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	10/01/2020	518.56
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	10/01/2020	3,603.92
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	10/01/2020	518.56
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	10/01/2020	985.42
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	10/01/2020	177.87
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	10/01/2020	985.42
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	10/01/2020	985.42
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	10/01/2020	985.42
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	10/01/2020	985.42
28289	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE	10/01/2020	985.42
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	10/01/2020	3,510.27
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	10/01/2020	985.42
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED, W	10/01/2020	985.42
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH	10/01/2020	985.42
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	10/01/2020	3,313.91
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX	10/01/2020	2,459.12
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	10/01/2020	2,459.12
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	10/01/2020	3,123.34
28302	OSTEOTOMY; TALUS	10/01/2020	2,459.12
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	10/01/2020	2,459.12
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	10/01/2020	3,325.28
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/01/2020	2,459.12
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/01/2020	2,459.12
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/01/2020	985.42
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	10/01/2020	2,459.12
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	10/01/2020	2,459.12
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	10/01/2020	985.42
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	10/01/2020	985.42
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	10/01/2020	985.42
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	10/01/2020	8,018.79
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	10/01/2020	3,175.56
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	10/01/2020	985.42
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	10/01/2020	985.42
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	10/01/2020	985.42

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28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	10/01/2020	518.56
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	10/01/2020	77.01
28406	INSERTION OF HARDWARE TO BROKEN HEEL BONE WITH MANIPULATION, ACCESSED THROUGH TH	10/01/2020	2,459.12
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	10/01/2020	3,211.40
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	10/01/2020	7,578.29
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	10/01/2020	77.01
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	10/01/2020	518.56
28436	INSERTION OF HARDWARE TO BROKEN ANKLE JOINT WITH MANIPULATION, ACCESSED THROUGH	10/01/2020	2,459.12
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	10/01/2020	3,044.91
28446	IMPLANTATION OF DONOR CARTILAGE CELLS INTO FOOT JOINT WITH GRAFTS, OPEN PROCEDUR	10/01/2020	2,459.12
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	10/01/2020	77.01
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	10/01/2020	117.82
28456	INSERTION OF HARDWARE TO BROKEN FOOT JOINT WITH MANIPULATION, ACCESSED THROUGH T	10/01/2020	2,459.12
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN	10/01/2020	3,180.76
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	10/01/2020	77.01
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	10/01/2020	77.01
28476	INSERTION OF HARDWARE TO BROKEN FOOT BONE WITH MANIPULATION, ACCESSED THROUGH TH	10/01/2020	985.42
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	10/01/2020	3,111.01
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	10/01/2020	69.43
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	10/01/2020	77.01
28496	INSERTION OF HARDWARE TO BROKEN GREAT TOE WITH MANIPULATION, ACCESSED THROUGH TH	10/01/2020	985.42
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F	10/01/2020	985.42
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	10/01/2020	54.98
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	10/01/2020	74.24
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES	10/01/2020	985.42
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	10/01/2020	52.70
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	10/01/2020	2,459.12
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	10/01/2020	77.01
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING	10/01/2020	985.42
28546	INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO	10/01/2020	518.56
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF	10/01/2020	2,459.12
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/01/2020	985.42
28576	INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO	10/01/2020	2,459.12
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	10/01/2020	3,393.69
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	77.01
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/01/2020	77.01

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28606	INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO	10/01/2020	985.42
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	10/01/2020	3,057.43
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	62.58
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/01/2020	518.56
28636	INSERTION OF HARDWARE TO FOOT BONE DISLOCATION WITH MANIPULATION, ACCESSED THROU	10/01/2020	985.42
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT	10/01/2020	985.42
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	10/01/2020	48.39
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10/01/2020	81.70
28666	INSERTION OF HARDWARE TO TOE JOINT DISLOCATION WITH MANIPULATION, ACCESSED THROU	10/01/2020	985.42
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	10/01/2020	985.42
28705	ARTHRODESIS; PANTALAR	10/01/2020	11,228.21
28715	ARTHRODESIS; TRIPLE	10/01/2020	7,991.23
28725	ARTHRODESIS; SUBTALAR	10/01/2020	7,485.77
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	10/01/2020	7,918.41
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	10/01/2020	7,979.82
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	10/01/2020	7,673.94
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	10/01/2020	3,400.82
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	10/01/2020	3,347.44
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	10/01/2020	2,459.12
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	10/01/2020	2,459.12
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	10/01/2020	985.42
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	10/01/2020	985.42
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	10/01/2020	985.42
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF	10/01/2020	137.58
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	10/01/2020	81.70
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	10/01/2020	81.70
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	10/01/2020	81.70
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	10/01/2020	81.70
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	10/01/2020	81.70
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	10/01/2020	47.61
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	10/01/2020	81.70
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	10/01/2020	43.58
29055	APPLICATION, CAST; SHOULDER SPICA	10/01/2020	81.70
29058	APPLICATION, CAST; PLASTER VELPEAU	10/01/2020	48.90
29065	APPLICATION OF CAST, SHOULDER TO HAND (LONG ARM)	10/01/2020	42.31
29075	APPLICATION OF CAST, ELBOW TO FINGER (SHORT ARM)	10/01/2020	38.77
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	10/01/2020	42.06
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	10/01/2020	38.26

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29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	10/01/2020	34.96
29125	APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND)	10/1/2015	0.00
29126	APPLICATION OF MOVEABLE, HINGED SHORT ARM SPLINT (FOREARM TO HAND)	10/1/2015	0.00
29130	APPLICATION OF NON-MOVEABLE, HINGED FINGER SPLINT	10/1/2015	0.00
29131	APPLICATION OF MOVEABLE, HINGED FINGER SPLINT	10/1/2015	0.00
29200	STRAPPING; THORAX	10/01/2020	13.18
29240	STRAPPING; SHOULDER (EG, VELPEAU)	10/1/2015	0.00
29260	STRAPPING; ELBOW OR WRIST	10/1/2015	0.00
29280	STRAPPING; HAND OR FINGER	10/1/2015	0.00
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	10/01/2020	81.70
29325	APPLICATION OF HIP SPICA CAST, ONE AND ONE-HALF HIP SPICA OR BOTH LEGS	10/01/2020	81.70
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	10/01/2020	55.24
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES), WALKER OR AMBULATORY TYPE	10/01/2020	56.25
29358	APPLICATION OF LONG LEG CAST BRACE	10/01/2020	70.94
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	10/01/2020	52.19
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	10/01/2020	33.95
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES), WALKING OR AMBULATORY TYPE	10/01/2020	31.92
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	10/01/2020	47.13
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	10/01/2020	15.45
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	10/01/2020	43.58
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	10/01/2020	45.86
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	10/01/2020	40.79
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	10/01/2020	29.64
29520	STRAPPING; HIP	10/1/2015	0.00
29530	STRAPPING; KNEE	10/1/2015	0.00
29540	STRAPPING; ANKLE AND/OR FOOT	10/01/2020	9.88
29550	STRAPPING; TOES	10/1/2015	0.00
29580	STRAPPING, UNNA BOOT	10/01/2020	29.64
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	10/01/2020	47.61
29584	APPLICATION OF VEIN WOUND COMPRESSION SYSTEM UPPER ARM, FOREARM, HAND, AND FINGE	10/01/2020	47.61
29700	REMOVAL OR BIVALVING OF GAUNTLET, BOOT, OR BODY CAST	10/01/2020	28.38
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	10/01/2020	24.07
29710	REMOVAL OR BIVALVING OF SHOULDER, HIP SPICA, OR JACKET CAST	10/01/2020	47.38
29720	REPAIR OF SPICA, BODY CAST, OR JACKET	10/01/2020	39.78
29730	WINDOWING OF CAST	10/01/2020	22.80
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	10/01/2020	37.24
29750	WEDGING OF CLUBFOOT CAST	10/01/2020	39.02
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	10/01/2020	985.42

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29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	10/01/2020	985.42
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/01/2020	985.42
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	10/01/2020	2,459.12
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	10/01/2020	2,459.12
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	10/01/2020	985.42
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	10/01/2020	2,459.12
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	10/01/2020	985.42
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	10/01/2020	985.42
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	10/01/2020	985.42
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	10/01/2020	985.42
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR	10/01/2020	985.42
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	10/1/2014	0.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	10/01/2020	2,459.12
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	10/01/2020	2,459.12
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/01/2020	985.42
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	10/01/2020	985.42
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	10/01/2020	985.42
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	10/01/2020	2,459.12
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	10/01/2020	985.42
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	10/01/2020	985.42
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/01/2020	985.42
29843	DIAGNOSTIC EXAMINATION OF THE WRIST USING AN ENDOSCOPE FOR INFECTION, IRRIGATION	10/01/2020	985.42
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	10/01/2020	985.42
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	10/01/2020	985.42
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	10/01/2020	985.42
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	10/01/2020	2,459.12
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	10/01/2020	518.56
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	10/01/2020	518.56
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	10/01/2020	518.56
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	10/01/2020	3,511.81
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	10/01/2020	7,292.48
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/01/2020	2,459.12
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	10/01/2020	2,459.12
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	10/01/2020	2,459.12
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	10/01/2020	985.42
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL	10/01/2020	2,459.12
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	10/01/2020	7,743.23
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	10/01/2020	985.42

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29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	10/01/2020	985.42
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	10/01/2020	985.42
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	10/01/2020	985.42
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	10/01/2020	985.42
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,	10/01/2020	985.42
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	10/01/2020	985.42
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	10/01/2020	985.42
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	10/01/2020	985.42
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY	10/01/2020	985.42
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	10/01/2020	985.42
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	10/01/2020	985.42
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	10/01/2020	985.42
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE	10/01/2020	2,459.12
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	10/01/2020	985.42
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	10/01/2020	2,459.12
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	10/01/2020	3,210.24
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE	10/01/2020	7,164.93
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	10/01/2020	985.42
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	10/01/2020	2,459.12
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	10/01/2020	985.42
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL	10/01/2020	985.42
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY,	10/01/2020	985.42
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	10/01/2020	985.42
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	10/01/2020	985.42
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	10/01/2020	3,042.79
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	10/01/2020	985.42
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	10/01/2020	985.42
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED	10/01/2020	518.56
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	10/01/2020	985.42
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	10/01/2020	2,459.12
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	10/01/2020	985.42
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	10/01/2020	7,305.47
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	10/01/2020	2,459.12
29915	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PI	10/01/2020	2,459.12
29916	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH LABRAL REPAIR	10/01/2020	2,459.12
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	10/01/2020	73.64
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	10/01/2020	140.62
30100	BIOPSY, INTRANASAL	10/01/2020	75.25

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30110	EXCISION, NASAL POLYP(S), SIMPLE	10/01/2020	124.15
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	10/01/2020	802.95
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	10/01/2020	802.95
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH	10/01/2020	802.95
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	10/01/2020	802.95
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	10/01/2020	406.28
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	10/01/2020	1,722.70
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	10/01/2020	802.95
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	10/01/2020	802.95
30150	RHINECTOMY; PARTIAL	10/01/2020	1,722.70
30160	RHINECTOMY; TOTAL	10/01/2020	1,722.70
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	10/01/2020	58.03
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	10/01/2020	75.00
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	10/01/2020	406.28
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	10/1/2015	0.00
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	10/01/2020	802.95
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	10/01/2020	406.28
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	10/01/2020	1,722.70
30410	RESHAPING OF BONE, CARTILAGE, OR TIP OF NOSE	10/01/2020	1,722.70
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	10/01/2020	1,722.70
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	10/01/2020	1,722.70
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	10/01/2020	1,722.70
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	10/01/2020	1,722.70
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	10/01/2020	1,722.70
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	10/01/2020	1,722.70
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL	10/01/2020	1,722.70
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	10/01/2020	802.95
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	10/01/2020	1,722.70
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	10/01/2020	1,722.70
30560	LYSIS INTRANASAL SYNECHIA	10/01/2020	158.27
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	10/01/2020	1,722.70
30600	REPAIR FISTULA; ORONASAL	10/01/2020	1,722.70
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	10/01/2020	1,722.70
30630	REPAIR NASAL SEPTAL PERFORATIONS	10/01/2020	802.95
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	10/01/2020	406.28
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	10/01/2020	406.28
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	10/1/2015	0.00
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	10/01/2020	41.61

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30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	10/01/2020	41.61
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	10/01/2020	73.64
30915	LIGATION ARTERIES; ETHMOIDAL	10/01/2020	1,136.04
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	10/01/2020	1,136.04
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	10/01/2020	802.95
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	10/01/2020	73.64
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	10/01/2020	406.28
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	10/01/2020	802.95
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF	10/01/2020	1,722.70
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF	10/01/2020	1,722.70
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	10/01/2020	1,722.70
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	10/01/2020	1,722.70
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	10/01/2020	1,722.70
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	10/01/2020	1,722.70
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH	10/01/2020	1,722.70
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION	10/01/2020	1,722.70
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION	10/01/2020	1,722.70
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	10/01/2020	1,722.70
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	10/01/2020	1,722.70
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	10/01/2020	1,722.70
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	10/01/2020	1,722.70
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY,	10/01/2020	1,722.70
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	10/01/2020	1,722.70
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	10/01/2020	406.28
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	10/01/2020	802.95
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/01/2020	55.60
31233	EXAMINATION OF NASAL PASSAGE AND SINUS ABOVE TEETH (MAXILLARY SINUS) USING ENDOS	10/01/2020	134.16
31235	EXAMINATION OF NASAL PASSAGE AND SINUS ABOVE EYES (SPHENOID SINUS) USING ENDOSCO	10/01/2020	450.17
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	10/01/2020	450.17
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	10/01/2020	450.17
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	10/01/2020	931.32
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	10/01/2020	450.17
31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	10/01/2020	1,626.60
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	10/01/2020	1,626.60
31255	COMPLETE REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	10/01/2020	1,626.60
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	10/01/2020	931.32
31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	10/01/2020	1,626.60
31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	10/01/2020	1,626.60

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31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	10/01/2020	1,626.60
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	10/01/2020	1,626.60
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	10/01/2020	1,626.60
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	10/01/2020	1,626.60
31295	DILATION OF OPENING FROM SINUS ABOVE TEETH (MAXILLARY SINUS) INTO CAVITY OF NOSE	10/01/2020	1,278.77
31296	DILATION OF OPENING FROM SINUS IN FOREHEAD (FRONTAL SINUS) INTO CAVITY OF NOSE U	10/01/2020	1,285.61
31297	DILATION OF OPENING FROM SINUS BEHIND EYE (SPHENOID SINUS) INTO CAVITY OF NOSE U	10/01/2020	1,275.48
31298	DILATION OF OPENING FROM SINUSES IN FOREHEAD AND BEHIND EYE (FRONTAL AND SPHENOI	10/01/2020	1,626.60
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	10/01/2020	802.95
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	10/01/2020	1,722.70
31420	EPIGLOTTIDECTOMY	10/01/2020	1,722.70
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	10/01/2020	73.64
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	10/01/2020	73.64
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	10/01/2020	45.10
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	10/01/2020	931.32
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	10/01/2020	55.60
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	10/01/2020	931.32
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	10/01/2020	134.16
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	10/01/2020	134.16
31520	DIAGNOSTIC EXAMINATION OF VOICE BOX USING AN ENDOSCOPE, NEWBORN	10/01/2020	134.16
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	10/01/2020	450.17
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	10/01/2020	450.17
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	10/01/2020	931.32
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	10/01/2020	931.32
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	10/01/2020	931.32
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	10/01/2020	450.17
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	10/01/2020	931.32
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	10/01/2020	931.32
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	10/01/2020	931.32
31540	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE	10/01/2020	931.32
31541	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH	10/01/2020	931.32
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	10/01/2020	931.32
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	10/01/2020	1,626.60
31551	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	10/01/2020	1,722.70
31552	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	10/01/2020	1,722.70
31553	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEME	10/01/2020	1,722.70
31554	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS WITH GRAFT, WITH INDWELLING STENT PLACEMEN	10/01/2020	1,722.70
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	10/01/2020	1,626.60

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31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	10/01/2020	1,626.60
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	10/01/2020	931.32
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	10/01/2020	931.32
31572	LARYNGOSCOPY, FLEXIBLE, WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNI	10/01/2020	931.32
31573	LARYNGOSCOPY, FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT	10/01/2020	128.46
31574	LARYNGOSCOPY, FLEXIBLE WITH INJECTION(S) (EG, PERCUTANEOUS TRANSORAL), UNILATERA	10/01/2020	450.17
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	10/01/2020	55.60
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	10/01/2020	450.17
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	10/01/2020	134.16
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	10/01/2020	931.32
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	10/01/2020	84.12
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	10/01/2020	1,722.70
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	10/01/2020	1,722.70
31591	LARYNGOPLASTY, MEDIALIZATION UNILATERAL	10/01/2020	1,722.70
31592	CRICOTRACHEAL RESECTION	10/01/2020	1,722.70
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	10/01/2020	406.28
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	10/01/2020	73.64
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	10/01/2020	802.95
31612	PUNCTURE OF NECK AND WINDPIPE CARTILAGE FOR ASPIRATION AND/OR INJECTION, ACCESSE	10/01/2020	802.95
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	10/01/2020	802.95
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	10/01/2020	1,722.70
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	10/01/2020	158.27
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	450.17
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	450.17
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	450.17
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	450.17
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	1,626.60
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2012	0.00
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	931.32
31629	NEEDLE BIOPSY OF WINDPIPE CARTILAGE, AIRWAY, AND/OR LUNG USING AN ENDOSCOPE	10/01/2020	931.32
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	931.32
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	1,626.60
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2014	0.00
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/1/2014	0.00
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	1,626.60
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	450.17
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	2,243.26
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	10/1/2014	0.00

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31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	1,626.60
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	10/01/2020	931.32
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	931.32
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	450.17
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	450.17
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	134.16
31647	ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVES IN LUNG	10/01/2020	2,030.58
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	931.32
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	450.17
31651	ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVES IN LUNG	10/1/2014	0.00
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	931.32
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/01/2020	931.32
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	10/1/2016	0.00
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	10/01/2020	134.16
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	10/1/2015	0.00
31730	INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV	10/01/2020	450.17
31750	TRACHEOPLASTY; CERVICAL	10/01/2020	1,722.70
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	10/01/2020	1,722.70
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	10/01/2020	802.95
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	10/01/2020	802.95
31830	REVISION OF TRACHEOSTOMY SCAR	10/01/2020	802.95
32400	NEEDLE BIOPSY OF LINING OF LUNG, ACCESSED THROUGH THE SKIN	10/01/2020	425.34
32405	NEEDLE BIOPSY OF LUNG OR CHEST TISSUE, ACCESSED THROUGH THE SKIN	10/01/2020	425.34
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	10/01/2020	1,131.06
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	10/01/2020	233.96
32553	INSERTION OF DEVICES IN CHEST CAVITY FOR RADIATION THERAPY GUIDANCE, ACCESSED TH	10/01/2020	444.70
32554	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG	10/01/2020	233.96
32555	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING	10/01/2020	233.96
32556	REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER, ACCESS	10/01/2020	527.20
32557	REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER AND IMA	10/01/2020	524.30
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	10/01/2020	233.96
32994	DESTRUCTION OF GROWTHS IN ONE LUNG, ACCESSED THROUGH THE SKIN	10/01/2020	1,697.22
32998	DESTRUCTION OF GROWTHS IN ONE LUNG, ACCESSED THROUGH THE SKIN	10/01/2020	1,697.22
33016	PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN PER	10/01/2020	524.30
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	10/01/2020	7,144.35
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	10/01/2020	7,318.56
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	10/01/2020	7,447.19
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC	10/01/2020	3,799.45

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33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	10/01/2020	5,810.74
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	10/01/2020	6,045.71
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	10/01/2020	7,372.62
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO	10/01/2020	7,271.02
33215	REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE	10/01/2020	1,136.04
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER	10/01/2020	5,466.56
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB	10/01/2020	6,377.13
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	10/01/2020	1,297.11
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	10/01/2020	1,731.78
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	10/01/2020	11,716.74
33222	RELOCATION OF PACEMAKER GENERATOR SKIN POCKET	10/01/2020	771.70
33223	RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET	10/01/2020	771.70
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	10/01/2020	7,461.84
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	10/1/2015	0.00
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	10/01/2020	1,136.04
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	10/01/2020	5,947.69
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	10/01/2020	7,319.22
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	10/01/2020	11,796.85
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	10/01/2020	19,077.16
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	10/01/2020	26,036.81
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	10/01/2020	5,350.03
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR	10/01/2020	1,297.11
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	10/01/2020	1,608.66
33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	10/01/2020	18,930.80
33241	REMOVAL OF DEFIBRILLATOR PULSE GENERATOR	10/01/2020	1,297.11
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W	10/01/2020	26,078.49
33262	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	10/01/2020	18,763.30
33263	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	10/01/2020	18,956.62
33264	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	10/01/2020	26,105.58
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYS	10/01/2020	25,910.73
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	10/01/2020	6,086.74
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELE	10/01/2020	1,297.11
33285	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING	10/01/2020	6,364.85
33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM MONITOR	10/01/2020	225.55
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL	1/1/2015	0.00
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	10/1/2012	0.00
33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVEL	1/1/2019	0.00
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	10/01/2020	1,136.04

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34713	EXPOSURE OF ONE GROIN ARTERY FOR DELIVERY OF GRAFT, ACCESSED THROUGH THE SKIN	2/1/2018	0.00
34714	EXPOSURE OF ONE GROIN ARTERY WITH CREATION OF CONDUIT, OPEN PROCEDURE	2/1/2018	0.00
34715	EXPOSURE OF ONE UNDERARM OR UPPER CHEST ARTERY FOR DELIVERY OF PROSTHESIS, OPEN	2/1/2018	0.00
34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY O	2/1/2018	0.00
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	10/01/2020	1,912.18
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	10/01/2020	1,136.04
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION	10/1/2012	0.00
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	10/01/2020	1,912.18
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	10/01/2020	1,912.18
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	10/1/2012	0.00
36002	INJECTION TO CAUSE BLOOD CLOT IN A DISEASED OR BULGING VESSEL OF ARM OR LEG, ACC	10/01/2020	233.96
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE	10/1/2012	0.00
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	10/1/2012	0.00
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL	10/1/2012	0.00
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE,	10/1/2012	0.00
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	10/1/2012	0.00
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	10/1/2012	0.00
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	10/1/2012	0.00
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	10/1/2012	0.00
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	10/1/2012	0.00
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	10/1/2012	0.00
36200	INTRODUCTION OF CATHETER, AORTA	10/1/2012	0.00
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR	10/1/2012	0.00
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	10/1/2012	0.00
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE	10/1/2012	0.00
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD	10/1/2012	0.00
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC	10/1/2013	0.00
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	10/1/2013	0.00
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	10/1/2013	0.00
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	10/1/2013	0.00
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH	10/1/2013	0.00
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF	10/1/2013	0.00
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	10/1/2013	0.00
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID V	10/1/2013	0.00
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	10/1/2012	0.00
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	10/1/2012	0.00
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	10/1/2012	0.00
36248	INSERTION OF CATHETER INTO EACH ADDITIONAL ABDOMINAL, PELVIC OR LEG ARTERY	10/1/2012	0.00

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36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	10/1/2012	0.00
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	10/1/2012	0.00
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	10/1/2012	0.00
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	10/1/2012	0.00
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	10/01/2020	1,912.18
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/01/2020	2,083.74
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/01/2020	1,297.11
36400	INSERTION OF NEEDLE INTO UPPER LEG OR NECK VEIN, PATIENT YOUNGER THAN 3 YEARS	10/1/2012	0.00
36405	INSERTION OF NEEDLE INTO SCALP VEIN, PATIENT YOUNGER THAN 3 YEARS	10/1/2012	0.00
36406	INSERTION OF NEEDLE INTO VEIN, PATIENT YOUNGER THAN 3 YEARS	10/1/2012	0.00
36410	INSERTION OF NEEDLE INTO VEIN, PATIENT 3 YEARS OR OLDER	10/1/2012	0.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	10/1/2012	0.00
36420	INCISION OF VEIN FOR INSERTION OF NEEDLE OR CATHETER, PATIENT YOUNGER THAN 1 YEA	10/1/2015	0.00
36425	INCISION OF VEIN FOR INSERTION OF NEEDLE OR CATHETER, PATIENT AGE 1 OR OVER	10/1/2015	0.00
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	10/01/2020	24.58
36440	PUSH BLOOD TRANSFUSION, PATIENT 2 YEARS OR YOUNGER	10/01/2020	159.31
36450	EXCHANGE BLOOD TRANSFUSION, NEWBORN	10/01/2020	159.31
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	10/01/2020	159.31
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER	10/01/2020	771.70
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER	10/01/2020	771.70
36468	INJECTION OF CHEMICAL AGENT INTO SPIDER VEINS OF ARM, LEG, OR TRUNK	10/1/2016	0.00
36470	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN	10/01/2020	56.25
36471	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF ONE LEG	10/01/2020	96.53
36473	MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	10/01/2020	918.48
36474	MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	1/1/2017	0.00
36475	DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN	10/01/2020	1,136.04
36476	RADIOFREQUENCY DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	10/1/2014	0.00
36478	LASER DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDANCE, ACCE	10/01/2020	1,136.04
36479	LASER DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN	10/1/2014	0.00
36481	INSERTION OF CATHETER INTO PORTAL VEIN OF LIVER, ACCESSED THROUGH THE SKIN	10/1/2012	0.00
36482	CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKI	10/01/2020	1,263.32
36483	CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKI	2/1/2018	0.00
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	10/1/2012	0.00
36510	INSERTION OF CATHETER INTO VEIN OF NAVEL, NEWBORN	10/1/2012	0.00
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	10/01/2020	608.65
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	10/01/2020	608.65
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	10/01/2020	159.31
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	10/01/2020	608.65

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36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	10/01/2020	1,437.20
36522	PHOTOPHERESIS, EXTRACORPOREAL	10/01/2020	1,437.20
36555	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS	10/01/2020	524.30
36556	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER	10/01/2020	524.30
36557	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS	10/01/2020	1,912.18
36558	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER	10/01/2020	1,136.04
36560	INSERTION OF CENTRAL VENOUS CATHETER AND IMPLANTED DEVICE FOR INFUSION BENEATH T	10/01/2020	1,136.04
36561	INSERTION OF CENTRAL VENOUS CATHETER AND IMPLANTED DEVICE FOR INFUSION BENEATH T	10/01/2020	1,136.04
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	10/01/2020	1,912.18
36565	INSERTION OF CENTRAL VENOUS CATHETERS FOR INFUSION, TWO CATHETERS IN TWO VEINS	10/01/2020	1,136.04
36566	INSERTION OF CENTRAL VENOUS CATHETERS, TWO CATHETERS IN TWO VEINS, AND IMPLANTED	10/01/2020	1,912.18
36568	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS	10/01/2020	233.96
36569	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER	10/01/2020	524.30
36570	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION WITH PORT BENEATH THE SKIN, PA	10/01/2020	1,136.04
36571	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION WITH PORT BENEATH THE SKIN, PA	10/01/2020	1,136.04
36572	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	10/01/2020	233.96
36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	10/01/2020	524.30
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	10/01/2020	233.96
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	10/01/2020	524.30
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	10/01/2020	1,136.04
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	10/01/2020	524.30
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	10/01/2020	1,136.04
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	10/01/2020	1,136.04
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	10/01/2020	3,221.65
36584	REPLACEMENT OF CATHETER IN PERIPHERAL VEIN ACCESSED THROUGH SAME VEIN	10/01/2020	524.30
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	10/01/2020	1,136.04
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	10/01/2020	233.96
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR	10/01/2020	233.96
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	10/1/2012	0.00
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	10/1/2012	0.00
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	10/01/2020	22.04
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	10/01/2020	1,136.04
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	10/01/2020	524.30
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	10/01/2020	524.30
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	10/01/2020	84.73
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	10/1/2012	0.00
36620	INSERTION OF ARTERIAL CATHETER FOR BLOOD SAMPLING OR INFUSION, ACCESSED THROUGH	10/1/2012	0.00
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	10/1/2012	0.00

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36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	10/01/2020	1,136.04
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	10/1/2015	0.00
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	10/01/2020	1,912.18
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	10/01/2020	1,136.04
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	10/01/2020	1,912.18
36818	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	10/01/2020	1,912.18
36819	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	10/01/2020	1,912.18
36820	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	10/01/2020	1,912.18
36821	RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE	10/01/2020	1,136.04
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	10/01/2020	1,912.18
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	10/01/2020	1,912.18
36831	REMOVAL OF BLOOD CLOT FROM DIALYSIS GRAFT, OPEN PROCEDURE	10/01/2020	1,912.18
36832	REVISION OF DIALYSIS GRAFT, OPEN PROCEDURE	10/01/2020	1,912.18
36833	REVISION OF DIALYSIS GRAFT WITH REMOVAL OF BLOOD COT, OPEN PROCEDURE	10/01/2020	1,912.18
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	10/01/2020	1,598.29
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	10/01/2020	233.96
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	10/01/2020	1,912.18
36901	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT, WITH IMAGING INCLUDIN	10/01/2020	402.61
36902	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND BALLOON DILATION O	10/01/2020	1,984.56
36903	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND INSERTION OF STENT	10/01/2020	5,711.62
36904	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUI	10/01/2020	2,499.53
36905	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUI	10/01/2020	4,160.25
36906	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT AND BALLOON DILATI	10/01/2020	9,679.33
36907	BALLOON DILATION OF DIALYSIS SEGMENT, ACCESSED THROUGH THE SKIN, WITH IMAGING IN	1/1/2017	0.00
36908	INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPE	1/1/2017	0.00
36909	PERMANENT BLOCKAGE OF DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPE	1/1/2017	0.00
37184	REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER	10/01/2020	5,789.25
37185	REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER	10/1/2014	0.00
37186	REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER	10/1/2014	0.00
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	10/01/2020	2,659.41
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	10/01/2020	1,136.04
37197	RETRIEVAL OF FOREIGN BODY OF BLOOD VESSELS, ACCESSED THROUGH THE SKIN INCLUDING	10/01/2020	1,136.04
37200	TRANSCATHETER BIOPSY	10/01/2020	1,912.18
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A	10/01/2020	1,912.18
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSES, ANY METHOD, INCLUDING R	10/01/2020	1,136.04
37220	BALLOON DILATION OF ARTERY IN ONE SIDE OF GROIN, ENDOVASCULAR, ACCESSED THROUGH	10/01/2020	1,984.56
37221	INSERTION OF STENTS IN ARTERY IN ONE SIDE OF GROIN, ENDOVASCULAR, ACCESSED THROU	10/01/2020	5,613.86
37222	BALLOON DILATION OF GROIN ARTERY, ENDOVASCULAR, OPEN, OR PERCUTANEOUS APPROACH	10/1/2015	0.00

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37223	INSERTION OF STENTS INTO GROIN ARTERY, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O	10/1/2015	0.00
37224	BALLOON DILATION OF ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN	10/01/2020	2,671.33
37225	REMOVAL OF PLAQUE IN ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKI	10/01/2020	5,961.76
37226	INSERTION OF STENTS INTO ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE	10/01/2020	5,799.89
37227	REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERIES IN ONE LEG, ENDOVASCULAR	10/01/2020	10,212.52
37228	BALLOON DILATION OF ARTERY OF ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O	10/01/2020	5,256.18
37229	REMOVAL OF PLAQUE IN ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN	10/01/2020	9,752.70
37230	INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE S	10/01/2020	9,622.79
37231	REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR,	10/01/2020	10,007.37
37232	BALLOON DILATION OF ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O	10/1/2015	0.00
37233	REMOVAL OF PLAQUE IN ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN	10/1/2015	0.00
37234	INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE S	10/1/2015	0.00
37235	REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR,	10/1/2015	0.00
37236	INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CA	10/01/2020	5,449.11
37237	INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CA	10/1/2015	0.00
37238	INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WI	10/01/2020	5,623.92
37239	INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WI	10/1/2015	0.00
37241	OCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WITH RADIOLOGICAL SUPE	10/01/2020	4,160.25
37242	OCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISI	10/01/2020	5,555.49
37243	OCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND	10/01/2020	4,160.25
37246	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH	10/01/2020	1,984.56
37247	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH	1/1/2017	0.00
37248	BALLOON DILATION OF FIRST VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE,	10/01/2020	1,984.56
37249	BALLOON DILATION OF ADDITIONAL VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCED	1/1/2017	0.00
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	10/1/2016	0.00
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	10/1/2016	0.00
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORA	10/01/2020	1,912.18
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	10/01/2020	1,136.04
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	10/01/2020	425.34
37650	LIGATION OF FEMORAL VEIN	10/01/2020	1,136.04
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR	10/01/2020	1,136.04
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	10/01/2020	1,136.04
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	10/01/2020	1,136.04
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	10/01/2020	1,136.04
37760	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	10/01/2020	1,136.04
37761	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	10/01/2020	524.30
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	10/01/2020	174.07
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	10/01/2020	191.80

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37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	10/01/2020	524.30
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	10/01/2020	1,136.04
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	10/01/2020	1,077.06
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	10/1/2012	0.00
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	10/1/2012	0.00
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	10/01/2020	608.65
38220	DIAGNOSTIC BONE MARROW ASPIRATION	10/01/2020	85.89
38221	BONE MARROW BIOPSY	10/01/2020	78.55
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	10/01/2020	735.68
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	10/01/2020	608.65
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	10/01/2020	1,437.20
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	10/01/2020	608.65
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	10/01/2020	608.65
38243	TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS	10/01/2020	608.65
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	10/01/2020	735.68
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	10/01/2020	735.68
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	10/01/2020	842.38
38500	BIOPSY OR REMOVAL OF LYMPH NODES, OPEN PROCEDURE	10/01/2020	842.38
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	10/01/2020	425.34
38510	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK, OPEN PROCEDURE	10/01/2020	842.38
38520	BIOPSY OR REMOVAL OF LYMPH NODES OF NECK, OPEN PROCEDURE	10/01/2020	842.38
38525	BIOPSY OR REMOVAL OF LYMPH NODES OF UNDER THE ARM, OPEN PROCEDURE	10/01/2020	842.38
38530	BIOPSY OR REMOVAL OF BREAST LYMPH NODES, OPEN PROCEDURE	10/01/2020	842.38
38542	DISSECTION, DEEP JUGULAR NODE(S)	10/01/2020	1,697.22
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR	10/01/2020	842.38
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR	10/01/2020	1,722.37
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	10/01/2020	1,697.22
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	10/01/2020	2,863.12
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	10/01/2020	2,863.12
38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORT	10/01/2020	2,863.12
38700	SUPRAHYOID LYMPHADENECTOMY	10/01/2020	1,722.37
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	10/01/2020	1,697.22
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	10/01/2020	1,697.22
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE	10/01/2020	1,722.37
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	10/1/2012	0.00
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	10/1/2012	0.00
38794	CANNULATION, THORACIC DUCT	10/1/2012	0.00
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES I	10/1/2012	0.00

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40490	BIOPSY OF LIP	10/01/2020	56.25
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	10/01/2020	802.95
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	10/01/2020	802.95
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	10/01/2020	802.95
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER	10/01/2020	802.95
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	10/01/2020	1,722.70
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	10/01/2020	802.95
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	10/01/2020	158.27
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	10/01/2020	158.27
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	10/01/2020	406.28
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	10/01/2020	1,722.70
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE	10/01/2020	1,722.70
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	10/01/2020	1,722.70
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	10/01/2020	802.95
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP	10/01/2020	1,722.70
40800	INCISION OF ABSCESS, CYST, OR BLOOD ACCUMULATION IN MOUTH	10/01/2020	116.80
40801	INCISION OF ABSCESS, CYST, OR BLOOD ACCUMULATION IN MOUTH	10/01/2020	158.27
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	10/1/2015	0.00
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	10/01/2020	138.09
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	10/01/2020	62.83
40808	BIOPSY, VESTIBULE OF MOUTH	10/01/2020	85.64
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	10/01/2020	113.76
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	10/01/2020	140.88
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX	10/01/2020	802.95
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH	10/01/2020	802.95
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	10/01/2020	158.27
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	10/01/2020	406.28
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	10/01/2020	150.75
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	10/01/2020	73.64
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	10/01/2020	158.27
40840	VESTIBULOPLASTY; ANTERIOR	10/01/2020	1,722.70
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	10/01/2020	1,722.70
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	10/01/2020	1,722.70
40844	VESTIBULOPLASTY; ENTIRE ARCH	10/01/2020	1,722.70
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	10/01/2020	1,722.70
41000	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF TONGUE	10/01/2020	77.02
41005	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE	10/01/2020	73.64
41006	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE	10/01/2020	406.28

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41007	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER LIP	10/01/2020	406.28
41008	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE JAW BONE	10/01/2020	802.95
41009	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH	10/01/2020	158.27
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	10/01/2020	406.28
41015	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE	10/01/2020	158.27
41016	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER LIP	10/01/2020	1,722.70
41017	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR JAW BONE	10/01/2020	802.95
41018	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER TEETH	10/01/2020	406.28
41019	INSERTION OF NEEDLES, CATHETERS, OR DEVICES INTO HEAD AND/OR NECK FOR RADIATION	10/01/2020	1,722.70
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	10/01/2020	86.14
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	10/01/2020	86.14
41108	BIOPSY OF FLOOR OF MOUTH	10/01/2020	81.08
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	10/01/2020	114.52
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	10/01/2020	802.95
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	10/01/2020	802.95
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	10/01/2020	802.95
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	10/01/2020	132.01
41116	EXCISION, LESION OF FLOOR OF MOUTH	10/01/2020	802.95
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	10/01/2020	1,722.70
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O	10/1/2016	0.00
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	10/01/2020	73.64
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	10/01/2020	73.64
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	10/01/2020	802.95
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	10/01/2020	1,722.70
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	10/01/2020	802.95
41530	DESTRUCTION OF TONGUE TISSUE, PER SESSION	10/01/2020	586.30
41800	DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF DENTAL BONE	10/1/2016	0.00
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	10/01/2020	177.11
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	10/01/2020	212.58
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	10/01/2020	802.95
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	10/01/2020	406.28
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/01/2020	178.37
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/01/2020	256.67
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	10/01/2020	117.82
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	10/01/2020	159.62
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	10/01/2020	1,722.70
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	10/01/2020	158.86
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	10/01/2020	228.54

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41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	10/01/2020	406.28
41870	PERIODONTAL MUCOSAL GRAFTING	10/01/2020	406.28
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	10/01/2020	235.13
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	10/01/2020	194.84
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	10/01/2020	73.64
42100	BIOPSY OF PALATE, UVULA	10/01/2020	68.41
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	10/01/2020	108.69
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	10/01/2020	132.77
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	10/01/2020	1,722.70
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	10/01/2020	1,722.70
42140	UVULECTOMY, EXCISION OF UVULA	10/01/2020	802.95
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	10/01/2020	1,722.70
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	10/01/2020	117.06
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	10/01/2020	158.27
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	10/01/2020	1,722.70
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	10/01/2020	1,722.70
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	10/01/2020	802.95
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT	10/01/2020	1,722.70
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	10/01/2020	1,722.70
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	10/01/2020	1,722.70
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	10/01/2020	1,722.70
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	10/01/2020	1,722.70
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	10/01/2020	1,722.70
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	10/01/2020	1,722.70
42260	REPAIR OF NASOLABIAL FISTULA	10/01/2020	1,722.70
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	10/01/2020	85.13
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	10/01/2020	1,722.70
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	10/01/2020	406.28
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	10/01/2020	802.95
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	10/01/2020	158.27
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	10/01/2020	158.27
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,	10/01/2020	103.12
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	10/01/2020	194.59
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	10/01/2020	802.95
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	10/01/2020	52.70
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	10/01/2020	406.28
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/01/2020	802.95
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/01/2020	802.95

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42410	REMOVAL OF SALIVARY GLAND GROWTH OR SALIVARY GLAND, LATERAL LOBE	10/01/2020	1,722.70
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND	10/01/2020	1,722.70
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND	10/01/2020	1,722.70
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH	10/01/2020	1,722.70
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	10/01/2020	1,722.70
42450	EXCISION OF SUBLINGUAL GLAND	10/01/2020	1,722.70
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	10/01/2020	1,722.70
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	10/01/2020	1,722.70
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	10/01/2020	1,722.70
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	10/01/2020	1,722.70
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M	10/01/2020	802.95
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	10/1/2012	0.00
42600	CLOSURE SALIVARY FISTULA	10/01/2020	802.95
42650	DILATION SALIVARY DUCT	10/01/2020	34.71
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	10/01/2020	52.96
42665	LIGATION SALIVARY DUCT, INTRAORAL	10/01/2020	802.95
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	10/01/2020	73.64
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	10/01/2020	802.95
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	10/01/2020	1,722.70
42800	BIOPSY; OROPHARYNX	10/01/2020	72.47
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	10/01/2020	802.95
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	10/01/2020	802.95
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	10/01/2020	802.95
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	10/1/2015	0.00
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	10/01/2020	802.95
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	10/01/2020	1,722.70
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	10/01/2020	1,722.70
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	10/01/2020	802.95
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	10/01/2020	1,722.70
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	10/01/2020	802.95
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	10/01/2020	802.95
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	10/01/2020	802.95
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	10/01/2020	802.95
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	10/01/2020	802.95
42860	EXCISION OF TONSIL TAGS	10/01/2020	802.95
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	10/01/2020	1,722.70
42890	LIMITED PHARYNGECTOMY	10/01/2020	1,722.70
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY	10/01/2020	1,722.70

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42900	SUTURE PHARYNX FOR WOUND OR INJURY	10/01/2020	406.28
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	10/01/2020	1,722.70
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	10/01/2020	406.28
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/01/2020	158.27
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/01/2020	802.95
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/01/2020	73.64
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	10/01/2020	802.95
43030	CRICOPHARYNGEAL MYOTOMY	10/01/2020	1,722.70
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	10/01/2020	1,722.70
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL	10/01/2020	1,722.70
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S)	10/01/2020	527.20
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBS	10/01/2020	527.20
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	10/01/2020	527.20
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER	10/01/2020	1,076.53
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATI	10/01/2020	1,076.53
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN	10/01/2020	95.02
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	10/01/2020	101.35
43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	314.91
43201	INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43204	INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE	10/01/2020	527.20
43205	TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE	10/01/2020	527.20
43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43211	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	10/01/2020	527.20
43212	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES	10/01/2020	2,658.99
43213	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DIL	10/01/2020	527.20
43214	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 M	10/01/2020	527.20
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	10/01/2020	527.20
43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	10/01/2020	527.20
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43226	INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43227	CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE	10/01/2020	527.20
43229	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	10/01/2020	1,076.53
43231	ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO	10/01/2020	527.20
43233	BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSC	10/01/2020	527.20

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43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	10/01/2020	314.91
43236	INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	10/01/2020	314.91
43237	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	10/01/2020	527.20
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	10/01/2020	314.91
43240	DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN	10/01/2020	1,540.87
43241	INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN	10/01/2020	527.20
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	10/01/2020	527.20
43243	INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43245	DILATION OF STOMACH OUTLET USING AN ENDOSCOPE	10/01/2020	527.20
43246	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE	10/01/2020	527.20
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	10/01/2020	314.91
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	314.91
43249	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	10/01/2020	527.20
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	10/01/2020	527.20
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	10/01/2020	527.20
43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	10/01/2020	1,076.53
43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMA	10/01/2020	527.20
43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A	10/01/2020	527.20
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END	10/01/2020	527.20
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	10/01/2020	1,076.53
43259	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E	10/01/2020	527.20
43260	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	10/01/2020	1,076.53
43261	BIOPSY OF GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE	10/01/2020	1,076.53
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	10/01/2020	1,076.53
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	10/01/2020	1,076.53
43264	REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	10/01/2020	1,076.53
43265	DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	10/01/2020	1,841.78
43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDO	10/01/2020	2,687.56
43270	DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	10/01/2020	527.20
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(	10/1/2014	0.00
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH PLACEMENT OF ENDOSCO	10/01/2020	1,841.78
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL OF FOREIGN B	10/01/2020	1,076.53
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL AND EXCHANGE	10/01/2020	1,841.78
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH TRANS-ENDOSCOPIC BAL	10/01/2020	1,076.53
43278	DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN E	10/01/2020	1,076.53
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF	10/01/2020	3,939.58

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43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	10/01/2020	1,697.22
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	10/01/2020	314.91
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	10/01/2020	527.20
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	10/01/2020	1,697.22
43752	INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE	10/01/2020	173.45
43753	INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS	10/1/2015	0.00
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	10/1/2015	0.00
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	10/01/2020	49.52
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	10/01/2020	314.91
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	10/01/2020	314.91
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E	10/01/2020	111.45
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED,	10/01/2020	111.45
43763	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED,	10/01/2020	111.45
43870	CLOSURE OF GASTROSTOMY, SURGICAL	10/01/2020	1,076.53
43886	REVISION OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCEDURE	10/01/2020	1,176.01
43887	REMOVAL OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCEDURE	10/01/2020	771.70
43888	REMOVAL AND REPLACEMENT OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCE	10/01/2020	1,176.01
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	10/01/2020	314.91
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/01/2020	1,176.01
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/01/2020	1,176.01
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	10/01/2020	527.20
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	527.20
44363	REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE	10/01/2020	527.20
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	527.20
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	527.20
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	527.20
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	527.20
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	2,689.85
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	527.20
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	10/01/2020	527.20
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/01/2020	527.20
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/01/2020	527.20
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/01/2020	527.20
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	10/01/2020	1,841.78
44380	DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	10/01/2020	314.91
44381	ILLEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	10/01/2020	527.20
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE	10/01/2020	314.91
44384	ILLEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDING PRE- AN	10/01/2020	1,076.53

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44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	10/01/2020	282.34
44386	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	10/01/2020	282.34
44388	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	10/01/2020	282.34
44389	BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O	10/01/2020	369.57
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	10/01/2020	282.34
44391	CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH	10/01/2020	369.57
44392	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	10/01/2020	369.57
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	10/01/2020	369.57
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(	10/01/2020	369.57
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND	10/01/2020	2,531.91
44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	10/01/2020	369.57
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/01/2020	369.57
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	10/01/2020	369.57
44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO T	10/01/2020	369.57
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	10/01/2020	369.57
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG,	10/01/2020	282.34
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	10/01/2020	314.91
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2012	0.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	10/01/2020	369.57
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	10/01/2020	369.57
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	10/01/2020	831.82
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	10/01/2020	831.82
45108	ANORECTAL MYOMECTOMY	10/01/2020	831.82
45150	DIVISION OF STRICTURE OF RECTUM	10/01/2020	369.57
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH	10/01/2020	831.82
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	10/01/2020	831.82
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	10/01/2020	831.82
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	10/01/2020	831.82
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	10/01/2020	66.13
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	10/01/2020	369.57
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	10/01/2020	369.57
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	10/01/2020	831.82
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	10/01/2020	831.82
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	10/01/2020	369.57
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	10/01/2020	369.57
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	10/01/2020	369.57
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	10/01/2020	831.82
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	10/01/2020	831.82

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45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	10/01/2020	2,246.75
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	10/01/2020	102.11
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	10/01/2020	282.34
45332	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	10/01/2020	369.57
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	10/01/2020	282.34
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	10/01/2020	369.57
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/01/2020	282.34
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	10/01/2020	282.34
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	10/01/2020	369.57
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	10/01/2020	369.57
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/01/2020	282.34
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	10/01/2020	369.57
45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	10/01/2020	369.57
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE	10/01/2020	2,745.10
45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	10/01/2020	831.82
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	10/01/2020	369.57
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	10/01/2020	282.34
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	10/01/2020	369.57
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	10/01/2020	369.57
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL	10/01/2020	369.57
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING	10/01/2020	369.57
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	10/01/2020	369.57
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	10/01/2020	369.57
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1	10/01/2020	369.57
45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (	10/01/2020	369.57
45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-D	10/01/2020	2,664.65
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	10/01/2020	831.82
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	10/01/2020	369.57
45392	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO	10/01/2020	369.57
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVU	10/01/2020	369.57
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S), (EG, HEMORRHOIDS)	10/01/2020	369.57
45500	PROCTOPLASTY; FOR STENOSIS	10/01/2020	831.82
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	10/01/2020	831.82
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	10/1/2016	0.00
45541	FIXATION OF RECTUM TO SACRUM, PERINEAL APPROACH	10/01/2020	831.82
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	10/01/2020	831.82
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/01/2020	282.34
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	10/01/2020	369.57

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45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	10/01/2020	369.57
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/01/2020	369.57
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	10/01/2020	831.82
46020	PLACEMENT OF SETON	10/01/2020	831.82
46030	REMOVAL OF ANAL SETON, OTHER MARKER	10/01/2020	369.57
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE	10/01/2020	369.57
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS,	10/01/2020	831.82
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	10/01/2020	282.34
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY	10/01/2020	831.82
46070	INCISION OF ANAL TISSUE, INFANT	10/01/2020	831.82
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	10/01/2020	831.82
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	10/01/2020	111.45
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	10/01/2020	831.82
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	10/01/2020	369.57
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	10/01/2020	130.74
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	10/01/2020	831.82
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	10/01/2020	831.82
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	10/01/2020	831.82
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	10/01/2020	831.82
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY,	10/01/2020	831.82
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	10/01/2020	831.82
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	10/01/2020	831.82
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC	10/01/2020	831.82
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	10/01/2020	831.82
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	10/01/2020	831.82
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSSPHINCTERIC,	10/01/2020	831.82
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	10/01/2020	831.82
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	10/01/2020	831.82
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	10/01/2020	94.50
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	10/01/2020	165.46
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	10/01/2020	369.57
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	10/1/2015	0.00
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE,	1/1/2015	0.00
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	10/01/2020	369.57
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	10/01/2020	150.00
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MI	10/01/2020	369.57
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	10/01/2020	282.34
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY	10/01/2020	831.82

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46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE	10/01/2020	282.34
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	10/01/2020	831.82
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR	10/01/2020	77.53
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE	10/01/2020	831.82
46700	PLASTIC REPAIR OF ANAL STRICTURE, ADULT	10/01/2020	831.82
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	10/01/2020	831.82
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	10/01/2020	831.82
46750	REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, ADULT	10/01/2020	831.82
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	10/01/2020	831.82
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	10/01/2020	831.82
46760	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE, ADULT	10/01/2020	831.82
46761	REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE, ADULT	10/01/2020	831.82
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM,	10/01/2020	114.07
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	131.24
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	63.80
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	831.82
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	831.82
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	831.82
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	10/01/2020	108.69
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	10/01/2020	110.98
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	10/01/2020	110.72
46945	REMOVAL AND TYING OF SINGLE HEMORRHOID GROUP	10/01/2020	831.82
46946	REMOVAL AND TYING OF MULTIPLE HEMORRHOID GROUPS	10/01/2020	831.82
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	10/01/2020	831.82
46948	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DE	10/01/2020	831.82
47000	NEEDLE BIOPSY OF LIVER, ACCESSED THROUGH THE SKIN	10/01/2020	425.34
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	10/1/2012	0.00
47382	DESTRUCTION OF 1 OR MORE GROWTHS IN LIVER, ACCESSED THROUGH THE SKIN	10/01/2020	1,697.22
47383	DESTRUCTION OF 1 OR MORE LIVER GROWTHS, ACCESSED THROUGH THE SKIN	10/01/2020	2,335.02
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	10/1/2016	0.00
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	10/1/2016	0.00
47533	PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH I	10/01/2020	1,131.06
47534	PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH I	10/01/2020	1,131.06
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR	10/01/2020	1,131.06
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE	10/01/2020	1,131.06
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, ACCESSED THROUGH THE SKIN USING IMAGING GU	10/01/2020	314.91
47538	PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLU	10/01/2020	2,494.28
47539	PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLU	10/01/2020	1,697.22

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47540	PLACEMENT OF STENT AND DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE S	10/01/2020	2,346.78
47541	PLACEMENT OF ACCESS DEVICE INTO BILIARY TRACT, ACCESSED THROUGH THE SKIN WITH IM	10/01/2020	1,131.06
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO	10/1/2016	0.00
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH,	10/1/2016	0.00
47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE, ACCESSED THROUGH THE SKIN USING IM	10/1/2016	0.00
47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK	10/01/2020	1,131.06
47553	BIOPSY OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN	10/01/2020	1,131.06
47554	REMOVAL OF BILE DUCT STONES USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN	10/01/2020	1,697.22
47555	DILATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN	10/01/2020	1,131.06
47556	DILATION OF BILE DUCTS WITH STENT INSERTION USING AN ENDOSCOPE, ACCESSED THROUGH	10/01/2020	2,439.98
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	10/01/2020	1,697.22
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	10/01/2020	1,697.22
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	10/01/2020	1,697.22
48102	NEEDLE BIOPSY OF PANCREAS, ACCESSED THROUGH THE SKIN	10/01/2020	425.34
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	10/01/2020	314.91
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	10/01/2020	314.91
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	10/01/2020	314.91
49180	NEEDLE BIOPSY OF ABDOMINAL CAVITY GROWTH, ACCESSED THROUGH THE SKIN	10/01/2020	425.34
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	10/01/2020	1,131.06
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	10/01/2020	1,697.22
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	10/01/2020	1,697.22
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	10/01/2020	1,697.22
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	10/01/2020	1,697.22
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	10/01/2020	1,697.22
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	10/1/2014	0.00
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	10/1/2014	0.00
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	10/1/2012	0.00
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	10/01/2020	1,131.06
49406	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T	10/01/2020	425.34
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V	10/01/2020	425.34
49411	INSERTION OF DEVICES IN ABDOMINAL CAVITY FOR RADIATION THERAPY GUIDANCE, ACCESSE	10/01/2020	254.64
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH	10/01/2020	1,131.06
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA	10/01/2020	1,912.18
49421	INSERTION OF ABDOMINAL CAVITY CATHETER FOR DRAINAGE OR DIALYSIS, OPEN PROCEDURE	10/01/2020	1,131.06
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	10/01/2020	1,136.04
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER	10/01/2020	527.20
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED	10/1/2012	0.00
49426	REVISION OF PERITONEAL-VENOUS SHUNT	10/01/2020	1,131.06

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49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	10/1/2012	0.00
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	10/01/2020	1,136.04
49435	INSERTION OF ABDOMINAL CAVITY CATHETER EXTENSION, BENEATH THE SKIN	10/1/2015	0.00
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	10/01/2020	527.20
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI	10/01/2020	527.20
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	10/01/2020	527.20
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	10/01/2020	369.57
49446	CONVERSION OF STOMACH TUBE TO SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH	10/01/2020	527.20
49450	REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT	10/01/2020	314.91
49451	REPLACEMENT OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST, ACCES	10/01/2020	314.91
49452	REPLACEMENT OF STOMACH TO SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT	10/01/2020	314.91
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL IN STOMACH, LARGE, OR SMALL BOWEL TUB	10/01/2020	314.91
49465	CONTRAST INJECTIONS FOR X-RAY IMAGING THROUGH EXISTING TUBE IN STOMACH, SMALL BO	10/01/2020	83.00
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	10/01/2020	1,131.06
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	10/01/2020	1,131.06
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	10/01/2020	1,131.06
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	10/01/2020	1,131.06
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	10/01/2020	1,131.06
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	10/01/2020	1,131.06
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	10/01/2020	1,131.06
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	10/01/2020	1,131.06
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	10/01/2020	1,131.06
49540	REPAIR LUMBAR HERNIA	10/01/2020	1,697.22
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	10/01/2020	1,131.06
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	10/01/2020	1,131.06
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	10/01/2020	1,131.06
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	10/01/2020	1,131.06
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	10/01/2020	1,131.06
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	10/01/2020	1,131.06
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	10/01/2020	1,697.22
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	10/01/2020	1,697.22
49568	PLACEMENT OF MESH TO REPAIR INCISIONAL OR ABDOMINAL HERNIA, OPEN PROCEDURE	10/1/2014	0.00
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	10/01/2020	1,131.06
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	10/01/2020	1,131.06
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	10/01/2020	1,131.06
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	10/01/2020	1,131.06
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	10/01/2020	1,131.06
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	10/01/2020	1,131.06

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49590	REPAIR SPIGELIAN HERNIA	10/01/2020	1,131.06
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	10/01/2020	1,131.06
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	10/01/2020	1,697.22
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	10/01/2020	1,697.22
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	10/01/2020	1,697.22
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	10/01/2020	1,697.22
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	10/01/2020	2,863.12
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	10/01/2020	2,863.12
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	10/01/2020	2,863.12
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	10/01/2020	2,863.12
50080	REMOVAL OR CRUSHING KIDNEY STONE (UP TO 2 CENTIMETERS) OR INSERT KIDNEY STENT US	10/01/2020	3,982.26
50081	REMOVAL OR CRUSHING KIDNEY STONE (OVER 2 CENTIMETERS) OR INSERT KIDNEY STENT USI	10/01/2020	3,982.26
50200	NEEDLE BIOPSY OF KIDNEY, ACCESSED THROUGH THE SKIN	10/01/2020	425.34
50382	REMOVAL AND REPLACEMENT OF INDWELLING STENT IN URINARY DUCT (URETER) INCLUDING R	10/01/2020	625.21
50384	REMOVAL OF INDWELLING STENT IN URINARY DUCT (URETER) INCLUDING RADIOLOGICAL SUPE	10/01/2020	625.21
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	10/01/2020	625.21
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	10/01/2020	448.98
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	10/01/2020	625.21
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	10/01/2020	201.49
50390	ASPIRATION AND/OR INJECTION KIDNEY CYST, ACCESSED THROUGH THE SKIN	10/01/2020	225.55
50391	INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER)	10/01/2020	34.46
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING	10/01/2020	201.49
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	10/1/2016	0.00
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	10/1/2016	0.00
50432	PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANC	10/01/2020	625.21
50433	PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE (URETER), ACCESSED THROUGH THE	10/01/2020	1,077.06
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING	10/01/2020	813.57
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM	10/01/2020	625.21
50436	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDIN	10/01/2020	625.21
50437	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDIN	10/01/2020	1,077.06
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	10/01/2020	1,522.11
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/01/2020	1,522.11
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/01/2020	3,982.26
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/01/2020	3,982.26
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/01/2020	1,522.11
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	10/01/2020	3,982.26
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,077.06
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	201.49

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50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	625.21
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,522.11
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,522.11
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,522.11
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	10/01/2020	1,077.06
50592	DESTRUCTION OF 1 OR MORE GROWTHS IN ONE KIDNEY, ACCESSED THROUGH THE SKIN	10/01/2020	1,697.22
50593	DESTRUCTION OF GROWTHS IN ONE KIDNEY, ACCESSED THROUGH THE SKIN	10/01/2020	3,795.52
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG	10/1/2016	0.00
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY	10/1/2012	0.00
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	10/01/2020	49.52
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO	10/01/2020	625.21
50690	INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING	10/1/2012	0.00
50693	PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG	10/01/2020	1,077.06
50694	PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG	10/01/2020	1,077.06
50695	PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG	10/01/2020	1,077.06
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A	10/1/2016	0.00
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	10/1/2016	0.00
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	10/01/2020	1,077.06
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT	10/01/2020	1,697.22
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	10/01/2020	2,863.12
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,077.06
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/01/2020	1,077.06
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/01/2020	1,522.11
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/01/2020	1,522.11
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	10/01/2020	1,522.11
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,077.06
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,077.06
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,522.11
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,522.11
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,522.11
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	10/01/2020	1,077.06
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	10/01/2020	1,077.06
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	10/01/2020	625.21
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	10/01/2020	625.21
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	10/01/2020	1,522.11
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	10/01/2020	1,077.06
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	10/01/2020	735.68
51100	ASPIRATION OF BLADDER; BY NEEDLE	10/01/2020	27.37

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51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	10/01/2020	73.98
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	10/01/2020	625.21
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	10/01/2020	1,697.22
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	10/01/2020	1,077.06
51535	INCISION, REMOVAL, OR REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO BOWEL	10/01/2020	1,077.06
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	10/1/2012	0.00
51605	INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA)	10/1/2012	0.00
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	10/1/2012	0.00
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	10/01/2020	36.74
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	10/1/2015	0.00
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	10/1/2015	0.00
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	10/01/2020	49.52
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	10/01/2020	43.07
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	10/01/2020	201.49
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	10/01/2020	1,392.43
51720	BLADDER INSTILLATION OF CANCER PREVENTIVE, INHIBITING, OR SUPPRESSIVE AGENT	10/01/2020	35.98
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	10/01/2020	111.45
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	10/01/2020	111.45
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	10/01/2020	171.79
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	10/01/2020	176.34
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	10/01/2020	177.11
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	10/1/2015	0.00
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	10/1/2016	0.00
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	10/01/2020	20.52
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	10/01/2020	111.45
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	10/1/2016	0.00
51797	51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT	10/1/2014	0.00
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	10/1/2015	0.00
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	10/01/2020	1,077.06
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	10/01/2020	2,209.69
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	10/01/2020	201.49
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	10/01/2020	1,077.06
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	10/01/2020	625.21
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	10/01/2020	1,077.06
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT	10/01/2020	201.49
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	10/01/2020	625.21
52214	DESTRUCTION OF TISSUE IN THE BLADDER, BLADDER CANAL (URETHRA) OR SURROUNDING GLA	10/01/2020	625.21
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	10/01/2020	625.21

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52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	10/01/2020	1,077.06
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	10/01/2020	1,077.06
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	10/01/2020	1,522.11
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	10/01/2020	1,077.06
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL	10/01/2020	625.21
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL	10/01/2020	190.79
52270	INCISION OF THE BLADDER CANAL (URETHRA) USING AN ENDOSCOPE, FEMALE	10/01/2020	625.21
52275	INCISION OF THE BLADDER CANAL (URETHRA) USING AN ENDOSCOPE, MALE	10/01/2020	625.21
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	10/01/2020	625.21
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	10/01/2020	1,077.06
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR	10/01/2020	625.21
52282	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	10/01/2020	1,077.06
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	10/01/2020	625.21
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	10/01/2020	201.49
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	10/01/2020	625.21
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	10/01/2020	625.21
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S),	10/01/2020	1,077.06
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	10/01/2020	1,077.06
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	10/01/2020	1,522.11
52310	REMOVAL OF FOREIGN BODY, STONE, OR STENT FROM BLADDER CANAL (URETHRA) OR BLADDER	10/01/2020	625.21
52315	COMPLICATED REMOVAL OF FOREIGN BODY, STONE, OR STENT FROM BLADDER CANAL (URETHRA	10/01/2020	625.21
52317	CRUSHING, FRAGMENTING, AND REMOVAL OF (LESS THAN 2.5 CENTIMETERS) BLADDER STONE	10/01/2020	1,077.06
52318	CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, COMPLICATED OR LARGER THAN	10/01/2020	1,077.06
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	10/01/2020	1,077.06
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF	10/01/2020	1,522.11
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	10/01/2020	2,021.74
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	10/01/2020	1,077.06
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR	10/01/2020	1,077.06
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO	10/01/2020	1,077.06
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION,	10/01/2020	1,077.06
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	10/01/2020	1,077.06
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON	10/01/2020	625.21
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	10/01/2020	1,077.06
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	10/01/2020	1,077.06
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	10/01/2020	1,522.11
52351	DIAGNOSTIC EXAMINATION OF THE BLADDER, BLADDER CANAL (URETHRA), AND URINARY DUCT	10/01/2020	1,077.06
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR	10/01/2020	1,077.06
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY	10/01/2020	1,522.11

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52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	10/01/2020	1,522.11
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF	10/01/2020	1,522.11
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDI	10/01/2020	1,522.11
52400	INCISION, DESTRUCTION, OR REMOVAL OF CONGENITAL BLADDER AND BLADDER CANAL (URETH	10/01/2020	1,077.06
52402	INCISION OR REMOVAL OF EJACULATORY DUCTS USING AN ENDOSCOPE, MALE	10/01/2020	1,077.06
52450	TRANSURETHRAL INCISION OF PROSTATE	10/01/2020	1,077.06
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	10/01/2020	1,077.06
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	10/01/2020	1,522.11
52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC	10/01/2020	1,522.11
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	10/01/2020	1,077.06
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP	10/01/2020	1,522.11
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM	10/01/2020	1,522.11
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	10/01/2020	1,522.11
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	10/01/2020	1,077.06
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	10/01/2020	625.21
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	10/01/2020	1,522.11
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	10/01/2020	625.21
53025	INCISION OF EXTERNAL URINARY OPENING, INFANT	10/01/2020	625.21
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	10/01/2020	625.21
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE	10/01/2020	57.51
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	10/01/2020	201.49
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	10/01/2020	625.21
53200	BIOPSY OF URETHRA	10/01/2020	625.21
53210	REMOVAL OF BLADDER AND BLADDER CANAL (URETHRA), FEMALE	10/01/2020	1,077.06
53215	REMOVAL OF BLADDER AND BLADDER CANAL (URETHRA), MALE	10/01/2020	1,522.11
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	10/01/2020	1,077.06
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	10/01/2020	1,522.11
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	10/01/2020	1,522.11
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	10/01/2020	1,077.06
53250	REMOVAL OF SEMINAL FLUID GLAND	10/01/2020	1,077.06
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	10/01/2020	625.21
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	10/01/2020	625.21
53270	REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS	10/01/2020	625.21
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	10/01/2020	625.21
53400	REPAIR OF BLADDER CANAL (URETHRA) FOR ABNORMAL DRAINAGE TRACT, POUCHING, OR NARR	10/01/2020	1,522.11
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	10/01/2020	1,522.11
53410	RECONSTRUCTION OF BLADDER CANAL (URETHRA), MALE	10/01/2020	1,522.11
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	10/01/2020	1,522.11

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53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	10/01/2020	1,522.11
53430	RECONSTRUCTION OF BLADDER CANAL (URETHRA), FEMALE	10/01/2020	1,522.11
53431	REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE	10/01/2020	1,522.11
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	10/01/2020	6,003.25
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR	10/01/2020	1,522.11
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	10/01/2020	13,405.12
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	10/01/2020	14,273.01
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	10/01/2020	1,522.11
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	10/01/2020	13,954.35
53449	REPAIR OF INFLATABLE BLADDER CANAL (URETHRA) OR BLADDER NECK SPHINCTER, INCLUDIN	10/01/2020	1,522.11
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	10/01/2020	1,077.06
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	10/01/2020	1,077.06
53502	SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, FEMALE	10/01/2020	1,077.06
53505	SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, PENIS	10/01/2020	1,522.11
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	10/01/2020	1,522.11
53515	SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, PROSTATE	10/01/2020	1,522.11
53520	CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER CANAL (URETHRA) TO SKIN, MALE	10/01/2020	1,522.11
53600	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	10/01/2020	27.62
53601	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	10/1/2016	0.00
53605	DILATION OF NARROWING OF BLADDER CANAL (URETHRA) UNDER GENERAL OR SPINAL ANESTHE	10/01/2020	625.21
53620	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	10/01/2020	61.32
53621	DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE	10/01/2020	62.83
53660	DILATION OF BLADDER CANAL (URETHRA), FEMALE	10/01/2020	30.91
53661	DILATION OF BLADDER CANAL (URETHRA), FEMALE	10/1/2016	0.00
53665	DILATION OF BLADDER CANAL (URETHRA) UNDER GENERAL OR SPINAL ANESTHESIA, FEMALE	10/01/2020	625.21
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	10/01/2020	1,077.06
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	10/01/2020	922.53
53854	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER	10/01/2020	625.21
53855	INSERTION OF A TEMPORARY BLADDER CANAL (URETHRA) STENT, MALE, USING AN ENDOSCOPE	10/01/2020	488.00
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	10/01/2020	1,077.06
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	10/01/2020	625.21
54015	INCISION AND DRAINAGE OF PENIS, DEEP	10/01/2020	425.34
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	10/1/2016	0.00
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	56.00
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/1/2015	0.00
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	771.70
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	771.70
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	10/01/2020	771.70

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54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	10/01/2020	425.34
54105	BIOPSY OF PENIS; DEEP STRUCTURES	10/01/2020	735.68
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	10/01/2020	1,077.06
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	10/01/2020	1,522.11
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN	10/01/2020	3,982.26
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	10/01/2020	735.68
54120	AMPUTATION OF PENIS; PARTIAL	10/01/2020	1,077.06
54161	REMOVAL OF FORESKIN, PATIENT OLDER THAN 28 DAYS OF AGE	10/01/2020	625.21
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	10/01/2020	625.21
54163	REPAIR INCOMPLETE CIRCUMCISION	10/01/2020	625.21
54164	FRENULOTOMY OF PENIS	10/01/2020	625.21
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	10/01/2020	49.15
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	10/01/2020	1,522.11
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	10/01/2020	111.45
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	10/1/2012	0.00
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	10/01/2020	45.35
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	10/01/2020	30.66
54240	PENILE PLETHYSMOGRAPHY	10/01/2020	26.60
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	10/01/2020	8.61
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	10/01/2020	1,077.06
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE	10/01/2020	1,077.06
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	10/01/2020	1,522.11
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	10/01/2020	1,077.06
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	10/01/2020	1,522.11
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM	10/01/2020	1,077.06
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/01/2020	1,077.06
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/01/2020	1,077.06
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/01/2020	625.21
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	10/01/2020	1,077.06
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY	10/01/2020	1,077.06
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	10/01/2020	1,522.11
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	10/01/2020	1,522.11
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF	10/01/2020	1,522.11
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	10/01/2020	1,077.06
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	10/01/2020	625.21
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	10/01/2020	625.21
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	10/01/2020	1,077.06
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	10/01/2020	1,522.11

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54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE	10/01/2020	14,126.96
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE	10/01/2020	1,077.06
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	10/01/2020	14,061.17
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	10/01/2020	625.21
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER	10/01/2020	1,077.06
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	10/01/2020	1,077.06
54440	PLASTIC OPERATION OF PENIS FOR INJURY	10/01/2020	1,077.06
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	10/01/2020	111.45
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	10/01/2020	735.68
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	10/01/2020	1,077.06
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	10/01/2020	1,077.06
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR	10/01/2020	1,077.06
54522	ORCHIECTOMY, PARTIAL	10/01/2020	1,077.06
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	10/01/2020	1,131.06
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	10/01/2020	1,131.06
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	10/01/2020	625.21
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	10/01/2020	1,077.06
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	10/01/2020	1,077.06
54640	REPOSITIONING AND FIXATION OF MISPLACED TESTICLE	10/01/2020	1,131.06
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	10/01/2020	2,059.77
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	10/01/2020	625.21
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	10/01/2020	1,077.06
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	10/01/2020	1,697.22
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	10/01/2020	1,697.22
54700	INCISION AND DRAINAGE OF SPERM RESERVOIR, TESTIS, AND/OR SCROTAL AREA	10/01/2020	625.21
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	10/01/2020	425.34
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	10/01/2020	625.21
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	10/01/2020	625.21
54860	EPIDIDYMECTOMY; UNILATERAL	10/01/2020	625.21
54861	EPIDIDYMECTOMY; BILATERAL	10/01/2020	1,077.06
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	10/01/2020	1,077.06
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	10/01/2020	625.21
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	10/01/2020	1,077.06
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	10/01/2020	45.10
55040	EXCISION OF HYDROCELE; UNILATERAL	10/01/2020	1,131.06
55041	EXCISION OF HYDROCELE; BILATERAL	10/01/2020	1,131.06
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	10/01/2020	1,077.06
55100	DRAINAGE OF SCROTAL WALL ABSCESS	10/01/2020	425.34

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55110	SCROTAL EXPLORATION	10/01/2020	1,077.06
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	10/01/2020	625.21
55150	RESECTION OF SCROTUM	10/01/2020	1,077.06
55175	SCROTOPLASTY; SIMPLE	10/01/2020	1,077.06
55180	SCROTOPLASTY; COMPLICATED	10/01/2020	1,522.11
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	10/01/2020	1,077.06
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	10/01/2020	625.21
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR	10/1/2012	0.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	10/01/2020	1,077.06
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	10/01/2020	1,077.06
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	10/01/2020	1,077.06
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	10/01/2020	1,131.06
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	10/01/2020	1,131.06
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	10/01/2020	1,697.22
55600	VESICULOTOMY;	10/01/2020	625.21
55680	EXCISION OF MULLERIAN DUCT CYST	10/01/2020	1,077.06
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	10/01/2020	625.21
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	10/01/2020	625.21
55706	BIOPSY, PROSTATE; NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION	10/01/2020	1,077.06
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	10/01/2020	625.21
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	10/01/2020	1,077.06
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	10/01/2020	1,522.11
55870	ELECTROEJACULATION	10/01/2020	54.47
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI	10/01/2020	5,756.07
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MUL	10/01/2020	1,522.11
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	10/01/2020	1,522.11
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	10/01/2020	57.01
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	10/01/2020	1,540.27
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	10/01/2020	49.15
56420	INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS	10/01/2020	59.52
56440	CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST	10/01/2020	912.93
56441	LYSIS OF LABIAL ADHESIONS	10/01/2020	912.93
56442	HYMENOTOMY, SIMPLE INCISION	10/01/2020	912.93
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	10/01/2020	72.72
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	10/01/2020	771.70
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	10/01/2020	33.45
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL	10/1/2014	0.00
56620	VULVECTOMY SIMPLE; PARTIAL	10/01/2020	912.93

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56625	VULVECTOMY SIMPLE; COMPLETE	10/01/2020	912.93
56700	PARTIAL REMOVAL OF MEMBRANE AT UTERINE OPENING, OPEN PROCEDURE	10/01/2020	912.93
56740	REMOVAL OF FEMALE GENITAL GLAND OR CYST	10/01/2020	912.93
56800	PLASTIC REPAIR OF INTROITUS	10/01/2020	912.93
56805	CLITOROPLASTY FOR INTERSEX STATE	10/01/2020	912.93
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	10/01/2020	912.93
56820	COLPOSCOPY OF THE VULVA;	10/01/2020	42.82
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	10/01/2020	55.74
57000	COLPOTOMY; WITH EXPLORATION	10/01/2020	912.93
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	10/01/2020	912.93
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	10/01/2020	1,540.27
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	10/01/2020	735.68
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	10/01/2020	735.68
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	10/01/2020	64.36
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	10/01/2020	912.93
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	10/01/2020	34.96
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	10/01/2020	912.93
57120	COLPOCLEISIS (LE FORT TYPE)	10/01/2020	1,540.27
57130	EXCISION OF VAGINAL SEPTUM	10/01/2020	912.93
57135	EXCISION OF VAGINAL CYST OR TUMOR	10/01/2020	912.93
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	10/1/2016	0.00
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	10/01/2020	1,540.27
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	10/01/2020	99.34
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	10/01/2020	23.81
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	10/01/2020	24.83
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	10/01/2020	59.52
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	10/01/2020	912.93
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	10/01/2020	912.93
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL	10/01/2020	1,540.27
57230	PLASTIC REPAIR OF URETHROCELE	10/01/2020	912.93
57240	REPAIR OF HERNIATION OF BLADDER INTO VAGINAL WALL	10/01/2020	1,540.27
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	10/01/2020	1,540.27
57260	PLASTIC REPAIR OF VAGINA AND TISSUE SEPARATING VAGINA, RECTUM, AND BLADDER	10/01/2020	1,540.27
57265	REPAIR OF HERNIATION OF RECTUM AND BLADDER INTO VAGINAL WALL	10/01/2020	1,540.27
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	10/1/2014	0.00
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	10/01/2020	1,540.27
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/01/2020	912.93
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/01/2020	1,986.37

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57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	10/01/2020	2,432.68
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	10/01/2020	1,540.27
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	10/01/2020	912.93
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	10/01/2020	912.93
57310	CLOSURE OF URETHROVAGINAL FISTULA;	10/01/2020	2,432.68
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	10/01/2020	1,540.27
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	10/01/2020	912.93
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	10/01/2020	912.93
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (	10/01/2020	912.93
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	10/01/2020	44.34
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	10/01/2020	58.53
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	10/01/2020	2,432.68
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	10/01/2020	43.32
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	10/01/2020	50.93
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	10/01/2020	54.22
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	10/01/2020	51.69
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	10/01/2020	139.61
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	10/01/2020	148.99
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO	10/01/2020	68.91
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	10/01/2020	58.78
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	10/01/2020	53.97
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	10/01/2020	69.43
57513	CAUTERY OF CERVIX; LASER ABLATION	10/01/2020	912.93
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	10/01/2020	912.93
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	10/01/2020	912.93
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	10/01/2020	1,540.27
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	10/01/2020	1,540.27
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	10/01/2020	1,540.27
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	10/01/2020	912.93
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	10/01/2020	912.93
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	10/01/2020	912.93
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	10/01/2020	28.38
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	10/01/2020	35.48
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	10/1/2012	0.00
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	10/01/2020	912.93
58145	VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	10/01/2020	912.93
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	10/01/2020	1,540.27
58262	VAGINAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES, AND/OR OVARIES	10/01/2020	1,540.27

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58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	10/01/2020	36.74
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	10/1/2012	0.00
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	10/01/2020	1,540.27
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	10/01/2020	1,540.27
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	10/01/2020	1,130.55
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	10/01/2020	1,697.22
58542	PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI	10/01/2020	2,863.12
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	10/01/2020	2,863.12
58544	PARTIAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES USING	10/01/2020	2,863.12
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	10/01/2020	1,697.22
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	10/01/2020	2,863.12
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	10/01/2020	1,697.22
58552	VAGINAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES, AND/OR OVARIES USING AN EN	10/01/2020	2,863.12
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	10/01/2020	2,863.12
58554	VAGINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES WITH A	10/01/2020	2,863.12
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	10/01/2020	912.93
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	10/01/2020	912.93
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	10/01/2020	1,540.27
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY	10/01/2020	1,540.27
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	10/01/2020	1,540.27
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	10/01/2020	912.93
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION,	10/01/2020	1,540.27
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	10/01/2020	1,540.27
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	10/01/2020	2,863.12
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	10/01/2020	2,863.12
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	10/01/2020	2,863.12
58573	ABDOMINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES USIN	10/01/2020	2,863.12
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	10/01/2020	912.93
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL	10/01/2020	912.93
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	10/01/2020	1,697.22
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	10/01/2020	1,697.22
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,	10/01/2020	1,697.22
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	10/01/2020	1,697.22
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	10/01/2020	1,697.22
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE U	10/01/2020	2,863.12
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	10/01/2020	912.93
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	10/01/2020	912.93
58820	VAGINAL DRAINAGE OF OVARIAN ABSCESS, OPEN PROCEDURE	10/01/2020	912.93

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58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/01/2020	912.93
59000	AMNIOCENTESIS; DIAGNOSTIC	10/01/2020	46.11
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	10/01/2020	99.34
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	10/01/2020	99.34
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	10/01/2020	43.32
59020	FETAL CONTRACTION STRESS TEST	10/01/2020	23.31
59025	FETAL NON-STRESS TEST	10/01/2020	13.18
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	10/01/2020	99.34
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	10/01/2020	137.56
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS),	10/01/2020	99.34
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	10/01/2020	99.34
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	10/01/2020	1,540.27
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	10/01/2020	1,697.22
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	10/01/2020	1,697.22
59160	CURETTAGE, POSTPARTUM	10/01/2020	912.93
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE	10/01/2020	39.53
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	10/01/2020	78.55
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	10/01/2020	912.93
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	10/01/2020	912.93
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	10/01/2020	912.93
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	10/01/2020	912.93
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	10/01/2020	912.93
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	10/01/2020	912.93
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	10/01/2020	912.93
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	10/01/2020	912.93
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	10/01/2020	912.93
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	10/01/2020	912.93
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	10/01/2020	406.28
60100	NEEDLE BIOPSY OF THYROID, ACCESSED THROUGH THE SKIN	10/01/2020	37.75
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	10/01/2020	1,697.22
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	10/01/2020	1,697.22
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	10/01/2020	1,697.22
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	10/01/2020	1,697.22
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	10/01/2020	1,697.22
60240	THYROIDECTOMY, TOTAL OR COMPLETE	10/01/2020	1,697.22
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	10/01/2020	1,697.22
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	10/01/2020	1,697.22
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	10/01/2020	55.24

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60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	10/01/2020	1,722.70
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	10/01/2020	267.40
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL;	10/01/2020	267.40
61020	ASPIRATION OF SPINAL FLUID FOR DIAGNOSIS FROM SKULL SOFT SPOT, BURR HOLE, OR CAT	10/01/2020	304.96
61026	ASPIRATION OF SPINAL FLUID AND INJECTION INTO SKULL SOFT SPOT, BURR HOLE, OR CAT	10/01/2020	267.40
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	10/01/2020	124.89
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	10/01/2020	124.89
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	10/01/2020	267.40
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	10/01/2020	2,069.15
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	10/01/2020	802.95
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF	10/01/2020	2,069.15
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	10/1/2012	0.00
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	10/1/2012	0.00
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	10/1/2012	0.00
61790	STEREOTACTIC CREATION OF LESION OF CRANIAL NERVE, ACCESSED THROUGH THE SKIN	10/01/2020	581.35
61791	STEREOTACTIC CREATION OF BRAINSTEM LESION, ACCESSED THROUGH THE SKIN	10/01/2020	581.35
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	10/01/2020	1,498.04
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	10/01/2020	17,021.33
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	10/01/2020	23,546.77
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/01/2020	4,150.93
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	10/1/2012	0.00
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	10/01/2020	581.35
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	10/01/2020	2,069.15
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	10/01/2020	2,069.15
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	10/01/2020	24.58
62263	INJECTION OR MECHANICAL REMOVAL OF SPINAL CANAL SCAR TISSUE, PERCUTANEOUS PROCED	10/01/2020	304.96
62264	INJECTION OR MECHANICAL REMOVAL OF SPINAL CANAL SCAR TISSUE, PERCUTANEOUS PROCED	10/01/2020	304.96
62267	DIAGNOSTIC ASPIRATION OF SPINAL DISC OR TISSUE, ACCESSED THROUGH THE SKIN	10/01/2020	225.55
62268	ASPIRATION OF SPINAL CORD CYST OR FLUID-FILLED CAVITY, ACCESSED THROUGH THE SKIN	10/01/2020	304.96
62269	NEEDLE BIOPSY OF SPINAL CORD, ACCESSED BENEATH THE SKIN	10/01/2020	425.34
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	10/01/2020	267.40
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	10/01/2020	267.40
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	10/01/2020	267.40
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/01/2020	304.96
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/01/2020	304.96
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/01/2020	304.96
62284	INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL	10/1/2012	0.00
62287	ASPIRATION OF LOWER SPINE DISC, ACCESSED THROUGH THE SKIN	10/01/2020	581.35

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62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	10/1/2012	0.00
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	10/1/2012	0.00
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	10/01/2020	581.35
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	10/01/2020	304.96
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	0.00
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	0.00
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	0.00
62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	1/1/2015	0.00
62320	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	10/01/2020	267.40
62321	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	10/01/2020	267.40
62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM	10/01/2020	267.40
62323	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	10/01/2020	267.40
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	10/01/2020	304.96
62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	10/01/2020	304.96
62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	10/01/2020	304.96
62327	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	10/01/2020	304.96
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC O	10/01/2020	267.40
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPI	10/01/2020	267.40
62350		10/01/2020	2,580.08
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	10/01/2020	581.35
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	10/01/2020	13,510.04
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	10/01/2020	13,802.82
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	10/01/2020	13,399.65
62365	REMOVAL OF SPINAL CANAL DRUG INFUSION PUMP OR DEVICE, ACCESSED BENEATH THE SKIN	10/01/2020	2,069.15
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/01/2020	9.63
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/01/2020	13.43
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/01/2020	49.92
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	10/01/2020	46.62
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LMINOTOMY, PAR	10/01/2020	2,459.12
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	10/01/2020	2,459.12
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	10/01/2020	2,459.12
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	10/01/2020	2,459.12
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	10/01/2020	2,459.12
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	10/01/2020	2,459.12
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	10/01/2020	2,459.12
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	10/1/2015	0.00
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	10/01/2020	2,459.12
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	10/01/2020	2,459.12

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63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	10/01/2020	2,459.12
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	10/01/2020	2,459.12
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	10/01/2020	2,459.12
63600	CREATION OF STEREOTACTIC SPINAL CORD LESION, ACCESSED THROUGH THE SKIN	10/01/2020	581.35
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT	10/01/2020	848.69
63650	IMPLANTATION OF SPINAL NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE SKIN	10/01/2020	4,176.30
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE,	10/01/2020	15,933.12
63661	REMOVAL OR REVISION OF SPINAL NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE S	10/01/2020	581.35
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	10/01/2020	1,498.04
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	10/01/2020	4,105.13
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	10/01/2020	14,513.01
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,	10/01/2020	23,452.95
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	10/01/2020	1,498.04
63744	REPLACEMENT, IRRIGATION, OR REVISION OF LOWER SPINAL CANAL SHUNT	10/01/2020	2,069.15
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	10/01/2020	581.35
64400	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO TRIGEMINAL NERVE OF FACE	10/01/2020	53.71
64405	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO GREATER OCCIPITAL NERVE OF UPP	10/01/2020	23.31
64408	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO VAGUS NERVE	10/01/2020	28.63
64415	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO BRACHIAL NERVE BUNDLE OF ARM	10/01/2020	304.96
64416	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO BRACHIA	10/01/2020	304.96
64417	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO AXILLARY NERVE OF UPPER ARM AN	10/01/2020	304.96
64418	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SUPRASCAPULAR NERVE OF SHOULDE	10/01/2020	30.41
64420	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SINGLE INTERCOSTAL NERVE OF RI	10/01/2020	267.40
64421	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO MULTIPLE INTERCOSTAL NERVES OF	10/01/2020	304.96
64425	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO ILIOINGUINAL AND ILIOHYPOGASTR	10/01/2020	52.70
64430	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO PUDENDAL NERVE OF EXTERNAL GEN	10/01/2020	304.96
64435	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO PARACERVICAL NERVE OF UTERUS	10/01/2020	31.16
64445	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO SCIATIC NERVE OF LOWER BACK AN	10/01/2020	62.83
64446	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO SCIATIC	10/01/2020	304.96
64447	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO FEMORAL NERVE OF THIGH	10/01/2020	33.95
64448	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT AND/OR STEROID INTO FEMORAL	10/01/2020	304.96
64449	INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT INTO LUMBAR NERVE BUNDLE OF	10/01/2020	304.96
64450	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO OTHER PERIPHERAL NERVE OR BRAN	10/01/2020	33.95
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES	10/01/2020	267.40
64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICU	10/01/2020	110.98
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT	10/01/2020	14.44
64461	INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA	10/01/2020	267.40
64462	INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA	10/1/2016	0.00

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64463	INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA	10/01/2020	267.40
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/01/2020	304.96
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/1/2014	0.00
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/01/2020	304.96
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	10/1/2014	0.00
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	0.00
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	0.00
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	0.00
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	1/1/2015	0.00
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/01/2020	304.96
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/01/2020	304.96
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	10/1/2014	0.00
64505	INJECTION OF ANESTHETIC AGENT, TRIGEMINAL NERVE BUNDLE	10/01/2020	50.17
64510	INJECTION OF ANESTHETIC AGENT, SYMPATHETIC NERVE BUNDLE	10/01/2020	304.96
64517	INJECTION OF ANESTHETIC AGENT, SACRAL NERVE BUNDLE	10/01/2020	304.96
64520	INJECTION OF ANESTHETIC AGENT, MIDDLE OR LOWER SPINE SYMPATHETIC NERVES	10/01/2020	304.96
64530	INJECTION OF ANESTHETIC AGENT, ABDOMINAL SYMPATHETIC NERVE BUNDLE	10/01/2020	304.96
64553	IMPLANTATION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE S	10/01/2020	4,631.33
64555	IMPLANTATION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH TH	10/01/2020	4,296.55
64561	INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE SKIN	10/01/2020	4,294.90
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME	10/01/2020	73.48
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	10/01/2020	23,932.07
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	10/01/2020	4,843.58
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	10/01/2020	2,069.15
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	10/01/2020	15,661.97
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	10/01/2020	16,832.90
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	10/01/2020	4,407.52
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	10/01/2020	1,498.04
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO	10/01/2020	17,011.00
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR	10/01/2020	1,498.04
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	10/01/2020	304.96
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	10/01/2020	581.35
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	10/01/2020	581.35
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	10/01/2020	52.96
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	10/01/2020	54.22

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64615	CHEMODENERVATION OF MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINE A	10/01/2020	47.89
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX,	10/01/2020	45.86
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMOD	10/01/2020	62.33
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	10/01/2020	304.96
64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHE	10/01/2020	223.73
64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILI	10/01/2020	581.35
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	10/01/2020	304.96
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	10/01/2020	29.90
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/01/2020	581.35
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/1/2014	0.00
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/01/2020	581.35
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	10/1/2014	0.00
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	10/01/2020	123.90
64642	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLE	10/01/2020	55.49
64643	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLE	1/1/2014	0.00
64644	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE	10/01/2020	68.41
64645	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE	1/1/2014	0.00
64646	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 5 OR MORE MUSCL	10/01/2020	55.74
64647	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCL	10/01/2020	61.32
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	10/01/2020	37.75
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	10/01/2020	43.58
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P	10/01/2020	304.96
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING;	10/01/2020	304.96
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	10/01/2020	581.35
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	10/01/2020	581.35
64708	RELEASE OF NERVE OF ARM OR LEG, OPEN PROCEDURE	10/01/2020	581.35
64712	RELEASE OF SCIATIC NERVE, OPEN PROCEDURE	10/01/2020	581.35
64713	RELEASE OF MAJOR NERVE OF ARM OR LEG, OPEN PROCEDURE	10/01/2020	581.35
64714	RELEASE OF NERVE OF UPPER LEG, OPEN PROCEDURE	10/01/2020	581.35
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	10/01/2020	581.35
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	10/01/2020	581.35
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	10/01/2020	581.35
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	10/01/2020	581.35
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	10/01/2020	581.35
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	10/01/2020	581.35
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN	10/1/2014	0.00
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	10/01/2020	581.35
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	10/01/2020	581.35

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64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	10/01/2020	581.35
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	10/01/2020	581.35
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	10/01/2020	581.35
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	10/01/2020	581.35
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	10/01/2020	581.35
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	10/01/2020	581.35
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	10/01/2020	581.35
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	10/01/2020	581.35
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	10/01/2020	581.35
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	10/01/2020	581.35
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	10/01/2020	581.35
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	10/01/2020	581.35
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN	10/1/2014	0.00
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	10/01/2020	581.35
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	10/1/2014	0.00
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	10/01/2020	581.35
64786	EXCISION OF NEUROMA; SCIATIC NERVE	10/01/2020	2,069.15
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	10/1/2014	0.00
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	10/01/2020	581.35
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	10/01/2020	581.35
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	10/01/2020	2,069.15
64795	BIOPSY OF NERVE	10/01/2020	581.35
64802	SYMPATHECTOMY, CERVICAL	10/01/2020	581.35
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	10/01/2020	581.35
64821	SYMPATHECTOMY; RADIAL ARTERY	10/01/2020	985.42
64822	SYMPATHECTOMY; ULNAR ARTERY	10/01/2020	985.42
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	10/01/2020	985.42
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	10/01/2020	581.35
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	10/1/2014	0.00
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	10/01/2020	2,069.15
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	10/01/2020	2,069.15
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	10/01/2020	2,069.15
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO	10/1/2014	0.00
64840	SUTURE OF POSTERIOR TIBIAL NERVE	10/01/2020	2,069.15
64856	SUTURE OF PERIPHERAL NERVE, ARM OR LEG, WITH RELOCATION TO NEW SITE	10/01/2020	2,069.15
64857	SUTURE OF PERIPHERAL NERVE, ARM OR LEG	10/01/2020	2,069.15
64858	SUTURE OF SCIATIC NERVE	10/01/2020	581.35
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	10/1/2014	0.00

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64861	SUTURE OF; BRACHIAL PLEXUS	10/01/2020	581.35
64862	SUTURE OF; LUMBAR PLEXUS	10/01/2020	2,069.15
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	10/01/2020	2,069.15
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	10/01/2020	2,069.15
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	10/1/2014	0.00
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	10/1/2014	0.00
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	10/1/2014	0.00
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	10/01/2020	2,069.15
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	10/01/2020	2,069.15
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	10/01/2020	2,069.15
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN	10/01/2020	2,531.59
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM	10/01/2020	2,069.15
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4	10/01/2020	2,069.15
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	10/01/2020	2,069.15
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	10/01/2020	2,069.15
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	10/01/2020	2,069.15
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	10/01/2020	2,069.15
64901	PLACEMENT OF NERVE FOR GRAFTING, SINGLE STRAND	10/1/2014	0.00
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY	10/1/2014	0.00
64905	TRANSFER OF NERVE TO INJURED NERVE, FIRST STAGE	10/01/2020	2,069.15
64907	TRANSFER OF NERVE TO INJURED NERVE, SECOND STAGE	10/01/2020	2,069.15
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	10/01/2020	2,744.91
64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	10/01/2020	2,947.94
64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN A	2/1/2018	0.00
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	10/01/2020	1,074.66
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	10/01/2020	1,074.66
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	10/01/2020	1,074.66
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	10/01/2020	1,074.66
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	10/01/2020	1,074.66
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	10/01/2020	1,074.66
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	10/01/2020	1,074.66
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	10/01/2020	1,074.66
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	10/01/2020	634.87
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	10/01/2020	1,074.66
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED	10/01/2020	1,074.66
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO	10/01/2020	1,074.66
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	10/01/2020	1,074.66
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	10/01/2020	1,074.66

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65175	REMOVAL OF OCULAR IMPLANT	10/01/2020	1,074.66
65205	REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA	10/1/2015	0.00
65210	REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA OR SCLERA	10/1/2015	0.00
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA	10/1/2015	0.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA WITH SLIT LAMP EXAMINATION	10/1/2015	0.00
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	10/01/2020	863.91
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	10/01/2020	863.91
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC	10/01/2020	863.91
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	10/01/2020	634.87
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	10/01/2020	634.87
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	10/01/2020	1,074.66
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL	10/01/2020	1,561.49
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	10/01/2020	1,561.49
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	10/01/2020	324.82
65290	REPAIR OF INJURED EYE MUSCLE OR TENDON	10/01/2020	1,074.66
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	10/01/2020	300.73
65410	BIOPSY OF CORNEA	10/01/2020	634.87
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	10/01/2020	634.87
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	10/01/2020	634.87
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	10/1/2015	0.00
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION,	10/01/2020	33.70
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	10/01/2020	146.70
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR	10/01/2020	99.43
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	10/01/2020	182.68
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	10/01/2020	1,561.49
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI	10/01/2020	1,561.49
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	10/01/2020	1,561.49
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	10/01/2020	1,561.49
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	10/01/2020	1,561.49
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	10/1/2012	0.00
65770	KERATOPROSTHESIS	10/01/2020	6,964.92
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	10/01/2020	300.73
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	10/01/2020	634.87
65778	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE	10/1/2012	0.00
65779	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES	10/1/2013	0.00
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	10/01/2020	1,074.66
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	10/01/2020	1,561.49
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	10/01/2020	1,074.66

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65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	10/01/2020	1,561.49
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ	10/01/2020	863.91
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	10/01/2020	863.91
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	10/01/2020	863.91
65820	GONIOTOMY	10/01/2020	1,561.49
65850	TRABECULOTOMY AB EXTERNO	10/01/2020	863.91
65855	LASER REPAIR TO IMPROVE EYE FLUID FLOW, 1 OR MORE SESSIONS	10/01/2020	95.27
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	10/01/2020	124.41
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	10/01/2020	863.91
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	10/01/2020	863.91
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	10/01/2020	863.91
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	10/01/2020	1,561.49
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	10/01/2020	863.91
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	10/01/2020	863.91
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	10/01/2020	863.91
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	10/01/2020	863.91
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	10/01/2020	863.91
66130	EXCISION OF LESION, SCLERA	10/01/2020	634.87
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	10/01/2020	1,561.49
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	10/01/2020	1,561.49
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH	10/01/2020	863.91
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF	10/01/2020	863.91
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING	10/01/2020	863.91
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	10/01/2020	1,561.49
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	10/01/2020	1,561.49
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH	10/01/2020	1,561.49
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT	10/01/2020	2,001.26
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	10/01/2020	2,092.37
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRA	10/01/2020	863.91
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	10/01/2020	863.91
66225	REPAIR OF PROTRUSION OF INNER TISSUE THROUGH EYEBALL WITH GRAFT	10/01/2020	1,561.49
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	10/01/2020	634.87
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	10/01/2020	863.91
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS	10/01/2020	863.91
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	10/01/2020	1,561.49
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	10/01/2020	863.91
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	10/01/2020	863.91
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	10/01/2020	863.91

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66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	10/01/2020	863.91
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	10/01/2020	863.91
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	10/01/2020	863.91
66700	CILIARY BODY DESTRUCTION; DIATHERMY	10/01/2020	863.91
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	10/01/2020	634.87
66711	DESTRUCTION OF TISSUE ENCIRCLING LENS USING ENDOSCOPE	10/01/2020	863.91
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	10/01/2020	634.87
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	10/01/2020	634.87
66761	CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING LASER, PER SESSION	10/01/2020	133.27
66762	CREATION OF OPENINGS IN IRIS FOR EYE FLUID DRAINAGE USING LASER, 1 OR MORE SESSI	10/01/2020	186.92
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	10/01/2020	186.92
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	10/01/2020	863.91
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	10/01/2020	186.92
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	10/01/2020	863.91
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	10/01/2020	863.91
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	10/01/2020	863.91
66850	FRAGMENTING, ASPIRATION, AND REMOVAL OF LENS MATERIAL	10/01/2020	863.91
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	10/01/2020	1,561.49
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	10/01/2020	863.91
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	10/01/2020	1,561.49
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	10/01/2020	863.91
66982	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF LENS	10/01/2020	863.91
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	10/01/2020	863.91
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	10/01/2020	863.91
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED	10/01/2020	863.91
66986	EXCHANGE OF INTRAOCULAR LENS	10/01/2020	863.91
66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOC	10/01/2020	1,952.68
66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOC	10/01/2020	1,952.68
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2012	0.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	10/01/2020	863.91
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	10/01/2020	863.91
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA	10/01/2020	863.91
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	10/01/2020	863.91
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	10/01/2020	1,139.12
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	10/01/2020	33.19
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	10/01/2020	863.91
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	10/01/2020	186.92
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	10/01/2020	1,561.49

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67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	10/01/2020	1,561.49
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	10/01/2020	1,561.49
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	10/01/2020	1,561.49
67042	REMOVAL OF MEMBRANE FROM THE RETINA, PARS PLANA APPROACH	10/01/2020	1,561.49
67043	REMOVAL OF MEMBRANE FROM THE RETINA, PARS PLANA APPROACH	10/01/2020	1,561.49
67101	REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS	10/01/2020	142.39
67105	REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS	10/01/2020	120.35
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL	10/01/2020	1,561.49
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR	10/01/2020	1,561.49
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	10/01/2020	357.00
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	10/01/2020	1,561.49
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	10/01/2020	1,561.49
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	10/01/2020	863.91
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	10/01/2020	863.91
67141	PREVENTIVE RETINAL DETACHMENT TREATMENT BY HEAT OR FREEZING, 1 OR MORE SESSIONS	10/01/2020	99.43
67145	PREVENTIVE RETINAL DETACHMENT TREATMENT BY HEAT OR LASER, 1 OR MORE SESSIONS	10/01/2020	186.92
67208	DESTRUCTION OF RETINAL GROWTH BY HEAT OR FREEZING, 1 OR MORE SESSIONS	10/01/2020	99.43
67210	LASER DESTRUCTION OF RETINAL GROWTH, 1 OR MORE SESSIONS	10/01/2020	186.92
67218	DESTRUCTION OF RETINAL GROWTH WITH IMPLANTATION OF RADIATION SOURCE, 1 OR MORE S	10/01/2020	1,074.66
67220	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA, 1 OR MORE SESSIONS	10/01/2020	186.92
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	10/01/2020	107.43
67225	DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA, AT SINGLE SESSION	10/1/2014	0.00
67227	DESTRUCTION OF LEAKING RETINAL BLOOD VESSELS, 1 OR MORE SESSIONS	10/01/2020	115.54
67228	LASER DESTRUCTION OF LEAKING RETINAL BLOOD VESSELS, 1 OR MORE SESSIONS	10/01/2020	125.67
67229	LASER DESTRUCTION OR FREEZING OF EXTENSIVE LEAKING RETINAL BLOOD VESSELS, PRETER	10/01/2020	186.92
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	10/01/2020	634.87
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	10/01/2020	863.91
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	10/01/2020	634.87
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	10/01/2020	1,074.66
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	10/01/2020	634.87
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERTICAL	10/01/2020	634.87
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	10/01/2020	634.87
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR	10/1/2014	0.00
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT	10/1/2014	0.00
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR	10/1/2014	0.00
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	10/1/2014	0.00
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING	10/1/2014	0.00
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR	10/1/2014	0.00

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67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	10/01/2020	634.87
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	10/01/2020	88.68
67346	BIOPSY OF EXTRAOCULAR MUSCLE	10/01/2020	1,074.66
67400	EXPLORATION OF CAVITY BEHIND EYE, FRONTAL OR TRANSCONJUNCTIVAL APPROACH	10/01/2020	1,074.66
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/01/2020	634.87
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/01/2020	634.87
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/01/2020	634.87
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	10/01/2020	1,074.66
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	10/01/2020	634.87
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/01/2020	1,074.66
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/01/2020	1,074.66
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/01/2020	1,074.66
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	10/01/2020	1,074.66
67450	EXPLORATION OF CAVITY BEHIND EYE WITH BONE FLAP, LATERAL APPROACH	10/01/2020	1,074.66
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	10/01/2020	99.43
67505	RETROBULBAR INJECTION; ALCOHOL	10/01/2020	27.37
67515	INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	10/01/2020	25.34
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	10/01/2020	1,074.66
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	10/01/2020	1,074.66
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	10/01/2020	1,074.66
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	10/01/2020	99.43
67710	SEVERING OF TARSORRHAPHY	10/01/2020	139.86
67715	CANTHOTOMY (SEPARATE PROCEDURE)	10/01/2020	634.87
67800	EXCISION OF CHALAZION; SINGLE	10/01/2020	53.71
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	10/01/2020	65.12
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	10/01/2020	83.36
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING	10/01/2020	634.87
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	10/01/2020	99.43
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	10/1/2015	0.00
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	10/01/2020	56.50
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	10/01/2020	300.73
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	10/01/2020	634.87
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE	10/01/2020	143.41
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	10/01/2020	107.68
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	10/01/2020	300.73
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	10/01/2020	634.87
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	10/01/2020	634.87
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	10/01/2020	634.87

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67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	10/01/2020	634.87
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI	10/01/2020	1,074.66
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	10/01/2020	634.87
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	10/01/2020	634.87
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	10/01/2020	1,074.66
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	10/01/2020	634.87
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	10/01/2020	634.87
67911	CORRECTION OF LID RETRACTION	10/01/2020	634.87
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG,	10/01/2020	634.87
67914	REPAIR OF ECTROPION; SUTURE	10/01/2020	634.87
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	10/01/2020	164.18
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	10/01/2020	634.87
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	10/01/2020	634.87
67921	REPAIR OF ENTROPION; SUTURE	10/01/2020	634.87
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	10/01/2020	158.61
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	10/01/2020	634.87
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	10/01/2020	634.87
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	10/01/2020	165.20
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	10/01/2020	634.87
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	10/01/2020	99.43
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	10/01/2020	634.87
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	10/01/2020	634.87
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	10/01/2020	634.87
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/01/2020	634.87
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/01/2020	634.87
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/01/2020	1,074.66
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	10/01/2020	634.87
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	10/01/2020	48.14
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	10/01/2020	22.30
68100	BIOPSY OF CONJUNCTIVA	10/01/2020	91.21
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	10/01/2020	118.58
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	10/01/2020	634.87
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	10/01/2020	634.87
68135	DESTRUCTION OF LESION, CONJUNCTIVA	10/01/2020	61.82
68200	SUBCONJUNCTIVAL INJECTION	10/1/2015	0.00
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	10/01/2020	634.87
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	10/01/2020	1,074.66
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR	10/01/2020	1,074.66

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68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	10/01/2020	634.87
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	10/01/2020	863.91
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE	10/01/2020	1,074.66
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF	10/01/2020	634.87
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	10/01/2020	1,074.66
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	10/01/2020	634.87
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	10/01/2020	634.87
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	10/01/2020	162.92
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	10/01/2020	172.55
68440	SNIP INCISION OF LACRIMAL PUNCTUM	10/01/2020	46.62
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	10/01/2020	1,074.66
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	10/01/2020	1,074.66
68510	BIOPSY OF LACRIMAL GLAND	10/01/2020	634.87
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	10/01/2020	1,074.66
68525	BIOPSY OF LACRIMAL SAC	10/01/2020	634.87
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	10/01/2020	99.43
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	10/01/2020	634.87
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	10/01/2020	1,074.66
68700	PLASTIC REPAIR OF CANALICULI	10/01/2020	634.87
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	10/01/2020	99.43
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	10/01/2020	1,074.66
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT	10/01/2020	1,074.66
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	10/01/2020	1,074.66
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	10/01/2020	99.43
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	10/01/2020	68.41
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	10/01/2020	634.87
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	10/1/2015	0.00
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	10/01/2020	99.43
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	10/01/2020	634.87
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	10/01/2020	634.87
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	10/01/2020	634.87
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	10/01/2020	58.53
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	10/1/2012	0.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	10/01/2020	91.46
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	10/01/2020	94.00
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	10/01/2020	121.62
69100	BIOPSY EXTERNAL EAR	10/01/2020	47.89
69105	BIOPSY EXTERNAL AUDITORY CANAL	10/01/2020	77.02

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69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	10/01/2020	735.68
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	10/01/2020	1,722.70
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	10/01/2020	1,722.70
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	10/01/2020	735.68
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	10/01/2020	1,722.70
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	10/1/2015	0.00
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	10/01/2020	425.34
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	10/1/2016	0.00
69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	10/1/2015	0.00
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	10/1/2015	0.00
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN	10/01/2020	110.47
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	10/01/2020	802.95
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	10/01/2020	1,722.70
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	10/01/2020	1,722.70
69420	INCISION, ASPIRATION, AND/OR INFLATION OF EARDRUM	10/01/2020	73.64
69421	INCISION, ASPIRATION, AND INFLATION OF EARDRUM UNDER ANESTHESIA	10/01/2020	802.95
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	10/01/2020	67.40
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	10/01/2020	97.04
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	10/01/2020	406.28
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	10/01/2020	802.95
69450	TYMPANOLYSIS, TRANSCANAL	10/01/2020	802.95
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	10/01/2020	1,722.70
69502	MASTOIDECTOMY; COMPLETE	10/01/2020	1,722.70
69505	MASTOIDECTOMY; MODIFIED RADICAL	10/01/2020	1,722.70
69511	MASTOIDECTOMY; RADICAL	10/01/2020	1,722.70
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	10/01/2020	1,722.70
69540	EXCISION AURAL POLYP	10/01/2020	111.48
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	10/01/2020	1,722.70
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	10/01/2020	1,722.70
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	10/01/2020	1,722.70
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	10/01/2020	1,722.70
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	10/01/2020	1,722.70
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	10/01/2020	1,722.70
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	10/01/2020	1,722.70
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	10/01/2020	143.41
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	10/01/2020	802.95
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	10/01/2020	1,722.70
69632	REPAIR OF EARDRUM, EAR CANAL, AND BONES	10/01/2020	1,722.70

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69633	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS	10/01/2020	1,722.70
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	10/01/2020	1,722.70
69636	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INCISION OF MASTOID BONE	10/01/2020	1,722.70
69637	REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS	10/01/2020	1,722.70
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/01/2020	1,722.70
69642	REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE	10/01/2020	1,722.70
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/01/2020	1,722.70
69644	REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE	10/01/2020	1,722.70
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	10/01/2020	1,722.70
69646	REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE	10/01/2020	1,722.70
69650	STAPES MOBILIZATION	10/01/2020	802.95
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	10/01/2020	1,722.70
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	10/01/2020	1,722.70
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	10/01/2020	1,722.70
69666	REPAIR OVAL WINDOW FISTULA	10/01/2020	802.95
69667	REPAIR ROUND WINDOW FISTULA	10/01/2020	802.95
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	10/01/2020	1,722.70
69676	TYMPANIC NEURECTOMY	10/01/2020	802.95
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	10/01/2020	406.28
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	10/01/2020	802.95
69714	TEMPORAL BONE IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESSED THROUGH THE	10/01/2020	8,425.85
69715	REMOVAL OF MASTOID BONE WITH IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESS	10/01/2020	10,661.04
69717	TEMPORAL BONE IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESSED THROUGH THE	10/01/2020	3,562.68
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	10/01/2020	5,700.06
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	10/01/2020	1,722.70
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	10/01/2020	1,722.70
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	10/01/2020	1,722.70
69801	INCISION OF FLUID CANALS OF INNER EAR WITH INFUSION OF DRUGS, TRANSCANAL APPROAC	10/01/2020	94.00
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	10/01/2020	1,722.70
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	10/01/2020	1,722.70
69905	LABYRINTHECTOMY; TRANSCANAL	10/01/2020	1,722.70
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	10/01/2020	1,722.70
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	10/01/2020	802.95
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	10/01/2020	29,687.66
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	10/1/2012	0.00
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	10/1/2015	0.00

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70100	X-RAY OF MANDIBLE, LESS THAN 4 VIEWS	10/1/2015	0.00
70110	X-RAY OF MANDIBLE, MINIMUM OF 4 VIEWS	10/1/2015	0.00
70120	X-RAY OF MASTOID, LESS THAN 3 VIEWS PER SIDE	10/1/2015	0.00
70130	X-RAY OF MASTOID, MINIMUM OF 3 VIEWS PER SIDE	10/1/2015	0.00
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	10/1/2015	0.00
70140	X-RAY OF BONES OF FACE, LESS THAN 3 VIEWS	10/1/2015	0.00
70150	X-RAY OF BONES OF FACE, MINIMUM OF 3 VIEWS	10/1/2015	0.00
70160	X-RAY OF BONES OF NOSE, MINIMUM OF 3 VIEWS	10/1/2015	0.00
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	10/1/2015	0.00
70200	X-RAY OF EYE BONES, MINIMUM OF 4 VIEWS	10/1/2015	0.00
70210	X-RAY OF PARANASAL SINUS, LESS THAN 3 VIEWS	10/1/2015	0.00
70220	X-RAY OF PARANASAL SINUS, COMPLETE, MINIMUM OF 3 VIEWS	10/1/2015	0.00
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	10/1/2015	0.00
70250	X-RAY OF SKULL, LESS THAN 4 VIEWS	10/1/2015	0.00
70260	X-RAY OF SKULL, COMPLETE, MINIMUM OF 4 VIEWS	10/1/2015	0.00
70300	X-RAY OF TEETH, SINGLE VIEW	10/1/2015	0.00
70310	X-RAY OF TEETH, LESS THAN FULL MOUTH	10/1/2015	0.00
70320	X-RAY OF TEETH, FULL MOUTH	10/1/2015	0.00
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	10/1/2015	0.00
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	10/1/2015	0.00
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	10/01/2020	83.00
70350	CEPHALOGRAM, ORTHODONTIC	10/1/2015	0.00
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	10/1/2015	0.00
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	10/1/2015	0.00
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	10/1/2016	0.00
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	10/1/2016	0.00
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	10/1/2015	0.00
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	10/01/2020	76.02
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/01/2020	76.02
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	10/01/2020	39.83
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	10/01/2020	76.02
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	10/01/2020	76.02
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	10/01/2020	76.02

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70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/01/2020	76.02
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	10/01/2020	76.02
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	10/01/2020	76.02
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	10/01/2020	76.02
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	10/01/2020	76.02
70540	MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK	10/01/2020	83.00
70542	MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK WITH CONTRAST	10/01/2020	155.81
70543	MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK BEFORE AND AFTER CONTRAST	10/01/2020	155.81
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	10/01/2020	83.00
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	10/01/2020	155.81
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	10/01/2020	155.81
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	10/01/2020	83.00
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	10/01/2020	155.81
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	10/01/2020	155.81
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	10/01/2020	83.00
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	10/01/2020	155.81
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	10/01/2020	155.81
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	10/01/2020	83.00
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	10/01/2020	83.00
70557	MRI SCAN OF BRAIN, DURING OPEN BRAIN PROCEDURE	10/01/2020	171.97
70558	MRI SCAN OF BRAIN WITH CONTRAST, DURING OPEN BRAIN PROCEDURE	10/01/2020	76.02
70559	MRI SCAN OF BRAIN, DURING OPEN BRAIN PROCEDURE BEFORE AND AFTER CONTRAST	10/01/2020	76.02
71045	X-RAY OF CHEST, 1 VIEW	10/01/2020	11.40
71046	X-RAY OF CHEST, 2 VIEWS	10/01/2020	15.20
71047	X-RAY OF CHEST, 3 VIEWS	2/1/2018	0.00
71048	X-RAY OF CHEST, MINIMUM OF 4 VIEWS	2/1/2018	0.00
71100	X-RAY OF RIBS OF ONE SIDE OF BODY, 2 VIEWS	10/1/2015	0.00
71101	X-RAY OF RIBS ON ONE SIDE OF BODY INCLUDING THE CHEST, MINIMUM OF 3 VIEWS	10/1/2015	0.00
71110	X-RAY OF BOTH SIDES OF THE RIBS, 3 VIEWS	10/1/2015	0.00
71111	X-RAY OF BOTH SIDES OF THE RIBS INCLUDING THE CHEST, MINIMUM OF 4 VIEWS	10/1/2015	0.00
71120	X-RAY OF BREAST BONE, MINIMUM OF 2 VIEWS	10/1/2015	0.00
71130	X-RAY OF JUNCTION OF BREAST AND COLLAR BONES, MINIMUM OF 2 VIEWS	10/1/2015	0.00
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	10/01/2020	76.02
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	10/01/2020	76.02
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	10/01/2020	76.02
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	10/01/2020	83.00

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71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	10/01/2020	269.54
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	10/01/2020	155.81
72020	X-RAY OF SPINE, 1 VIEW	10/1/2015	0.00
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	10/1/2015	0.00
72050	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	10/1/2015	0.00
72052	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	10/1/2015	0.00
72070	X-RAY OF MIDDLE SPINE, 3 VIEWS	10/1/2015	0.00
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS	10/1/2015	0.00
72074	X-RAY OF MIDDLE SPINE, MINIMUM OF 4 VIEWS	10/1/2015	0.00
72080	X-RAY OF MIDDLE AND LOWER SPINE, 2 VIEWS	10/1/2015	0.00
72081	X-RAY OF SPINE, 1 VIEW	10/1/2017	0.00
72082	X-RAY OF SPINE, 2 OR 3 VIEWS	10/1/2017	0.00
72083	X-RAY OF SPINE, 4 OR 5 VIEWS	10/01/2020	39.83
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS	10/01/2020	39.83
72100	X-RAY OF LOWER AND SACRAL SPINE, 2 OR 3 VIEWS	10/1/2015	0.00
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS	10/1/2015	0.00
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M	10/1/2015	0.00
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	10/1/2015	0.00
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	10/01/2020	95.27
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/01/2020	76.02
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	10/01/2020	76.02
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/01/2020	76.02
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	10/01/2020	95.52
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/01/2020	76.02
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	10/01/2020	83.00
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	10/01/2020	155.81
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	10/01/2020	83.00
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	10/01/2020	155.81
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	10/01/2020	83.00
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	10/01/2020	155.81
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	10/01/2020	155.81
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	10/01/2020	155.81
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	10/01/2020	155.81
72170	X-RAY OF PELVIS, 1 OR 2 VIEWS	10/1/2015	0.00
72190	X-RAY OF PELVIS, MINIMUM OF 3 VIEWS	10/1/2015	0.00

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72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	10/01/2020	76.02
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	10/01/2020	76.02
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	10/01/2020	76.02
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	10/01/2020	83.00
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	10/01/2020	155.81
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	10/01/2020	155.81
72200	X-RAY OF SACROILIAC JOINTS, LESS THAN 3 VIEWS	10/1/2015	0.00
72202	X-RAY OF SACROILIAC JOINTS, 3 OR MORE VIEWS	10/1/2015	0.00
72220	X-RAY OF PELVIS, MINIMUM OF 2 VIEWS	10/1/2015	0.00
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
72270	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI	10/1/2012	0.00
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
72285	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF DISC OF VERTEBRA, UPPER OR	10/1/2012	0.00
72295	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF DISC OF VERTEBRA, LOWER SPI	10/1/2012	0.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	10/1/2015	0.00
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	10/1/2015	0.00
73020	X-RAY OF SHOULDER, 1 VIEW	10/1/2015	0.00
73030	X-RAY OF SHOULDER, MINIMUM OF 2 VIEWS	10/1/2015	0.00
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	10/1/2015	0.00
73060	X-RAY OF UPPER ARM, MINIMUM OF 2 VIEWS	10/1/2015	0.00
73070	X-RAY OF ELBOW, 2 VIEWS	10/1/2015	0.00
73080	X-RAY OF ELBOW, MINIMUM OF 3 VIEWS	10/1/2015	0.00
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
73090	X-RAY OF FOREARM, 2 VIEWS	10/1/2015	0.00
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2015	0.00
73100	X-RAY OF WRIST, 2 VIEWS	10/1/2015	0.00
73110	X-RAY OF WRIST, MINIMUM OF 3 VIEWS	10/1/2015	0.00
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
73120	X-RAY OF HAND, 2 VIEWS	10/1/2015	0.00
73130	X-RAY OF HAND, MINIMUM OF 3 VIEWS	10/1/2015	0.00
73140	X-RAY OF FINGERS, MINIMUM OF 2 VIEWS	10/1/2015	0.00
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/01/2020	116.80
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/01/2020	76.02

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73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	10/01/2020	76.02
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	10/01/2020	83.00
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	10/01/2020	155.81
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	10/01/2020	155.81
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	10/01/2020	83.00
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	10/01/2020	201.43
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	10/01/2020	155.81
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	10/1/2017	0.00
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	10/1/2017	0.00
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	10/1/2017	0.00
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	10/1/2017	0.00
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	10/1/2017	0.00
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	10/1/2017	0.00
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
73551	X-RAY OF FEMUR, 1 VIEW	10/1/2017	0.00
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	10/1/2017	0.00
73560	X-RAY OF KNEE, 1 OR 2 VIEWS	10/1/2015	0.00
73562	X-RAY OF KNEE, 3 VIEWS	10/1/2015	0.00
73564	X-RAY OF KNEE, 4 OR MORE VIEWS	10/1/2015	0.00
73565	X-RAY OF BOTH KNEES, STANDING, FRONT TO BACK VIEW	10/1/2015	0.00
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
73590	X-RAY OF LOWER LEG, 2 VIEWS	10/1/2015	0.00
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2015	0.00
73600	X-RAY OF ANKLE, 2 VIEWS	10/1/2015	0.00
73610	X-RAY OF ANKLE, MINIMUM OF 3 VIEWS	10/1/2015	0.00
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
73620	X-RAY OF FOOT, 2 VIEWS	10/1/2015	0.00
73630	X-RAY OF FOOT, MINIMUM OF 3 VIEWS	10/1/2015	0.00
73650	X-RAY OF HEEL, MINIMUM OF 2 VIEWS	10/1/2015	0.00
73660	X-RAY OF TOES, MINIMUM OF 2 VIEWS	10/1/2015	0.00
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/01/2020	76.02
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	10/01/2020	76.02
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	10/01/2020	76.02
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	10/01/2020	83.00
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	10/01/2020	155.81
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	10/01/2020	155.81
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	10/01/2020	83.00

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73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	10/01/2020	201.93
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	10/01/2020	155.81
74018	X-RAY OF ABDOMEN, 1 VIEW	2/1/2018	0.00
74019	X-RAY OF ABDOMEN, 2 VIEWS	2/1/2018	0.00
74021	X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS	2/1/2018	0.00
74022	COMPLETE X-RAY STUDY OF ABDOMEN WITH SINGLE X-RAY OF CHEST	10/1/2015	0.00
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	10/01/2020	39.83
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/01/2020	76.02
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	10/01/2020	76.02
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	10/01/2020	155.81
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	10/01/2020	76.02
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	10/01/2020	79.81
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	10/01/2020	155.81
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	10/01/2020	155.81
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	10/01/2020	83.00
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/01/2020	155.81
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	10/01/2020	155.81
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	10/1/2012	0.00
74210	X-RAY OF VOICE BOX AND/OR ESOPHAGUS IN NECK WITH CONTRAST	10/1/2016	0.00
74220	X-RAY OF ESOPHAGUS WITH SINGLE CONTRAST	10/1/2016	0.00
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/01/2020	76.02
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	10/1/2012	0.00
74240	X-RAY OF UPPER DIGESTIVE TRACT WITH SINGLE CONTRAST	10/01/2020	56.50
74246	X-RAY OF UPPER DIGESTIVE TRACT WITH DOUBLE CONTRAST	10/01/2020	76.02
74250	X-RAY OF UPPER DIGESTIVE TRACT WITH SINGLE CONTRAST AND MULTIPLE SERIAL FILMS	10/01/2020	56.75
74251	X-RAY OF UPPER DIGESTIVE TRACT WITH DOUBLE CONTRAST AND MULTIPLE SERIAL FILMS	10/01/2020	76.02
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	10/01/2020	39.83
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	10/01/2020	76.02
74270	X-RAY OF LARGE BOWEL WITH SINGLE CONTRAST	10/1/2016	0.00
74280	X-RAY OF LARGE BOWEL WITH DOUBLE CONTRAST	10/01/2020	0.00
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	10/01/2020	76.02
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	10/1/2016	0.00
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	10/1/2012	0.00
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	10/1/2012	0.00
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	10/1/2012	0.00
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	10/1/2012	0.00
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	10/1/2012	0.00
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	10/1/2012	0.00

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74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	10/1/2012	0.00
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	10/1/2012	0.00
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	10/01/2020	76.02
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	10/01/2020	76.02
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	10/01/2020	76.02
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	10/01/2020	155.81
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	10/1/2012	0.00
74430	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF URINARY BLADDER, MINIMUM OF	10/1/2012	0.00
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
74470	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF KIDNEY CYST, LOWER BACK CON	10/1/2012	0.00
74485	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF DILATION OF URINARY DUCTS (URETER	10/1/2012	0.00
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	10/1/2015	0.00
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY	10/01/2020	83.00
74713	MAGNETIC RESONANCE IMAGING OF FETUS, EACH ADDITIONAL PREGNANCY	10/1/2017	0.00
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	10/01/2020	83.00
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/01/2020	83.00
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/01/2020	171.97
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/01/2020	155.81
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	10/01/2020	269.54
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	10/1/2012	0.00
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	10/1/2015	0.00
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	10/01/2020	76.02
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	10/01/2020	76.02
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	10/01/2020	76.02
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	10/1/2012	0.00
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	10/1/2012	0.00
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	10/1/2012	0.00
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	10/1/2012	0.00

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75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/01/2020	75.00
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75746	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LUNG ARTERY, CONTRAST	10/01/2020	62.83
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	10/1/2012	0.00
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	10/1/2012	0.00
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	10/01/2020	524.30
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	10/01/2020	524.30
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	10/1/2012	0.00
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/01/2020	524.30
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/01/2020	52.70
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	10/1/2012	0.00
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	10/1/2012	0.00
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/01/2020	84.88
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75885	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LIVER VEIN WITH ASSESS	10/1/2012	0.00
75887	RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LIVER VEIN, INJECTION	10/01/2020	57.77
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	10/1/2012	0.00
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	10/1/2012	0.00
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	10/1/2012	0.00
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	10/1/2012	0.00
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	10/01/2020	524.30
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	10/1/2012	0.00
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	10/1/2012	0.00
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2012	0.00
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	10/1/2012	0.00
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	10/1/2012	0.00

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76000	IMAGING GUIDANCE FOR PROCEDURE, UP TO 1 HOUR	10/01/2020	18.50
76010	IMAGING FROM NOSE TO RECTUM, SINGLE VIEW, CHILD	10/1/2015	0.00
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	10/1/2012	0.00
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	10/1/2012	0.00
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	10/1/2015	0.00
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	10/01/2020	39.83
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	10/01/2020	39.83
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	10/1/2016	0.00
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	10/1/2012	0.00
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	10/1/2012	0.00
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	10/1/2012	0.00
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	10/1/2015	0.00
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	10/01/2020	83.00
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/1/2016	0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/1/2015	0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/01/2020	28.63
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	10/1/2015	0.00
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	10/1/2016	0.00
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	10/1/2015	0.00
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	10/1/2016	0.00
76512	ULTRASOUND OF EYE DISEASE, GROWTH, OR STRUCTURE	10/1/2016	0.00
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	10/1/2016	0.00
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	10/1/2015	0.00
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	10/1/2015	0.00
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	10/1/2015	0.00
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	10/1/2016	0.00
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	10/1/2016	0.00
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	10/1/2016	0.00
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	1/1/2015	0.00
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	1/1/2015	0.00
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/01/2020	39.83
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	10/01/2020	39.83
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	10/01/2020	39.83
76775	ULTRASOUND BEHIND ABDOMINAL CAVITY, LIMITED	10/1/2016	0.00
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	10/01/2020	39.83
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	10/1/2015	0.00
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	10/01/2020	39.83
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2014	0.00

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76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/01/2020	39.83
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2014	0.00
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/01/2020	58.53
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	10/1/2014	0.00
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	10/1/2016	0.00
76814	ULTRASOUND OF PREGNANT UTERUS (FIRST TRIMESTER), ABDOMINAL OR VAGINAL APPROACH	10/1/2014	0.00
76815	ULTRASOUND OF PREGNANT UTERUS, 1 OR MORE FETUS(ES)	10/1/2016	0.00
76816	ULTRASOUND RE-EVALUATION OF PREGNANT UTERUS, PER FETUS	10/1/2015	0.00
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	10/1/2016	0.00
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	10/01/2020	39.83
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	10/01/2020	34.20
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	10/1/2015	0.00
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	10/1/2015	0.00
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	10/01/2020	135.81
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	10/01/2020	83.00
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	10/1/2015	0.00
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	10/1/2015	0.00
76830	ULTRASOUND, TRANSVAGINAL	10/01/2020	39.83
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	10/01/2020	59.04
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/01/2020	39.83
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	10/01/2020	16.72
76870	ULTRASOUND, SCROTUM AND CONTENTS	10/1/2016	0.00
76872	ULTRASOUND, TRANSRECTAL;	10/01/2020	39.83
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	10/01/2020	39.83
76881	COMPLETE ULTRASOUND OF JOINT OF ARM OR LEG	10/01/2020	32.69
76882	PARTIAL ULTRASOUND OF JOINT OR OTHER NON-BLOOD VESSEL STRUCTURE OF ARM OR LEG	10/1/2015	0.00
76885	ULTRASOUND OF HIPS WITH MANIPULATION, INFANT	10/1/2015	0.00
76886	ULTRASOUND OF HIPS, INFANT	10/1/2015	0.00
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	10/1/2012	0.00
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	10/01/2020	91.01
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	10/1/2012	0.00
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	10/1/2012	0.00
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	10/1/2012	0.00
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	10/1/2012	0.00
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	10/1/2012	0.00
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	10/1/2012	0.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	10/1/2012	0.00
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	10/1/2015	0.00

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76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	10/1/2012	0.00
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	10/01/2020	2.79
76978	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (	10/01/2020	76.02
76979	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (	1/1/2019	0.00
76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN)	10/01/2020	39.83
76982	ULTRASOUND, ELASTOGRAPHY; FIRST TARGET LESION	10/01/2020	39.83
76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDITIONAL TARGET LESION (LIST SEPARATELY IN ADDI	1/1/2019	0.00
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	10/1/2012	0.00
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	10/1/2015	0.00
77001	FLUOROSCOPIC GUIDANCE FOR INSERTION, REPLACEMENT OR REMOVAL OF CENTRAL VENOUS AC	10/1/2012	0.00
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	10/1/2012	0.00
77003	FLUOROSCOPIC GUIDANCE FOR INJECTION INTO SPINE OR MUSCLE NEXT TO SPINE	10/1/2012	0.00
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	10/1/2012	0.00
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	10/1/2012	0.00
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	10/1/2012	0.00
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	10/1/2012	0.00
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	10/1/2012	0.00
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	10/1/2012	0.00
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	10/01/2020	83.00
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	10/01/2020	83.00
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	10/1/2012	0.00
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	10/1/2012	0.00
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA	10/1/2015	0.00
77072	BONE AGE STUDIES	10/1/2015	0.00
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	10/1/2015	0.00
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	10/1/2015	0.00
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	10/1/2016	0.00
77076	X-RAY SURVEY OF BONES, INFANT	10/1/2015	0.00
77077	IMAGING OF 2 OR MORE JOINTS, SINGLE VIEW	10/1/2015	0.00
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	10/01/2020	28.63
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	10/01/2020	20.77
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	10/01/2020	15.45
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	10/01/2020	83.00
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	1/1/2015	0.00
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	1/1/2015	0.00
77280	MANAGEMENT OF RADIATION THERAPY SIMULATION, SIMPLE	10/01/2020	44.92
77285	MANAGEMENT OF RADIATION THERAPY, SIMULATION, INTERMEDIATE	10/01/2020	119.29
77290	MANAGEMENT OF RADIATION THERAPY, SIMULATION, COMPLEX	10/01/2020	119.29

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77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FO	10/1/2017	0.00
77295	MANAGEMENT OF RADIATION THERAPY, 3D	10/01/2020	184.96
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	10/01/2020	44.92
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	10/01/2020	23.81
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	10/01/2020	444.70
77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE A	10/01/2020	53.21
77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, T	10/01/2020	96.03
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION(S) MADE FROM 1 TO 4 SOURCES, OR	10/01/2020	101.60
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURC	10/01/2020	119.29
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES, O	10/01/2020	119.29
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	10/01/2020	30.91
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	10/01/2020	13.18
77332	RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, SIMPLE	10/01/2020	16.47
77333	RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, INTERMEDIATE	10/01/2020	44.92
77334	RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, COMPLEX	10/01/2020	47.13
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	10/01/2020	44.92
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	10/01/2020	119.29
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	10/01/2020	44.92
77385	RADIATION THERAPY DELIVERY	10/01/2020	191.98
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND T	10/01/2020	191.98
77387	GUIDANCE FOR LOCALIZATION OF TARGET DELIVERY OF RADIATION TREATMENT	1/1/2015	0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	10/01/2020	44.92
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL	10/01/2020	17.23
77402	SIMPLE RADIATION TREATMENT DELIVERY >/=1 MEV	10/01/2020	43.74
77407	INTERMEDIATE RADIATION TREATMENT DELIVERY >/=1 MEV	10/01/2020	84.16
77412	COMPLEX RADIATION TREATMENT DELIVERY >/=1 MEV	10/01/2020	84.16
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	10/1/2012	0.00
77423	RADIATION TREATMENT DELIVERY, HIGH ENERGY	10/01/2020	18.75
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	10/01/2020	1,404.19
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	10/01/2020	1,404.19
77435	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF 1 OR MORE LESIONS USING IMAGING G	10/1/2012	0.00
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	10/01/2020	17.99
77520	PROTON TREATMENT DELIVERY, SIMPLE	10/01/2020	191.98
77522	PROTON TREATMENT DELIVERY, SIMPLE WITH COMPENSATION	10/01/2020	445.16
77523	PROTON TREATMENT DELIVERY, INTERMEDIATE	10/01/2020	445.16
77525	PROTON TREATMENT DELIVERY, COMPLEX	10/01/2020	445.16
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	10/01/2020	84.16
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	10/01/2020	262.90

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77610	HYPERTHERMIA TREATMENT, 5 OR FEWER PROBE APPLICATIONS	10/01/2020	191.98
77615	HYPERTHERMIA TREATMENT, 5 OR MORE PROBE APPLICATIONS	10/01/2020	191.98
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	10/01/2020	191.98
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION, INCLUDES 3-MONTH FOLLOW-UP CA	10/01/2020	84.16
77761	APPLICATION OF ORGAN CAVITY RADIATION SOURCE, SIMPLE	10/01/2020	141.89
77762	APPLICATION OF ORGAN CAVITY RADIATION SOURCE, INTERMEDIATE	10/01/2020	162.41
77763	APPLICATION OF ORGAN CAVITY RADIATION SOURCE, COMPLEX	10/01/2020	209.54
77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM	10/01/2020	84.16
77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM	10/01/2020	84.16
77770	HIGH DOSE BRACHYTHERAPY , 1 CHANNEL	10/01/2020	165.20
77771	HIGH DOSE BRACHYTHERAPY , 2- 12 CHANNELS	10/01/2020	262.90
77772	HIGH DOSE BRACHYTHERAPY , MORE THAN 12 CHANNELS	10/01/2020	262.90
77778	APPLICATION OF RADIATION SOURCE, COMPLEX	10/01/2020	262.90
77789	SURFACE APPLICATION OF RADIATION SOURCE	10/01/2020	43.74
77790	SUPERVISION, HANDLING, LOADING OF RADIATION	10/1/2012	0.00
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	10/01/2020	43.74
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL	10/01/2020	144.47
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);	10/01/2020	144.47
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP	10/01/2020	144.47
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	10/01/2020	144.47
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	10/01/2020	144.47
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	10/01/2020	202.13
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	10/1/2012	0.00
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED);	10/01/2020	144.47
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	10/01/2020	144.47
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	10/01/2020	202.13
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	10/01/2020	537.94
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
78102	BONE MARROW IMAGING; LIMITED AREA	10/01/2020	144.47
78103	BONE MARROW IMAGING; MULTIPLE AREAS	10/01/2020	144.47
78104	BONE MARROW IMAGING; WHOLE BODY	10/01/2020	144.47
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	10/01/2020	537.94
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	10/01/2020	537.94
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	10/01/2020	144.47
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	10/01/2020	202.13
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	10/01/2020	202.13
78130	RED CELL SURVIVAL STUDY;	10/01/2020	144.47
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	10/01/2020	144.47

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78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	10/01/2020	144.47
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	10/01/2020	144.47
78191	PLATELET SURVIVAL STUDY	10/01/2020	144.47
78195	LYMPHATICS AND LYMPH NODES IMAGING	10/01/2020	202.13
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	10/01/2020	144.47
78201	LIVER IMAGING; STATIC ONLY	10/01/2020	537.94
78202	LIVER IMAGING; WITH VASCULAR FLOW	10/01/2020	537.94
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	10/01/2020	144.47
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	10/01/2020	144.47
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	10/01/2020	144.47
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERF	10/01/2020	202.13
78230	SALIVARY GLAND IMAGING;	10/01/2020	144.47
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	10/01/2020	144.47
78232	SALIVARY GLAND FUNCTION STUDY	10/01/2020	144.47
78258	ESOPHAGEAL MOTILITY	10/01/2020	144.47
78261	GASTRIC MUCOSA IMAGING	10/01/2020	144.47
78262	GASTROESOPHAGEAL REFLUX STUDY	10/01/2020	144.47
78264	GASTRIC EMPTYING STUDY	10/01/2020	144.47
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR	10/01/2020	144.47
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN	10/01/2020	202.13
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	10/01/2020	144.47
78282	GASTROINTESTINAL PROTEIN LOSS	10/01/2020	144.47
78290	INTESTINE IMAGING	10/01/2020	144.47
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	10/01/2020	144.47
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	10/01/2020	144.47
78305	BONE AND/OR JOINT IMAGING, MULTIPLE AREAS	10/01/2020	144.47
78306	BONE AND/OR JOINT IMAGING, WHOLE BODY	10/01/2020	144.47
78315	BONE AND/OR JOINT IMAGING, 3 PHASE STUDY	10/01/2020	144.47
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	10/01/2020	202.13
78428	CARDIAC SHUNT DETECTION	10/01/2020	144.47
78429	Not listed in RFC23	10/01/2020	582.61
78430	Not listed in RFC23	10/01/2020	582.61
78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET),	10/01/2020	798.35
78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET),	10/01/2020	975.72
78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET)	10/01/2020	975.72
78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGR	1/1/2020	0.00

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78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	10/01/2020	144.47
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	10/01/2020	537.94
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	10/01/2020	537.94
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	10/01/2020	537.94
78454	NUCLEAR MEDICINE MULTIPLE STUDIES OF VESSELS OF HEART AT REST, USING DRUGS, OR E	10/01/2020	537.94
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	10/01/2020	537.94
78457	VENOGRAPHY FOR BLOOD CLOT IN VEIN, ONE LEG OR ARM	10/01/2020	537.94
78458	VENOGRAPHY FOR BLOOD CLOT IN VEINS, BOTH LEGS OR ARMS	10/01/2020	144.47
78459	SINGLE NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION	10/01/2020	537.94
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	10/01/2020	144.47
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	10/01/2020	202.13
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	10/01/2020	537.94
78472	NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST OR STRESS WITH EVALUATION OF	10/01/2020	144.47
78473	NUCLEAR MEDICINE STUDY OF HEART FUNCTION WALL MOTION AT REST AND STRESS WITH EVA	10/01/2020	144.47
78481	NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST OR STRESS WITH EVALUATION OF	10/01/2020	202.13
78483	NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST AND STRESS WITH EVALUATION O	10/01/2020	202.13
78491	SINGLE NUCLEAR MEDICINE STUDY OF BLOOD FLOW IN HEART MUSCLE	10/01/2020	582.61
78492	MULTIPLE NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH	10/01/2020	582.61
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	10/01/2020	144.47
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	10/1/2012	0.00
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	10/01/2020	144.47
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	10/01/2020	144.47
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	10/01/2020	202.13
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	10/01/2020	144.47
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	10/01/2020	202.13
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
78600	IMAGING OF BRAIN, LESS THAN 4 STATIC VIEWS	10/01/2020	144.47
78601	IMAGING OF BRAIN WITH BLOOD FLOW, LESS THAN 4 STATIC VIEWS	10/01/2020	144.47
78605	IMAGING OF BRAIN WITH BLOOD FLOW, MINIMUM OF 4 STATIC VIEWS	10/01/2020	202.13
78606	IMAGING OF BRAIN WITH BLOOD FLOW, MINIMUM OF 4 STATIC VIEWS	10/01/2020	202.13
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	10/01/2020	582.61
78610	IMAGING OF BRAIN, BLOOD FLOW	10/01/2020	202.13
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	10/01/2020	202.13
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	10/01/2020	202.13
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	10/01/2020	202.13
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	10/01/2020	537.94
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	10/01/2020	144.47

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78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
78700	KIDNEY IMAGING MORPHOLOGY;	10/01/2020	144.47
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	10/01/2020	144.47
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	10/01/2020	202.13
78708	NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION	10/01/2020	202.13
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	10/01/2020	202.13
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	10/01/2020	144.47
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2014	0.00
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	10/01/2020	144.47
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	10/01/2020	144.47
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
78800	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	10/01/2020	144.47
78801	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	10/01/2020	144.47
78802	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	10/01/2020	537.94
78803	SPECT NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIB	10/01/2020	537.94
78804	NUCLEAR MEDICINE LOCALIZATION OF TUMOR OR INFLAMMATION OR STUDY OF DISTRIBUTION	10/01/2020	537.94
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	10/1/2012	0.00
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	10/01/2020	537.94
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	10/01/2020	582.61
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	10/01/2020	582.61
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	10/01/2020	582.61
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	10/01/2020	582.61
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	10/01/2020	582.61
78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY	10/01/2020	537.94
78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY	10/01/2020	537.94
78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY	10/01/2020	582.61
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	10/01/2020	144.47
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	10/01/2020	35.48
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	10/01/2020	35.98
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	10/01/2020	37.50
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	10/01/2020	108.15
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	10/01/2020	57.51
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	10/01/2020	27.87
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	10/01/2020	108.15
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	10/01/2020	108.15
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	10/01/2020	105.14
90375	RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE	10/01/2020	266.61
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR S	10/01/2020	257.80

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90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR	10/01/2020	1,144.80
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	10/01/2020	1,630.37
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	10/1/2012	0.00
90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FO	10/1/2016	0.00
90632	VACCINE FOR HEPATITIS A INJECTION INTO MUSCLE, ADULT DOSAGE	10/1/2012	0.00
90633	VACCINE FOR HEPATITIS A (2 DOSE SCHEDULE) INJECTION INTO MUSCLE, PEDIATRIC OR AD	10/1/2012	0.00
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU	10/01/2020	0.00
90636	VACCINE FOR HEPATITIS A AND HEPATITIS B INJECTION INTO MUSCLE, ADULT DOSAGE	10/1/2012	0.00
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I	10/1/2012	0.00
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT	10/1/2012	0.00
90653	INFLUENZA VIRUS VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	10/1/2017	0.00
90655	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2012	0.00
90656	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	10/1/2012	0.00
90657	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2012	0.00
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE, FOR INTRANASAL USE	10/1/2012	0.00
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY	10/1/2012	0.00
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	10/1/2012	0.00
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	10/1/2013	0.00
90673	VACCINE FOR INFLUENZA ADMINISTERED INTO MUSCLE, PRESERVATIVE AND ANTIBIOTIC FREE	10/1/2014	0.00
90674	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	1/1/2017	0.00
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	10/01/2020	282.71
90676	RABIES VACCINE, FOR INTRADERMAL USE	10/01/2020	123.51
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	10/1/2012	0.00
90682	VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE	10/1/2017	0.00
90685	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2016	0.00
90686	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	10/1/2013	0.00
90687	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	10/1/2015	0.00
90688	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	10/1/2014	0.00
90689	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4), INACTIVATED, ADJUVANTED, PRESERVATI	1/1/2020	0.00
90690	TYPHOID VACCINE, LIVE, ORAL	10/1/2012	0.00
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	10/1/2012	0.00
90696	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), A	10/1/2012	0.00
90698	VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), H	10/1/2012	0.00
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	10/1/2012	0.00
90732	VACCINE FOR PNEUMOCOCCAL POLYSACCHARIDE FOR INJECTION BENEATH THE SKIN OR INTO M	10/1/2012	0.00
90740	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION	10/1/2020	CCR
90743	VACCINE FOR HEPATITIS B (2 DOSE SCHEDULE) FOR INJECTION	10/1/2020	CCR
90744	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION	10/1/2020	CCR

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90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FO	10/1/2020	CCR
90747	VACCINE FOR HEPATITIS B (4 DOSE SCHEDULE) FOR INJECTION	10/1/2020	CCR
90749	UNLISTED VACCINE/TOXOID	10/1/2012	0.00
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBU	2/1/2018	0.00
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	10/01/2020	182.51
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR	10/01/2020	2,602.29
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJO	1/1/2020	0.00
92928	CATHETER INSERTION OF STENTS IN MAJOR CORONARY ARTERY OR BRANCH, ACCESSED THROUG	10/01/2020	5,528.17
92929	CATHETER PLACEMENT OF STENTS IN MAJOR CORONARY ARTERY OR BRANCH, ACCESSED THROUG	1/1/2020	0.00
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CA	10/01/2020	1,109.82
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTR	10/01/2020	1,109.82
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIO	10/01/2020	1,109.82
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	10/01/2020	1,109.82
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY T	1/1/2020	0.00
93566	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	1/1/2020	0.00
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	1/1/2020	0.00
93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	1/1/2020	0.00
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	1/1/2020	0.00
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	1/1/2020	0.00
93985	ULTRASOUND SCAN OF BLOOD FLOW IN EXTREMITY ON BOTH SIDES	10/01/2020	83.00
93986	ULTRASOUND SCAN OF BLOOD FLOW IN EXTREMITY ON ONE SIDE O	10/01/2020	39.83
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	0.00
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	0.00
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	0.00
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2012	0.00
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	10/1/2012	0.00
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	0.00
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	10/1/2012	0.00
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2012	0.00
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	0.00
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	0.00

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A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	0.00
A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY UP TO 20 MILLICURIES	10/01/2020	0.00
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI	10/1/2012	0.00
A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	10/1/2016	0.00
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	0.00
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	10/1/2012	0.00
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	10/1/2012	0.00
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	10/01/2020	29.70
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	10/1/2012	0.00
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	10/1/2012	0.00
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	10/1/2012	0.00
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	10/1/2012	0.00
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	10/1/2012	0.00
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	0.00
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	10/1/2012	0.00
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	0.00
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	10/1/2012	0.00
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	10/1/2012	0.00
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	10/1/2012	0.00
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	10/1/2012	0.00
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2012	0.00
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2012	0.00
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	10/1/2012	0.00
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	10/1/2012	0.00
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	10/1/2012	0.00
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	10/1/2012	0.00
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	10/1/2012	0.00
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	10/1/2012	0.00
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	10/1/2012	0.00
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	0.00
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	10/1/2012	0.00
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI	10/1/2012	0.00
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	10/1/2012	0.00
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2012	0.00
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	0.00
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2012	0.00
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	10/1/2012	0.00
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	10/1/2012	0.00

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A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	10/1/2012	0.00
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	0.00
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	10/1/2012	0.00
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	10/1/2012	0.00
A9575	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	1/1/2014	0.00
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	10/1/2012	0.00
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	10/1/2012	0.00
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	10/1/2012	0.00
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPE	10/1/2012	0.00
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2012	0.00
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	10/1/2012	0.00
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2012	0.00
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	10/1/2012	0.00
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	10/1/2014	0.00
A9585	INJECTION, GADOBUTROL, 0.1 ML	10/1/2012	0.00
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURRIES	10/01/2020	2,877.40
A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	10/01/2020	0.00
A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	10/01/2020	0.00
A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFI	1/1/2017	0.00
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDEN	1/1/2017	0.00
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	10/1/2012	0.00
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	10/1/2017	0.00
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	10/1/2012	0.00
C1734	ORTHOPEDIC/DEVICE/DRUG MATRIX FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO BONE (	10/1/2020	CCR
C1762	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	10/1/2012	0.00
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATT	10/1/2018	0.00
C1823	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEA	10/1/2020	CCR
C1824	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	10/1/2020	CCR
C1839	IRIS PROSTHESIS	10/1/2020	CCR
C1889	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	1/1/2017	0.00
C1890	No implantable/insertable device used with device-intensive procedures	10/1/2020	CCR
C1982	CATHETER, PRESSURE-GENERATING, ONE-WAY VALVE, INTERMITTENTLY OCCLUSIVE	10/1/2020	CCR
C2596	PROBE, IMAGE-GUIDED, ROBOTIC, WATERJET ABLATION	10/1/2020	CCR
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	10/1/2018	0.00
C9035	INJECTION, ARIPIPRAZOLE LAUROXIL (ARISTADA INITIO), 1 MG	10/01/2020	0.00
C9036	INJECTION, PATISIRAN, 0.1 MG	10/01/2020	0.00
C9037	INJECTION, RISPERIDONE (PERSERIS), 0.5 MG	10/01/2020	0.00
C9038	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	10/01/2020	0.00

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C9039	INJECTION, PLAZOMICIN, 5 MG	10/01/2020	0.00
C9040	INJECTION, FREMANEZUMAB-VFRM, 1MG	1/1/2020	0.00
C9041	INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED (ANDEXXA), 10 MG	10/01/2020	276.93
C9044	INJECTION, CEMIPLIMAB-RWLC, 1 MG	1/1/2020	0.00
C9045	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	1/1/2020	0.00
C9046	COCAINE HYDROCHLORIDE NASAL SOLUTION FOR TOPICAL ADMINISTRATION, 1 MG	10/01/2020	0.82
C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG	10/01/2020	649.37
C9048	DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	1/1/2020	0.00
C9049	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG	1/1/2020	0.00
C9050	INJECTION, EMAPALUMAB-LZSG, 1 MG	1/1/2020	0.00
C9051	INJECTION, OMADACYCLINE, 1 MG	1/1/2020	0.00
C9052	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	1/1/2020	0.00
C9054	INJECTION, LEFAMULIN (XENLETA), 1 MG	10/01/2020	0.67
C9055	INJECTION, BREXANOLONE, 1MG	10/01/2020	72.90
C9254	INJECTION, LACOSAMIDE, 1 MG	10/1/2013	0.00
C9257	INJECTION, BEVACIZUMAB, 0.25 MG	10/01/2020	1.93
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	10/1/2014	0.00
C9290	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	10/01/2020	1.19
C9293	INJECTION, GLUCARPIDASE, 10 UNITS	10/01/2020	0.00
C9460	INJECTION, CANGRELOR, 1 MG	10/01/2020	14.61
C9462	INJECTION, DELAFLOXACIN, 1 MG	10/01/2020	0.45
C9482	INJECTION, SOTATOL HYDROCHLORIDE, 1 MG	10/01/2020	9.49
C9488	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG	10/01/2020	29.98
C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WIT	10/01/2020	5,620.47
C9601	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WIT	1/1/2020	0.00
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGENT (LIST SEPARATELY	2/1/2018	0.00
C9739	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	10/01/2020	2,438.64
C9740	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	10/01/2020	6,257.57
C9745	NASAL ENDOSCOPY, SURGICAL; BALLOON DILATION OF EUSTACHIAN TUBE	10/01/2020	2,503.46
C9747	ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INC	10/01/2020	1,522.11
C9752	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, FIRST TWO VERTEBRAL BODIES, INC	10/01/2020	7,027.15
C9753	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, EACH ADDITIONAL VERTEBRAL BODY,	1/1/2020	0.00
C9754	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS; DIRECT, ANY SITE, INCLUDING A	10/01/2020	8,752.21
C9755	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS USING MAGNETIC-GUIDED ARTERIAL A	10/01/2020	8,752.21
C9757	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERV	10/01/2020	7,027.15
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	10/01/2020	102.11
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	10/01/2020	282.34
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	10/01/2020	282.34

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G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	10/01/2020	16.72
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	10/01/2020	186.92
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	10/01/2020	267.40
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR S	2/1/2018	0.00
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUB	2/1/2018	0.00
G0518	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (S	2/1/2018	0.00
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	10/01/2020	0.00
J0121	INJECTION, OMADACYCLINE, 1 MG	10/01/2020	3.32
J0122	INJECTION, ERAVACYCLINE, 1 MG	10/01/2020	0.91
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERE	10/01/2020	51.60
J0130	INJECTION ABCIXIMAB, 10 MG	10/01/2020	0.00
J0131	INJECTION, ACETAMINOPHEN, 10 MG	10/1/2014	0.00
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	10/1/2017	0.00
J0133	INJECTION, ACYCLOVIR, 5 MG	10/1/2012	0.00
J0135	INJECTION, ADALIMUMAB, 20 MG	10/01/2020	1,302.58
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COM	1/1/2015	0.00
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	10/1/2012	0.00
J0178	INJECTION, AFLIBERCEPT, 1 MG	10/01/2020	904.85
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	10/01/2020	301.70
J0180	INJECTION, AGALSIDASE BETA, 1 MG	10/01/2020	174.26
J0185	INJECTION, APREPITANT, 1 MG	10/01/2020	2.06
J0202	INJECTION, ALEMTUZUMAB, 1 MG	10/01/2020	1,821.19
J0207	INJECTION, AMIFOSTINE, 500 MG	10/01/2020	953.41
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	10/1/2014	0.00
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	10/01/2020	134.08
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	10/01/2020	162.50
J0222	INJECTION, PATISIRAN, 0.1 MG	10/01/2020	93.40
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	10/01/2020	4.32
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	10/01/2020	4.58
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	10/1/2012	0.00
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	10/1/2012	0.00
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	10/1/2012	0.00
J0285	INJECTION, AMPHOTERICIN B, 50 MG	10/1/2012	0.00
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	10/01/2020	5.87
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	10/01/2020	24.79
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	10/1/2012	0.00
J0291	INJECTION, PLAZOMICIN, 5 MG	10/01/2020	3.06
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	10/1/2012	0.00

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J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	10/01/2020	53.79
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	10/1/2012	0.00
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	10/1/2014	0.00
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	10/1/2012	0.00
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	10/1/2012	0.00
J0400	INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	10/01/2020	0.00
J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	10/01/2020	5.42
J0456	INJECTION, AZITHROMYCIN, 500 MG	10/1/2012	0.00
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	10/1/2012	0.00
J0470	INJECTION, DIMERCAPROL, PER 100 MG	10/01/2020	0.00
J0475	INJECTION, BACLOFEN, 10 MG	10/01/2020	161.03
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	10/01/2020	0.00
J0485	INJECTION, BELATACEPT, 1 MG	10/01/2020	3.59
J0490	INJECTION, BELIMUMAB, 10 MG	10/01/2020	42.58
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	10/1/2012	0.00
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	10/1/2012	0.00
J0517	INJECTION, BENRALIZUMAB, 1 MG	10/01/2020	160.08
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	10/01/2020	10.35
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	10/01/2020	13.13
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	10/01/2020	37.84
J0567	INJECTION, CERLIPONASE ALFA, 1 MG	10/01/2020	88.83
J0570	BUPRENORPHINE IMPLANT, 74.5 MG	10/01/2020	1,238.35
J0583	INJECTION, BIVALIRUDIN, 1 MG	10/01/2020	0.00
J0584	INJECTION, BUROSUMAB-TWZA 1 MG	10/01/2020	335.55
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	10/01/2020	5.81
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	10/01/2020	8.01
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	10/01/2020	11.39
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	10/01/2020	4.80
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	10/1/2012	0.00
J0593	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMIN	10/01/2020	72.52
J0594	INJECTION, BUSULFAN, 1 MG	10/01/2020	4.35
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	10/1/2012	0.00
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	10/01/2020	26.81
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	10/01/2020	48.74
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	10/01/2020	54.18
J0599	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS	10/01/2020	9.19
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	10/01/2020	5,314.70
J0606	INJECTION, ETECALCETIDE, 0.1 MG	10/01/2020	2.47

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J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	10/1/2012	0.00
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	10/1/2012	0.00
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	10/01/2020	2,528.00
J0636	INJECTION, CALCITRIOL, 0.1 MCG	10/1/2012	0.00
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	10/01/2020	0.00
J0638	INJECTION, CANAKINUMAB, 1 MG	10/01/2020	105.46
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	10/1/2012	0.00
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	10/01/2020	0.55
J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	10/01/2020	1.94
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	10/1/2012	0.00
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	10/1/2012	0.00
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	10/1/2012	0.00
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	10/1/2012	0.00
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	10/01/2020	5.32
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	10/1/2012	0.00
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	10/1/2012	0.00
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	10/1/2012	0.00
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	10/1/2012	0.00
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	10/01/2020	3.03
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	10/1/2012	0.00
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	10/01/2020	87.45
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	10/1/2012	0.00
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	10/01/2020	4,581.31
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADM	10/01/2020	7.62
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	10/1/2017	0.00
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	10/01/2020	0.00
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	10/1/2012	0.00
J0740	INJECTION, CIDOFOVIR, 375 MG	10/01/2020	592.11
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	10/1/2012	0.00
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	10/1/2012	0.00
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	10/1/2012	0.00
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	10/1/2012	0.00
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	10/01/2020	46.32
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	10/1/2012	0.00
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	10/01/2020	8.59
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	10/01/2020	3,749.18
J0834	INJECTION, COSYNTROPIN, 0.25 MG	10/1/2012	0.00
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	10/01/2020	3,120.93

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J0841	INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120 MG	10/01/2020	1,201.20
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	10/01/2020	1,072.69
J0875	INJECTION, DALBAVANCIN, 5MG	10/01/2020	14.20
J0878	INJECTION, DAPTOMYCIN, 1 MG	10/01/2020	0.31
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	10/01/2020	3.66
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	10/01/2020	3.66
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	10/01/2020	1.13
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	10/01/2020	1.13
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	10/01/2020	10.48
J0894	INJECTION, DECITABINE, 1 MG	10/01/2020	7.12
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	10/1/2012	0.00
J0897	INJECTION, DENOSUMAB, 1 MG	10/01/2020	18.32
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	10/1/2012	0.00
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	10/1/2012	0.00
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	10/1/2012	0.00
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	10/1/2012	0.00
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	10/1/2012	0.00
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	10/1/2013	0.00
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	1/1/2015	0.00
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	10/1/2012	0.00
J1096	DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	10/01/2020	143.84
J1097	PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHTHALMIC IRRIGATION SOLUTIO	10/01/2020	106.73
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	10/1/2012	0.00
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	10/01/2020	0.00
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	10/1/2012	0.00
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	10/01/2020	0.00
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	10/1/2012	0.00
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	10/01/2020	3,591.18
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	10/1/2012	0.00
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	10/1/2012	0.00
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	10/01/2020	184.62
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	10/1/2012	0.00
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	10/01/2020	0.00
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	10/01/2020	557.18
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	10/1/2012	0.00
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	10/1/2012	0.00
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	10/1/2012	0.00
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	10/1/2012	0.00

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J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	10/1/2012	0.00
J1265	INJECTION, DOPAMINE HCL, 40 MG	10/1/2012	0.00
J1267	INJECTION, DORIPENEM, 10 MG	10/01/2020	0.85
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	10/1/2012	0.00
J1290	INJECTION, ECALLANTIDE, 1 MG	10/01/2020	469.05
J1300	INJECTION, ECULIZUMAB, 10 MG	10/01/2020	218.96
J1301	INJECTION, EDARAVONE, 1 MG	10/01/2020	18.52
J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	10/01/2020	214.97
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	10/1/2012	0.00
J1322	INJECTION, ELOSULFASE ALFA, 1MG	10/01/2020	229.38
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	10/1/2012	0.00
J1327	INJECTION, EPTIFIBATIDE, 5 MG	10/01/2020	4.08
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	10/1/2012	0.00
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	10/01/2020	0.00
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	10/1/2012	0.00
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	10/01/2020	293.48
J1428	INJECTION, ETEPLIRSEN, 10 MG	10/01/2020	158.99
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	10/01/2020	651.28
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	10/01/2020	1.05
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	10/01/2020	0.91
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	10/01/2020	0.54
J1450	INJECTION FLUCONAZOLE, 200 MG	10/1/2012	0.00
J1453	INJECTION, FOSAPREPITANT, 1 MG	10/01/2020	1.87
J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	10/01/2020	396.03
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	10/01/2020	78.16
J1458	INJECTION, GALSULFASE, 1 MG	10/01/2020	378.02
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	10/01/2020	38.11
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	10/01/2020	37.91
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	10/01/2020	13.10
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	10/01/2020	0.00
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUI	10/01/2020	43.53
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	10/01/2020	9.92
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	10/01/2020	379.14
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID),	10/01/2020	37.18
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWIS	10/01/2020	58.14
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	10/01/2020	33.90
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID),	10/01/2020	35.60
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	10/1/2015	0.00

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J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	10/01/2020	57.06
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHI	10/01/2020	33.81
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	10/01/2020	57.06
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	10/01/2020	13.83
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	10/1/2012	0.00
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHE	10/1/2012	0.00
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	10/01/2020	20.50
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	10/01/2020	189.31
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	10/1/2012	0.00
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	10/01/2020	2.60
J1628	INJECTION, GUSELKUMAB, 1 MG	10/01/2020	95.20
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	10/1/2012	0.00
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	10/1/2012	0.00
J1640	INJECTION, HEMIN, 1 MG	10/01/2020	22.53
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	10/1/2012	0.00
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	10/1/2012	0.00
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	10/1/2012	0.00
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	10/1/2012	0.00
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	10/1/2012	0.00
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	10/1/2012	0.00
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	10/01/2020	411.03
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	10/1/2012	0.00
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	10/1/2012	0.00
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	10/1/2012	0.00
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	10/01/2020	21.28
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	10/01/2020	10.27
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	10/01/2020	41.31
J1741	INJECTION, IBUPROFEN, 100 MG	10/1/2013	0.00
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	10/01/2020	264.83
J1743	INJECTION, IDURSULFASE, 1 MG	10/01/2020	515.75
J1744	INJECTION, ICATIBANT, 1 MG	10/01/2020	358.23
J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	10/01/2020	60.13
J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	10/01/2020	57.15
J1750	INJECTION, IRON DEXTRAN, 50 MG	10/01/2020	13.69
J1756	INJECTION, IRON SUCROSE, 1 MG	10/1/2013	0.00
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	10/01/2020	40.79
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	10/1/2012	0.00
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	10/1/2012	0.00

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J1815	INJECTION, INSULIN, PER 5 UNITS	10/1/2012	0.00
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	10/1/2012	0.00
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	10/01/2020	2,646.67
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	10/01/2020	366.93
J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	10/01/2020	0.74
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	10/1/2012	0.00
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	10/1/2012	0.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	10/1/2012	0.00
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	10/1/2012	0.00
J1930	INJECTION, LANREOTIDE, 1 MG	10/01/2020	59.20
J1931	INJECTION, LARONIDASE, 0.1 MG	10/01/2020	30.53
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	10/1/2012	0.00
J1943	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	10/01/2020	2.72
J1944	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	10/01/2020	2.64
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	10/01/2020	1,205.77
J1953	INJECTION, LEVETIRACETAM, 10 MG	10/1/2012	0.00
J1956	INJECTION, LEVOFLOXACIN, 250 MG	10/1/2012	0.00
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	10/1/2012	0.00
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	10/1/2012	0.00
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	10/1/2012	0.00
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	10/1/2012	0.00
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	10/1/2012	0.00
J2020	INJECTION, LINEZOLID, 200MG	10/1/2017	0.00
J2060	INJECTION, LORAZEPAM, 2 MG	10/1/2012	0.00
J2062	LOXAPINE FOR INHALATION, 1 MG	10/01/2020	0.00
J2150	INJECTION, MANNITOL, 25% IN 50 ML	10/1/2012	0.00
J2170	INJECTION, MECASERMIN, 1 MG	10/1/2013	0.00
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	10/1/2012	0.00
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	10/1/2012	0.00
J2182	INJECTION, MEPOLIZUMAB, 1 MG	10/01/2020	28.23
J2185	INJECTION, MEROPENEM, 100 MG	10/1/2012	0.00
J2186	INJECTION, MEROPENEM, VABORBACTAM, 10 MG/10 MG, (20 MG)	10/01/2020	1.70
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	10/1/2012	0.00
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	10/1/2015	0.00
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	10/1/2016	0.00
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	10/1/2012	0.00
J2260	INJECTION, MILRINONE LACTATE, 5 MG	10/01/2020	0.00
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	10/01/2020	1.72

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J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	10/1/2012	0.00
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE,	1/1/2015	0.00
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM	10/01/2020	7.51
J2280	INJECTION, MOXIFLOXACIN, 100 MG	10/1/2012	0.00
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	10/1/2012	0.00
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	10/1/2012	0.00
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	10/01/2020	3.09
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	10/01/2020	0.00
J2323	INJECTION, NATALIZUMAB, 1 MG	10/01/2020	19.23
J2325	INJECTION, NESIRITIDE, 0.1 MG	10/01/2020	71.06
J2326	INJECTION, NUSINERSEN, 0.1 MG	10/01/2020	1,046.74
J2350	INJECTION, OCRELIZUMAB, 1 MG	10/01/2020	54.55
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	10/01/2020	196.24
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS	10/1/2012	0.00
J2355	INJECTION, OPRELVEKIN, 5 MG	10/01/2020	155.78
J2357	INJECTION, OMALIZUMAB, 5 MG	10/01/2020	34.94
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	10/01/2020	0.00
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	10/1/2012	0.00
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	10/1/2012	0.00
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	10/1/2012	0.00
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	10/1/2012	0.00
J2407	INJECTION, ORITAVANCIN, 10 MG	10/01/2020	22.59
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	10/1/2012	0.00
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	10/01/2020	20.22
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	10/01/2020	11.05
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	10/1/2012	0.00
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	10/1/2012	0.00
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	10/01/2020	0.00
J2501	INJECTION, PARICALCITOL, 1 MCG	10/1/2012	0.00
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	10/01/2020	287.88
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	10/01/2020	0.00
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	10/01/2020	349.56
J2505	INJECTION, PEGFILGRASTIM, 6 MG	10/01/2020	4,210.93
J2507	INJECTION, PEGLOTICASE, 1 MG	10/01/2020	2,386.92
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	10/01/2020	0.00
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	10/01/2020	35.17
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	10/1/2012	0.00
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125	10/1/2012	0.00

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J2547	INJECTION, PERAMIVIR, 1 MG	10/01/2020	1.56
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	10/1/2012	0.00
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	10/1/2012	0.00
J2562	INJECTION, PLERIXAFOR, 1 MG	10/01/2020	330.32
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	10/1/2012	0.00
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	10/01/2020	11.53
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	10/1/2012	0.00
J2675	INJECTION, PROGESTERONE, PER 50 MG	10/1/2012	0.00
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	10/1/2012	0.00
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	10/1/2012	0.00
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	10/1/2014	0.00
J2704	INJECTION, PROPOFOL, 10 MG	1/1/2015	0.00
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	10/1/2012	0.00
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	10/1/2012	0.00
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	10/01/2020	14.35
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	10/01/2020	0.00
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	10/01/2020	358.69
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	10/1/2012	0.00
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	10/01/2020	396.62
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	10/01/2020	334.56
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	10/1/2012	0.00
J2783	INJECTION, RASBURICASE, 0.5 MG	10/01/2020	275.33
J2785	INJECTION, REGADENOSON, 0.1 MG	10/1/2014	0.00
J2786	INJECTION, RESLIZUMAB, 1 MG	10/01/2020	9.14
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	10/1/2014	0.00
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	10/1/2014	0.00
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVE	10/1/2016	0.00
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	10/01/2020	28.29
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	10/01/2020	9.54
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	10/1/2012	0.00
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	10/01/2020	70.57
J2797	INJECTION, ROLAPITANT, 0.5 MG	10/01/2020	0.89
J2798	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	10/01/2020	9.38
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	10/1/2012	0.00
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	10/1/2012	0.00
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	10/1/2012	0.00
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	10/01/2020	41.27
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	10/01/2020	514.07

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J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	10/01/2020	33.04
J2860	INJECTION, SILTUXIMAB, 10 MG	10/01/2020	97.91
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	10/1/2012	0.00
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	10/1/2012	0.00
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	10/1/2012	0.00
J2941	INJECTION, SOMATROPIN, 1 MG	10/01/2020	1.59
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	10/1/2012	0.00
J2993	INJECTION, RETEPLASE, 18.1 MG	10/01/2020	0.00
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	10/01/2020	83.26
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	10/1/2012	0.00
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	10/1/2012	0.00
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	10/1/2013	0.00
J3031	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMI	10/01/2020	2.38
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	10/01/2020	38.08
J3070	INJECTION, PENTAZOCINE, 30 MG	10/01/2020	0.00
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	10/01/2020	1.42
J3095	INJECTION, TELEVANCIN, 10 MG	10/01/2020	5.45
J3101	INJECTION, TENECTEPLASE, 1 MG	10/01/2020	115.74
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	10/1/2012	0.00
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	10/01/2020	8.50
J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	1/1/2015	0.00
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	10/01/2020	1.40
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	10/1/2012	0.00
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	10/01/2020	1,610.36
J3243	INJECTION, TIGECYCLINE, 1 MG	10/01/2020	1.49
J3245	INJECTION, TILDRAKIZUMAB, 1 MG	10/01/2020	129.67
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	10/01/2020	6.57
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	10/1/2012	0.00
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	10/1/2012	0.00
J3262	INJECTION, TOCILIZUMAB, 1 MG	10/01/2020	4.71
J3265	INJECTION, TORSEMIDE, 10 MG/ML	10/1/2012	0.00
J3285	INJECTION, TREPROSTINIL, 1 MG	10/01/2020	60.66
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	10/01/2020	0.00
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	10/1/2012	0.00
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	10/1/2012	0.00
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	10/1/2012	0.00
J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSP	10/01/2020	17.94
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	10/1/2013	0.00

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J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	10/01/2020	245.80
J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	10/01/2020	2,752.46
J3350	INJECTION, UREA, UP TO 40 GM	10/1/2016	0.00
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	10/01/2020	181.82
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	10/01/2020	11.44
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	10/1/2012	0.00
J3364	INJECTION, UROKINASE, 5000 IU VIAL	10/1/2012	0.00
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	10/1/2012	0.00
J3380	INJECTION, VEDOLIZUMAB, 1 MG	10/01/2020	18.87
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	10/01/2020	328.24
J3396	INJECTION, VERTEPORFIN, 0.1 MG	10/01/2020	10.53
J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	10/01/2020	207.41
J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES	10/01/2020	2,777.49
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	10/1/2012	0.00
J3411	INJECTION, THIAMINE HCL, 100 MG	10/1/2012	0.00
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	10/1/2012	0.00
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	10/1/2012	0.00
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	10/1/2012	0.00
J3465	INJECTION, VORICONAZOLE, 10 MG	10/01/2020	0.00
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	10/1/2012	0.00
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 US	10/1/2012	0.00
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	10/1/2012	0.00
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	10/1/2012	0.00
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	10/1/2012	0.00
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	10/1/2012	0.00
J3485	INJECTION, ZIDOVUDINE, 10 MG	10/1/2016	0.00
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	10/1/2012	0.00
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	10/1/2017	0.00
J3490	UNCLASSIFIED DRUGS	10/1/2012	0.00
J3530	NASAL VACCINE INHALATION	10/1/2012	0.00
J3590	UNCLASSIFIED BIOLOGICS	10/1/2012	0.00
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	10/1/2012	0.00
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	10/1/2012	0.00
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	10/1/2012	0.00
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	10/1/2012	0.00
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	10/1/2012	0.00
J7070	INFUSION, D5W, 1000 CC	10/1/2012	0.00
J7100	INFUSION, DEXTRAN 40, 500 ML	10/1/2012	0.00

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J7110	INFUSION, DEXTRAN 75, 500 ML	10/1/2012	0.00
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	10/1/2012	0.00
J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	10/1/2018	0.00
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	10/1/2012	0.00
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	10/01/2020	44.98
J7175	INJECTION, FACTOR X (HUMAN), 1 I.U.	10/01/2020	7.13
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG	10/01/2020	1.08
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG	10/01/2020	1.14
J7179	INJECTION, VON WILLEBRAND FACTOR, (RECOMBINANT), (VONDENDI), 1 I.U. VWF.RCO	10/01/2020	1.74
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	10/01/2020	8.05
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	10/01/2020	14.74
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER I	10/01/2020	1.24
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	10/01/2020	0.92
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	10/01/2020	1.21
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER	10/01/2020	1.01
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	10/01/2020	1.10
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	10/01/2020	3.02
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	10/01/2020	2.04
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	10/01/2020	1.02
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFI	10/01/2020	1.19
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	10/01/2020	1.09
J7194	FACTOR IX, COMPLEX, PER I.U.	10/01/2020	1.40
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE	10/01/2020	1.43
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	10/01/2020	98.18
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	10/01/2020	3.15
J7198	ANTI-INHIBITOR, PER I.U.	10/01/2020	1.81
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	10/01/2020	1.25
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	10/01/2020	2.95
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	10/01/2020	4.08
J7203	INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBI	10/01/2020	3.79
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	10/01/2020	1.98
J7207	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	10/01/2020	1.65
J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (J	10/01/2020	1.92
J7209	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NUWIQ), 1 I.U.	10/01/2020	1.18
J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	10/01/2020	1.29
J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	10/01/2020	0.00
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE	10/01/2020	371.43
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	10/01/2020	324.54

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J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	10/01/2020	190.03
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	10/01/2020	466.33
J7314	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	10/01/2020	466.57
J7315	MITOMYCIN, OPTHALMIC, 0.2 MG	10/1/2016	0.00
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	10/01/2020	994.58
J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	10/01/2020	16.37
J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	10/01/2020	16.07
J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJEC	10/01/2020	0.00
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	10/01/2020	30.09
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/01/2020	137.83
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/01/2020	136.23
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION,	10/01/2020	10.84
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/01/2020	1,107.70
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10/01/2020	731.03
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	10/01/2020	2.07
J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2020	6.84
J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR	10/01/2020	5.82
J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR	10/01/2020	23.92
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	10/01/2020	2.99
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	10/01/2020	208.48
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	10/01/2020	28.47
J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	10/01/2020	1.38
J7500	AZATHIOPRINE, ORAL, 50 MG	10/1/2012	0.00
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	10/01/2020	226.28
J7502	CYCLOSPORINE, ORAL, 100 MG	10/1/2012	0.00
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG	10/01/2020	0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	10/01/2020	1,962.72
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	10/01/2020	0.00
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	10/1/2012	0.00
J7508	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	10/1/2017	0.00
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	10/1/2012	0.00
J7510	PREDNISOLONE ORAL, PER 5 MG	10/1/2012	0.00
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	10/01/2020	730.13
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	10/1/2017	0.00
J7515	CYCLOSPORINE, ORAL, 25 MG	10/1/2012	0.00
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	10/1/2012	0.00
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	10/1/2012	0.00
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	10/1/2012	0.00

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J7520	SIROLIMUS, ORAL, 1 MG	10/1/2012	0.00
J7525	TACROLIMUS, PARENTERAL, 5 MG	10/01/2020	201.25
J7527	EVEROLIMUS, ORAL, 0.25 MG	10/1/2014	0.00
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	10/1/2012	0.00
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	10/1/2013	0.00
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	10/1/2012	0.00
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	10/1/2012	0.00
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	10/1/2017	0.00
J8501	APREPITANT, ORAL, 5 MG	10/01/2020	0.00
J8510	BUSULFAN; ORAL, 2 MG	10/01/2020	22.97
J8520	CAPECITABINE, ORAL, 150 MG	10/1/2017	0.00
J8521	CAPECITABINE, ORAL, 500 MG	10/1/2017	0.00
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	10/1/2012	0.00
J8540	DEXAMETHASONE, ORAL, 0.25 MG	10/1/2012	0.00
J8560	ETOPOSIDE; ORAL, 50 MG	10/01/2020	71.59
J8600	MELPHALAN; ORAL, 2 MG	10/01/2020	0.00
J8610	METHOTREXATE; ORAL, 2.5 MG	10/1/2012	0.00
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL	10/01/2020	233.45
J8670	ROLAPITANT, ORAL, 1 MG	10/01/2020	2.01
J8700	TEMOZOLOMIDE, ORAL, 5 MG	10/01/2020	0.00
J8705	TOPOTECAN, ORAL, 0.25 MG	10/01/2020	0.00
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	10/1/2012	0.00
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	10/01/2020	4,716.39
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	10/01/2020	42.09
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	10/01/2020	394.09
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	10/01/2020	73.16
J9023	INJECTION, AVELUMAB, 10 MG	10/01/2020	78.82
J9025	INJECTION, AZACITIDINE, 1 MG	10/01/2020	1.10
J9027	INJECTION, CLOFARABINE, 1 MG	10/01/2020	58.61
J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	10/01/2020	2.68
J9032	INJECTION, BELINOSTAT, 10 MG	10/01/2020	38.07
J9033	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	10/01/2020	26.45
J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	10/01/2020	21.71
J9035	INJECTION, BEVACIZUMAB, 10 MG	10/01/2020	77.12
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	10/01/2020	107.73
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	10/1/2012	0.00
J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	10/01/2020	42.46
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	10/01/2020	154.32

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J9043	INJECTION, CABAZITAXEL, 1 MG	10/01/2020	164.99
J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	10/01/2020	23.79
J9045	INJECTION, CARBOPLATIN, 50 MG	10/1/2012	0.00
J9047	INJECTION, CARFILZOMIB, 1 MG	10/01/2020	35.72
J9050	INJECTION, CARMUSTINE, 100 MG	10/01/2020	2,887.06
J9055	INJECTION, CETUXIMAB, 10 MG	10/01/2020	58.95
J9057	INJECTION, COPANLISIB, 1 MG	10/01/2020	75.45
J9060	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	10/1/2012	0.00
J9065	INJECTION, CLADRIBINE, PER 1 MG	10/01/2020	18.05
J9070	CYCLOPHOSPHAMIDE, 100 MG	10/01/2020	32.43
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	10/01/2020	77.35
J9100	INJECTION, CYTARABINE, 100 MG	10/1/2012	0.00
J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	10/01/2020	26.08
J9120	INJECTION, DACTINOMYCIN, 0.5 MG	10/01/2020	1,043.29
J9130	DACARBAZINE, 100 MG	10/1/2012	0.00
J9145	INJECTION, DARATUMUMAB, 10 MG	10/01/2020	51.25
J9150	INJECTION, DAUNORUBICIN, 10 MG	10/01/2020	44.40
J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	10/01/2020	182.69
J9155	INJECTION, DEGARELIX, 1 MG	10/01/2020	3.77
J9171	INJECTION, DOCETAXEL, 1 MG	10/01/2020	0.83
J9173	INJECTION, DURVALUMAB, 10 MG	10/01/2020	70.91
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	10/1/2012	0.00
J9176	INJECTION, ELOTUZUMAB, 1 MG	10/01/2020	6.18
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	10/1/2014	0.00
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	10/01/2020	108.56
J9181	INJECTION, ETOPOSIDE, 10 MG	10/1/2012	0.00
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	10/01/2020	0.00
J9190	INJECTION, FLUOROURACIL, 500 MG	10/1/2012	0.00
J9200	INJECTION, FLOXURIDINE, 500 MG	10/01/2020	0.00
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	10/1/2014	0.00
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	10/01/2020	472.83
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	10/01/2020	189.27
J9204	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	10/01/2020	190.83
J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	10/01/2020	47.41
J9206	INJECTION, IRINOTECAN, 20 MG	10/1/2013	0.00
J9207	INJECTION, IXABEPILONE, 1 MG	10/01/2020	86.52
J9208	INJECTION, IFOSFAMIDE, 1 GRAM	10/01/2020	0.00
J9209	INJECTION, MESNA, 200 MG	10/1/2012	0.00

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J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	10/01/2020	741.05
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	10/01/2020	0.00
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	10/01/2020	160.86
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	10/01/2020	32.53
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	10/01/2020	213.47
J9218	LEUPROLIDE ACETATE, PER 1 MG	10/01/2020	0.00
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	10/01/2020	3,881.33
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	10/01/2020	34,815.22
J9228	INJECTION, IPILIMUMAB, 1 MG	10/01/2020	145.47
J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	10/01/2020	2,156.79
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	10/01/2020	311.88
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	10/01/2020	580.34
J9250	METHOTREXATE SODIUM, 5 MG	10/1/2012	0.00
J9260	METHOTREXATE SODIUM, 50 MG	10/1/2012	0.00
J9261	INJECTION, NELARABINE, 50 MG	10/01/2020	144.86
J9262	INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG	10/01/2020	2.95
J9263	INJECTION, OXALIPLATIN, 0.5 MG	10/01/2020	0.00
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	10/01/2020	11.88
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	10/01/2020	16,688.55
J9267	INJECTION, PACLITAXEL, 1 MG	1/1/2015	0.00
J9268	INJECTION, PENTOSTATIN, 10 MG	10/01/2020	1,870.18
J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	10/01/2020	246.01
J9270	INJECTION, PLICAMYCIN, 2.5 MG	10/01/2020	0.00
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	10/01/2020	46.92
J9280	INJECTION, MITOMYCIN, 5 MG	10/01/2020	83.36
J9285	INJECTION, OLARATUMAB, 10 MG	10/01/2020	49.52
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	10/01/2020	26.02
J9295	INJECTION, NECITUMUMAB, 1 MG	10/01/2020	5.45
J9299	INJECTION, NIVOLUMAB, 1 MG	10/01/2020	26.42
J9301	INJECTION, OBINUTUZUMAB, 10 MG	10/01/2020	59.72
J9302	INJECTION, OFATUMUMAB, 10 MG	10/01/2020	57.09
J9303	INJECTION, PANITUMUMAB, 10 MG	10/01/2020	113.12
J9305	INJECTION, PEMETREXED, 10 MG	10/01/2020	66.00
J9306	INJECTION, PERTUZUMAB, 1 MG	10/01/2020	11.68
J9307	INJECTION, PRALATREXATE, 1 MG	10/01/2020	276.70
J9308	INJECTION, RAMUCIRUMAB, 5 MG	10/01/2020	55.50
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	10/01/2020	104.84
J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	10/01/2020	41.35

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J9312	INJECTION, RITUXIMAB, 10 MG	10/01/2020	89.94
J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	10/01/2020	20.98
J9315	INJECTION, ROMIDEPSIN, 1 MG	10/01/2020	282.71
J9320	INJECTION, STREPTOZOCIN, 1 GRAM	10/01/2020	332.22
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	10/01/2020	48.90
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	10/01/2020	9.87
J9330	INJECTION, TEMSIROLIMUS, 1 MG	10/01/2020	50.48
J9340	INJECTION, THIOTEPA, 15 MG	10/01/2020	384.07
J9351	INJECTION, TOPOTECAN, 0.1 MG	10/01/2020	0.00
J9352	INJECTION, TRABECTEDIN, 0.1 MG	10/01/2020	297.26
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	10/01/2020	29.79
J9355	INJECTION, TRASTUZUMAB, 10 MG	10/01/2020	101.29
J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	10/01/2020	76.25
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	10/01/2020	1,366.66
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	10/1/2012	0.00
J9370	VINCRISTINE SULFATE, 1 MG	10/1/2012	0.00
J9371	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	10/01/2020	2,926.04
J9390	INJECTION, VINORELBINE TARTRATE, 10 MG	10/1/2013	0.00
J9395	INJECTION, FULVESTRANT, 25 MG	10/01/2020	90.13
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	10/01/2020	7.95
J9600	INJECTION, PORFIMER SODIUM, 75 MG	10/01/2020	20,327.98
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	10/1/2012	0.00
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	10/1/2012	0.00
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE,	10/1/2012	0.00
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY	10/1/2012	0.00
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CA	10/1/2017	0.00
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE,	10/1/2012	0.00
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING	10/1/2017	0.00
L8609	ARTIFICIAL CORNEA	10/1/2012	0.00
L8610	OCULAR IMPLANT	10/1/2012	0.00
L8612	AQUEOUS SHUNT	10/1/2012	0.00
L8613	OSSICULA IMPLANT	10/1/2012	0.00
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	10/1/2012	0.00
L8630	METACARPOPHALANGEAL JOINT IMPLANT	10/1/2012	0.00
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G.,	10/1/2012	0.00
L8641	METATARSAL JOINT IMPLANT	10/1/2012	0.00
L8642	HALLUX IMPLANT	10/1/2012	0.00
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	10/1/2012	0.00

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L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G.,	10/1/2012	0.00
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	10/1/2012	0.00
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	10/1/2017	0.00
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	10/1/2012	0.00
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	10/1/2012	0.00
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	10/1/2012	0.00
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	10/1/2013	0.00
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	10/01/2020	9.97
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	10/01/2020	49.83
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	10/01/2020	19.93
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	10/01/2020	49.83
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD	10/01/2020	0.95
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD	10/01/2020	0.95
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	1/1/2014	0.00
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMP	10/1/2012	0.00
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	10/1/2012	0.00
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	10/1/2012	0.00
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	10/1/2012	0.00
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	10/1/2012	0.00
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	10/1/2012	0.00
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	10/1/2012	0.00
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	10/1/2012	0.00
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	10/1/2012	0.00
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	10/1/2012	0.00
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	10/1/2014	0.00
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	10/1/2012	0.00
Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	10/01/2020	1.64
Q2017	INJECTION, TENIPOSIDE, 50 MG	10/01/2020	2,513.42
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	1/1/2014	0.00
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	10/01/2020	44,055.49
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPOSOMAL, IMPORTED, 1	10/01/2020	446.88
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWI	10/01/2020	337.32
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	10/01/2020	50.90
Q3031	COLLAGEN SKIN TEST	10/1/2013	0.00
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	10/1/2012	0.00
Q4101	APLIGRAF, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	10/1/2014	0.00

Procedure Code	Procedure Code Description	Eff Date	FFS Rate 10/01/2020
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	10/1/2014	0.00
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERAT	10/1/2014	0.00
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4112	CYMETRA, INJECTABLE, 1CC	10/1/2014	0.00
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	10/1/2014	0.00
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	10/1/2014	0.00
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4116	ALLODERM, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	10/1/2015	0.00
Q4118	MATRISTEM MICROMATRIX, 1 MG	10/1/2014	0.00
Q4121	THERASKIN, PER SQUARE CENTIMETER	10/1/2017	0.00
Q4122	DERMACELL, PER SQUARE CENTIMETER	10/1/2016	0.00
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4126	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	10/1/2015	0.00
Q4127	TALYMED, PER SQUARE CENTIMETER	10/1/2016	0.00
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	10/1/2014	0.00
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	10/1/2012	0.00
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER	10/1/2015	0.00
Q4133	GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER	10/1/2015	0.00
Q4134	HMATRIX, PER SQUARE CENTIMER	10/1/2015	0.00
Q4135	MEDISKIN, PER SQUARE CENTIMETER	10/1/2015	0.00
Q4136	EZ-DERM, PER SQUARE CENTIMETER	10/1/2015	0.00
Q4137	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQUARE CENTIMETER	1/1/2014	0.00
Q4138	BIODFENCE DRYFLEX, PER SQ CM	1/1/2014	0.00
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1CC	1/1/2014	0.00
Q4140	BIODFENCE, PER SQ CM	1/1/2014	0.00
Q4141	ALLOSKIN AC, PER SQ CM	1/1/2014	0.00
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	1/1/2014	0.00
Q4143	REPRIZA, PER SQUARE CENTIMETER	1/1/2014	0.00
Q4145	EPIFIX, INJECTABLE, 1 MG	1/1/2014	0.00
Q4146	TENSIXTM ACELLULAR DERMAL MATRIX, PER SQ CM	1/1/2014	0.00
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTI	1/1/2014	0.00

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
Proposed Ambulatory Surgery Center Rates
Effective 10/01/2020

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Q4148	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER	1/1/2014	0.00
Q4149	EXCELLAGEN, 0.1 CC	1/1/2014	0.00
Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4152	DERMAPURE, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4154	BIOVANCE, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	1/1/2015	0.00
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4157	REVITALON, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4159	AFFINITY, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4160	NUSHIELD, PER SQUARE CENTIMETER	1/1/2015	0.00
Q4161	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	10/1/2017	0.00
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	10/1/2017	0.00
Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	10/1/2017	0.00
Q4164	HELICOLL, PER SQUARE CENTIMETER	10/1/2017	0.00
Q4165	KERAMATRIX, PER SQUARE CENTIMETER	10/1/2017	0.00
Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	10/01/2020	0.54
Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	10/01/2020	46.79
Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	10/01/2020	50.73
Q5105	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100	10/01/2020	0.91
Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UN	10/01/2020	9.15
Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	10/01/2020	66.28
Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	10/01/2020	311.04
Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MCG	10/01/2020	0.61
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	10/01/2020	329.71
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	10/01/2020	86.14
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	10/01/2020	18.56
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	10/1/2012	0.00
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	10/1/2012	0.00
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	10/1/2012	0.00
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT)	10/1/2012	0.00
Q9956	INJECTION, OCTAFLOUROPROPANE MICROSPHERES, PER ML	10/1/2012	0.00
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	10/1/2012	0.00
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	0.00
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC.	10/1/2012	0.00
Q9960	HIGH OSMOLAR CONTRAST METERIAL, 200-249 MG/ML IODINE CONCECENTRATION PER ML	10/1/2012	0.00

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Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	0.00
Q9962	HIGH OSMOLAR CONTRAST METERIAL, 300-349 MG/ML IODINE CONCENTRATIONM PER ML	10/1/2012	0.00
Q9963	HIGH OSMOLAR CONTRAST METERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	0.00
Q9964	HIGH OLMOLAR CONTRAST METERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	10/1/2012	0.00
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	0.00
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	0.00
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2012	0.00
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE	10/01/2020	6.08
Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	10/01/2020	0.00
Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	10/01/2020	0.00
Q9991	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100	10/01/2020	1,589.69
Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	10/01/2020	1,589.69
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	10/1/2012	0.00
V2631	IRIS SUPPORTED INTRAOCULAR LENS	10/1/2012	0.00
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	10/1/2012	0.00
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	10/1/2020	CCR
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	10/1/2012	0.00
C9053	INJECTION, CRIZANLIZUMAB-TMCA, 1 MG	4/1/2020	0.00
C9056	INJECTION, GIVOSIRAN, 0.5 MG	4/1/2020	0.00
C9057	INJECTION, CETIRIZINE HYDROCHLORIDE, 1 MG	4/1/2020	0.00
C9058	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0	4/1/2020	0.00
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET)	1/1/2020	0.00
Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	7/1/2019	0.00