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DME/P&O				**PURCHASE**	**RENTAL**
A4206			SYRINGE WITH NEEDLE, STERILE,	BY REPORT	BY REPORT
A4207			SYRINGE WITH NEEDLE,STERILE 2	BY REPORT	BY REPORT
A4208			SYRINGE WITH NEEDLE,STERILE 3	BY REPORT	BY REPORT
A4209			SYRINGE W/NEEDLE,STERILE 5CC O	BY REPORT	BY REPORT
A4210			NEEDLE FREE INJECTION DEVICE	BY REPORT	BY REPORT
A4211			SUPPLIES FOR SELF ADMINISTERED	BY REPORT	BY REPORT
A4212			HUBER-TYPE NEEDLE, EACH	BY REPORT	BY REPORT
A4213			SYRINGE,STERILE,20 CC OR GREAT	BY REPORT	BY REPORT
A4215			NEEDLE, STERILE, ANY SIZE, EAC	BY REPORT	BY REPORT
A4216			STERILE WATER, SALINE AND/OR D	$0.51	$0.36
A4217			STERILE WATER/SALINE, 500 ML	$2.50	$0.50
A4218			STERILE SALINE OR WATER, METER	BY REPORT	BY REPORT
A4222			INFUSION SUPPLIES FOR EXTERNAL	NA	$60.00
A4224			SUPPLIES FOR MAINTENANCE OF IN	NA	$14.19
A4225			SUPPLIES FOR EXTERNAL INSULIN	NA	$1.90
A4230			INFUS. SET-EXT. INS.PUMP,CANUL	BY REPORT	BY REPORT
A4231			INFUS.SET-EXT.INSULIN PUMP-NEE	BY REPORT	BY REPORT
A4232			3CC STER.SYRINGE W/NEEDLE-EXT.	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
A4233			REPLACEMENT BATTERY, ALKALINE	$0.36	$0.12
A4234			REPLACEMENT BATTERY, ALKALINE,	$1.65	$0.53
A4235			REPLACEMENT BATTERY, LITHIUM,	$0.70	$0.34
A4236			REPLACEMENT BATTERY, SILVER OX	$0.81	$0.25
A4244			ALCOHOL OR PEROXIDE, PER PINT	NA	$0.75
A4245			ALCOHOL WIPES, PER BOX	NA	$1.75
A4246			BETADINE OR PHISOHEX SOLN.PER	NA	$4.95
A4247			BETADINE OR IODINE SWABS/WIPE	$7.00	$1.40
A4250			URINE TEST STRIPS OR TABS (100	BY REPORT	BY REPORT
A4252			BLOOD KETONE TEST/REGEANT STRI	BY REPORT	BY REPORT
A4253			BLOOD GLUCSTRIPS 50 = 1 UNIT	$8.33	$7.39
A4256			NORMAL, LOW AND HIGH CALIBRAT	$3.20	$1.86
A4258			SPRING POWERED DEVICE FOR LANC	NA	$1.48
A4259			LANCETS, 100 = 1 UNIT	$1.32	$2.41
A4265			PARAFFIN	NA	$2.65
A4281			TUBING FOR BREAST PUMP, REPLAC	BY REPORT	BY REPORT
A4282			ADAPTER FOR BREAST PUMP, REPLA	BY REPORT	BY REPORT
A4283			CAP FOR BREAST PUMP BOTTLE, RE	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
A4284			BREAST SHIELD AND SPLASH PROTE	BY REPORT	BY REPORT
A4285			POLYCARBONATE BOTTLE FOR USE W	BY REPORT	BY REPORT
A4286			LOCKING RING FOR BREAST PUMP,	BY REPORT	BY REPORT
A4300			IMPLANTABLE VASCULAR ACCESS PO	BY REPORT	BY REPORT
A4305			DISP DRG DEL SYS AT 50ML OR GT	BY REPORT	BY REPORT
A4306			DISP DRG DEL SYS AT 5ML OR LES	BY REPORT	BY REPORT
A4310			INSERT TRAY W/O DRAIN BAG/CATH	NA	$6.61
A4311			TWO-WAY LATEX WITH COATING	$8.34	$1.67
A4312			2-WAY FOLEY INSERT TRAY W/O BA	$8.34	$1.67
A4313			3-WAY FOLEY INSERT TRAY W/O BA	$8.34	$1.67
A4314			INSERT TRAY 2-WY LATEX W/COATI	$15.46	$3.09
A4315			INSERT TRAY 2-WAY ALL SILICONE	$15.46	$3.09
A4316			INSERT TRAY 3-WAY FOLEY TYPE	$15.46	$3.09
A4320			BLADDER IRRIGATION TRAY	NA	$5.00
A4322			IRRIGATION SYRINGE,BULB,PISTON	NA	$2.50
A4326			MALE EXT CATH (INFLATE,FCPLTE)	NA	$8.41
A4327			FEMALE EXTER URIN COLLECT DEV	NA	$32.94
A4328			FEMALE EXT.URINARY COLLECT DEV	NA	$10.00

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DME/P&O				**PURCHASE**	**RENTAL**
A4330			PERIANAL FECAL COLLECT. POUCH	NA	$5.58
A4331			EXTENSION DRAINAGE TUBING, ANY	$2.54	$0.51
A4332			LUBRICANT, INDIVIDUAL STERILE	$0.10	$0.02
A4333			URINARY CATHETER ANCHORING DEV	NA	$1.72
A4334			URINARY CATHETER ANCHORING DEV	$3.94	$0.79
A4335			INCONTINENCE SUPPLY, MISCELLAN	BY REPORT	BY REPORT
A4337			INCONTINENCE SUPPLY, RECTAL IN	BY REPORT	BY REPORT
A4338			INDWEL CATH.FOLEY TYP-2WAY LTX	NA	$8.14
A4340			INDWEL CATH.SPECIALTY TYPE	NA	$10.00
A4344			INDWELLING CATHETER FOLEY TYPE	$10.90	$2.18
A4346			INDWELLING CATHETER FOLEY TYPE	NA	$15.00
A4349			MALE EXTERNAL CATHETER, EACH	$2.32	$1.62
A4351			INTERMIT.URINARY CATH.STRAIGHT	$1.39	$0.28
A4352			INTERMIT URINARY CATH.COUDE TI	NA	$5.00
A4353			INTERMITTENT URINARY CATHETER	$5.60	$1.12
A4354			INSERTION TRAY W/ DRAIN BAG	NA	$9.00
A4355			3-WAY IRRIGATION SET FOR CATH	NA	$6.86
A4356			INCONTINENCE CLAMP	NA	$37.03

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DME/P&O				**PURCHASE**	**RENTAL**
A4357			BEDSIDE DRAINAGE BAG	NA	$7.94
A4358			URINARY LEG BAG W/OR W/O TUBE	$5.30	$1.06
A4361			OSTOMY FACE PLATE	$6.20	$1.24
A4362			OSTOMY SKIN BARRIER	$2.70	$1.01
A4363			OSTOMY CLAMP, ANY TYPE, REPLAC	$1.87	$1.91
A4364			OSTOMY SKIN BOND OR CEMENT PER	$2.29	$0.92
A4366			OSTOMY VENT, ANY TYPE, EACH	$1.49	$1.04
A4367			OSTOMY BELT	$6.86	$1.37
A4368			OSTOMY FILTER, ANY TYPE, EACH	$0.29	$0.20
A4369			OSTOMY SKIN BARRIER, LIQUID PE	$1.94	$0.39
A4371			OSTOMY SKIN BARRIER, POWDER, P	$2.92	$0.58
A4372			OSTOMY SKIN BARRIER, SOLID 4X4	NA	$3.27
A4373			OSTOMY SKIN BARRIER, WITH FLAN	NA	$4.89
A4397			IRRIGATION SUPPLY:SLEEVE	$4.50	$0.90
A4398			IRRIGATION SUPPLIES,BAG	$2.25	$0.45
A4399			OSTOMY IRRIGATION SUPPLY: CONE	$11.25	$2.25
A4400			IRRIGATION SET FOR IRRIGATION	NA	$24.61
A4402			OSTOMY LUBRICANT	NA	$1.08

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DME/P&O				**PURCHASE**	**RENTAL**
A4404			OSTOMY RINGS	$1.22	$0.24
A4405			OSTOMY SKIN BARRIER, NON-PECTI	$2.72	$0.54
A4406			OSTOMY SKIN BARRIER, PECTIN-BA	$4.59	$0.92
A4407			OSTOMY SKIN BARRIER, WITH FLAN	NA	$6.83
A4408			OSTOMY SKIN BARRIER, WTIH FLAN	NA	$7.69
A4409			OSTOMY SKIN BARRIER, WITH FLAN	NA	$4.84
A4410			OSTOMY SKIN BARRIER, WITH FLAN	NA	$7.05
A4411			OSTOMY SKIN BARRIER, SOLID 4X4	$5.87	$4.11
A4412			OSTOMY POUCH, DRAINABLE, HIGH	$3.11	$2.18
A4414			OSTOMY SKIN BARRIER, WITH FLAN	NA	$3.84
A4415			OSTOMY SKIN BARRIER, WITH FLAN	NA	$4.67
A4421			OSTOMY SUPPLY, MISCELLANEOUS	BY REPORT	BY REPORT
A4435			OSTOMY POUCH, DRAINABLE, HIGH	NA	$4.65
A4450			TAPE, NON-WATERPROOF, PER 18 S	$0.07	$0.01
A4452			TAPE, WATERPROOF, PER 18 SQUAR	$0.29	$0.06
A4455			ADHESIVE REMOVER OR SOLVENT	NA	$1.09
A4456			ADHESIVE REMOVER, WIPES, ANY T	NA	$0.20
A4465			NON-ELASTIC BINDER FOR EXTREMI	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
A4467			BELT, STRAP, SLEEVE, GARMENT,	BY REPORT	BY REPORT
A4470			GRAVLEE JET WASHER	BY REPORT	BY REPORT
A4480			VABRA ASPIRATOR	BY REPORT	BY REPORT
A4483			MOISTURE EXCHANGER, DISPOSABLE	BY REPORT	BY REPORT
A4550			SURGICAL TRAYS	BY REPORT	BY REPORT
A4554			DISPOSABLE UNDERPADS-ALL SIZES	$0.31	$0.06
A4556			ELECTRODES (E.G. APNEA MONITOR	NA	$9.46
A4557			LEAD WIRES (APNEA MONITOR)	NA	$6.84
A4558			CONDUCTIVE PASTE OR GEL	NA	$4.25
A4561			PESSARY, RUBBER, ANY TYPE	NA	$15.55
A4562			PESSARY, NON RUBBER, ANY TYPE	NA	$38.71
A4565			SLINGS	NA	$6.00
A4566			SHOULDER SLING OR VEST DESIGN,	BY REPORT	BY REPORT
A4570			SPLINT	BY REPORT	BY REPORT
A4575			TOPICAL HYPERBARIC OXY.CHAMBER	BY REPORT	BY REPORT
A4595			TENS SUPPLIES,2 LEAD, PER MONT	NA	$8.05
A4604			TUBING WITH INTEGRATED HEATING	NA	$27.32
A4605			TRACHEAL SUCTION CATHETER, CLO	$12.92	$2.41

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DME/P&O				**PURCHASE**	**RENTAL**
A4606			OXYGEN PROBE FOR USE WITH OXIM	NA	$35.44
A4611			HVY DTY BATTERY-PT.OWNED VENIT	NA	$180.00
A4612			BATTERY CABLES-PT.OWNED VENTIL	NA	$44.00
A4613			BATT CHARGER-REPLAE FOR PAT. O	BY REPORT	BY REPORT
A4614			PEAK EXPIR FLOW RATE METER HAN	NA	$18.53
A4615			NASAL CANNULA	$0.66	$0.13
A4616			TUBING (OXYGEN) PER FOOT	NA	$0.05
A4617			MOUTH PIECE	$2.87	$0.57
A4618			BREATHING CIRCUITS	$7.11	$1.42
A4619			FACE TENT	$0.97	$0.19
A4620			VARIABLE CONCENTRATION MASK	$0.50	$0.10
A4623			TRACHEOSTOMY,INNER CANNULA(REP	NA	$6.00
A4624			TRACHEAL SUCTION CATHETER,EACH	NA	$2.00
A4625			TRACHEOSTOMY CARE STARTER KIT	$5.54	$1.11
A4626			TRACHEOSTOMY CLEANING BRUSH,EA	NA	$3.00
A4627			INHALER SPACER BAG RESERVOIR/M	BY REPORT	BY REPORT
A4628			OROPHARYNGEAL SUCTION CATHETER	NA	$2.86
A4629			TRACHEOSTOMY CARE KIT-ESTAB. T	NA	$3.62

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DME/P&O				**PURCHASE**	**RENTAL**
A4630			REPLACEMENT BATTERIES, MEDICA	NA	$4.42
A4635			UNDERARM REPLACE CRUTCH PAD, E	NA	$3.99
A4636			HANDGRIP REPLACEMENT, ANY, EAC	NA	$2.07
A4637			TIP REPLACEMENT, ANY EACH	NA	$1.16
A4640			REPLACE PAD ALTERNATING PRES P	NA	$34.69
A4649			SURGICAL SUPPLIES--MISCELLAN	BY REPORT	BY REPORT
A4651			CALIBRATED MICROCAPILLARY TUBE	BY REPORT	BY REPORT
A4652			MICROCAPILLARY TUBE SEALANT	BY REPORT	BY REPORT
A4653			PERITONEAL DIALYSIS CATHETER A	BY REPORT	BY REPORT
A4657			SYRINGE, WITH OR WITHOUT NEEDL	BY REPORT	BY REPORT
A4660			BLOOD PRES KIT INCLUDING CUFF/	NA	$84.50
A4663			BLOOD PRESSURE CUFF ONLY	NA	$84.50
A4670			AUTO BLOOD PRESSURE MONITOR	BY REPORT	BY REPORT
A4671			DISPOSABLE CYCLER SET USED WIT	BY REPORT	BY REPORT
A4672			DRAINAGE EXTENSION LINE, STERI	BY REPORT	BY REPORT
A4673			EXTENSION LINE WITH EASY LOCK	BY REPORT	BY REPORT
A4674			CHEMICALS/ANTISEPTICS SOLUTION	BY REPORT	BY REPORT
A4680			ACTIVATED CARBON FILTERS DIALY	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
A4690			ARTIFICIAL KIDNEY ANY BND SZ /	BY REPORT	BY REPORT
A4706			BICARBONATE CONCENTRATE, SOLUT	BY REPORT	BY REPORT
A4707			BICARBONATE CONCENTRATE, POWDE	BY REPORT	BY REPORT
A4708			ACETATE CONCENTRATE SOLUTION,	BY REPORT	BY REPORT
A4709			ACID CONCENTRATE, SOLUTION, FO	BY REPORT	BY REPORT
A4714			TREATED DIALYSIS WATER	BY REPORT	BY REPORT
A4719			"Y SET" TUBING FOR PERITONEAL	BY REPORT	BY REPORT
A4720			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4721			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4722			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4723			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4724			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4725			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4726			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4730			FISTULA CANNULATION SET FOR DI	BY REPORT	BY REPORT
A4736			TOPICAL ANESTHETIC, FOR DIALYS	BY REPORT	BY REPORT
A4737			INJECTABLE ANESTHETIC, FOR DIA	BY REPORT	BY REPORT
A4740			SHUNT ACCESSORIES-DIALYSIS	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
A4750			BLOOD TUBING,ARTERIAL/VENOUS	BY REPORT	BY REPORT
A4755			BLD TUBING ARTERIAL/VENOUS COM	BY REPORT	BY REPORT
A4760			STD DIALYSATE TEST SLN SUPP	BY REPORT	BY REPORT
A4765			DIALYSATE CONCENTRATE ADDITIVE	BY REPORT	BY REPORT
A4766			DIALYSATE CONCENTRATE, SOLUTIO	BY REPORT	BY REPORT
A4770			BLD TEST SUPPLIES (VACUTAIN)	BY REPORT	BY REPORT
A4771			SERUM CLOTTING TIME TUBE/BOX	BY REPORT	BY REPORT
A4772			DEXTROSTICK NOT FOR MONITOR US	BY REPORT	BY REPORT
A4773			HEMOSTIX PER BOTTLE	BY REPORT	BY REPORT
A4774			AMONNIA TEST PAPER, PER BOX	BY REPORT	BY REPORT
A4802			PROTAMINE SULFATE, FOR HEMODIA	BY REPORT	BY REPORT
A4860			DISPOSABLE CATHETER CAPS	BY REPORT	BY REPORT
A4911			DRAIN BAG/BOTTLE, FOR DIALYSIS	BY REPORT	BY REPORT
A4913			MISCELLANEOUS DIALYSIS SUPPLI	BY REPORT	BY REPORT
A4918			VENOUS PRESSURE CLAMPS, EACH	BY REPORT	BY REPORT
A4927			GLOVES, NON-STERILE, PER 100	$9.00	$1.80
A4928			SURGICAL MASK, PER 20	BY REPORT	BY REPORT
A4929			TOURNIQUET FOR DIALYSIS, EACH	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
A4930			GLOVES--STERILE, PER PAIR	$0.60	$0.12
A5051			CLOSED POUCH W/ATTACED BARRIER	$1.61	$0.61
A5052			CLOSED POUCH W/O ATTACH BARRIE	$1.16	$0.61
A5053			CLOSED POUCH-USE ON FACEPLATE	$1.35	$0.61
A5054			CLOSED POUCH-USE ON BARRIER W/	$1.40	$0.61
A5055			STOMA CAP	$1.11	$0.40
A5056			OSTOMY POUCH, DRAINABLE, WITH	NA	$3.77
A5057			OSTOMY POUCH, DRAINABLE, WITH	NA	$7.74
A5061			DRAIN POUCH W/ATTACH BARRIER-1	$2.75	$0.81
A5062			DRAIN POUCH W/O ATTACH BARRIER	$1.74	$0.81
A5063			PCH/DRAIN:ON BARRIER W/FL 2PC	$2.11	$0.81
A5071			URINARY POUCHE W/BARRIER-1PC	$4.07	$0.81
A5072			URINARY POUCH W/O BARRIER-1PC	$2.75	$0.81
A5073			URINARY POUCH-USE ON BARR W/FG	$2.48	$0.81
A5081			STOMA PLUG OR SEAL, ANY TYPE	$2.58	$0.70
A5082			CATHERTER FOR CONTINENT STOMA	NA	$11.00
A5083			CONTINENT DEVICE, STOMA ABSORP	NA	$0.50
A5093			CONVEX OSTOMY INSERT	NA	$1.65

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DME/P&O				**PURCHASE**	**RENTAL**
A5102			BEDSIDE DRAINAGE BOTTLE/RIGID	$17.94	$3.59
A5105			URINARY SUSPENSORY WITH LEG BA	NA	$31.90
A5112			URINARY DRAINAGE BAG, LEG OR A	NA	$7.12
A5113			LATEX LEG STRAP,PER SET	NA	$4.00
A5114			FOAM/FABRIC LEG STRAP,PER SET	NA	$8.95
A5120			SKIN BARRIER, WIPES OR SWABS,	$0.15	$0.03
A5121			SOLID SKIN BARRIER,6X6,EACH	$5.03	$1.01
A5122			SOLID SKIN BARRIER,8X8,EACH	$5.03	$1.01
A5126			ADHESIVE,DISC OR FOAM PAD	NA	$1.25
A5131			APPLIANCE CLEANER PER 16OZ.	$12.69	$2.54
A5200			CATHETER/TUBE ANCHORING DEVICE	NA	$8.81
A6010			COLLAGEN BASED WOUND FILLER, D	NA	$24.14
A6011			COLLAGEN BASED WOUND FILLER, G	NA	$1.78
A6021			COLLAGEN DRESSING, STERILE, SI	NA	$16.38
A6022			COLLAGEN DRESSING, STERILE, SI	NA	$16.38
A6023			COLLAGEN DRESSING, STERILE, SI	NA	$148.30
A6024			COLLAGEN DRESSING WOUND FILLER	NA	$4.82
A6154			WOUND POUCH EACH	NA	$11.21

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DME/P&O				**PURCHASE**	**RENTAL**
A6196			ALGINATE OR OTHER FIBER GELLIN	NA	$5.73
A6197			ALGINATE OR OTHER FIBER GELLIN	NA	$12.81
A6198			ALGINATE OR OTHER FIBER GELLIN	BY REPORT	BY REPORT
A6199			ALGINATE OR OTHER FIBER GELLIN	NA	$4.12
A6203			COMPOSITE DRESSING, STERILE, P	NA	$2.63
A6204			COMPOSITE DRESSING, STERILE, P	NA	$4.85
A6205			COMPOSITE DRESSING, STERILE, P	BY REPORT	BY REPORT
A6206			CONTACT LAYER, STERILE, 16 SQ.	BY REPORT	BY REPORT
A6207			CONTACT LAYER, STERILE, MORE T	NA	$6.17
A6208			CONTACT LAYER, STERILE, MORE T	BY REPORT	BY REPORT
A6209			FOAM DRESSING, WOUND COVER, ST	NA	$5.82
A6210			FOAM DRESSING, WOUND COVER, ST	NA	$15.53
A6211			FOAM DRESSING, WOUND COVER, ST	NA	$22.89
A6212			FOAM DRESSING, WOUND COVER, ST	NA	$7.57
A6213			FOAM DRESSING, WOUND COVER, ST	BY REPORT	BY REPORT
A6214			FOAM DRESSING, WOUND COVER, ST	NA	$8.02
A6215			FOAM DRESSING, WOUND FILLER, S	BY REPORT	BY REPORT
A6216			GAUZE NON-IMP.NON=STER <16"W/O	NA	$0.04

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DME/P&O				**PURCHASE**	**RENTAL**
A6217			GAUZE NON-IMP/STER.NO BDR.>16<	BY REPORT	BY REPORT
A6218			GAUZE NON-IMP/STER.NO BRD >48S	BY REPORT	BY REPORT
A6219			GAUZE, NON-IMPREGNATED, STERIL	NA	$0.75
A6220			GAUZE, NON-IMPREGNATED, STERIL	NA	$2.02
A6221			GAUZE, NON-IMPREGNATED, STERIL	BY REPORT	BY REPORT
A6222			GAUZE, IMPREGNATED WITH OTHER	NA	$1.66
A6223			GAUZE, IMPREGNATED WITH OTHER	NA	$1.89
A6224			GAUZE, IMPREGNATED WITH OTHER	NA	$2.81
A6228			GAUZE, IMPREGNATED, WATER OR N	BY REPORT	BY REPORT
A6229			GAUZE, IMPREGNATED, WATER OR N	NA	$2.81
A6230			GAUZE, IMPREGNATED, WATER OR N	BY REPORT	BY REPORT
A6234			HYDROCOLLOID DRESSING, WOUND C	NA	$5.10
A6235			HYDROCOLLOID DRESSING, WOUND C	NA	$13.10
A6236			HYDROCOLLOID DRESSING, WOUND C	NA	$21.24
A6237			HYDROCOLLOID DRESSING, WOUND C	NA	$6.17
A6238			HYDROCOLLOID DRESSING, WOUND C	NA	$17.77
A6239			HYDROCOLLOID DRESSING, WOUND C	BY REPORT	BY REPORT
A6240			HYDROCOLLOID DRESSING, WOUND F	NA	$9.54

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DME/P&O				**PURCHASE**	**RENTAL**
A6241			HYDROCOLLOID DRESSING, WOUND F	NA	$2.00
A6242			HYDROGEL DRESSING, WOUND COVER	NA	$4.73
A6243			HYDROGEL DRESSING, WOUND COVER	NA	$9.60
A6244			HYDROGEL DRESSING, WOUND COVER	NA	$30.61
A6245			HYDROGEL DRESSING, WOUND COVER	NA	$5.66
A6246			HYDROGEL DRESSING, WOUND COVER	NA	$7.74
A6247			HYDROGEL DRESSING, WOUND COVER	NA	$18.53
A6248			HYDROGEL DRESSING, WOUND FILLE	NA	$12.66
A6250			SKIN SEAL PROT.MOIST.ALL TYPES	BY REPORT	BY REPORT
A6251			SPECIALTY ABSORPTIVE DRESSING,	NA	$1.55
A6252			SPECIALTY ABSORPTIVE DRESSING,	NA	$2.54
A6253			SPECIALTY ABSORPTIVE DRESSING,	NA	$4.94
A6254			SPECIALTY ABSORPTIVE DRESSING,	NA	$0.94
A6255			SPECIALTY ABSORPTIVE DRESSING,	NA	$2.37
A6256			SPECIALTY ABSORPTIVE DRESSING,	BY REPORT	BY REPORT
A6257			TRANSPARENT FILM, STERILE, 16	NA	$1.20
A6258			TRANSPARENT FILM, STERILE, MOR	NA	$3.36
A6259			TRANSPARENT FILM, STERILE, MOR	NA	$8.53

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DME/P&O				**PURCHASE**	**RENTAL**
A6260			WOUND CLEANSERS, ANY TYPE, ANY	BY REPORT	BY REPORT
A6261			WOUND FILLER, GEL/PASTE, PER	BY REPORT	BY REPORT
A6262			WOUND FILLER, DRY FORM, PER GR	BY REPORT	BY REPORT
A6266			GAUZE, IMPREGNATED, OTHER THAN	NA	$1.50
A6402			GAUZE,NONIMPREG.STER.<=16",W/O	NA	$0.09
A6403			GAUZE,NONIMP.STER.>16<=48 NO B	NA	$0.33
A6404			GAUZE,NONIMP,STER.>48 SQ.IN.NO	BY REPORT	BY REPORT
A6413			ADHESIVE BANDAGE, FIRST-AID TY	BY REPORT	BY REPORT
A6441			PADDING BANDAGE, NON-ELASTIC,	$0.54	$0.11
A6442			CONFORMING BANDAGE, NON-ELASTI	NA	$0.13
A6443			CONFORMING BANDAGE, NON-ELASTI	NA	$0.24
A6444			CONFORMING BANDAGE, NON-ELASTI	NA	$0.43
A6445			CONFORMING BANDAGE, NON-ELASTI	NA	$0.28
A6446			CONFORMING BANDAGE, NON-ELASTI	NA	$0.32
A6447			CONFORMING BANDAGE, NON-ELASTI	NA	$0.53
A6448			LIGHT COMPRESSION BANDAGE, ELA	NA	$0.90
A6449			LIGHT COMPRESSION BANDAGE, ELA	NA	$1.48
A6450			LIGHT COMPRESSION BANDAGE, ELA	NA	$1.37

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DME/P&O				**PURCHASE**	**RENTAL**
A6457			TUBULAR DRESSING WITH OR WITHO	$0.92	$0.16
A6501			COMPRESSION BURN GARMENT, BODY	BY REPORT	BY REPORT
A6502			COMPRESSION BURN GARMENT, CHIN	BY REPORT	BY REPORT
A6503			COMPRESSION BURN GARMENT, FACI	BY REPORT	BY REPORT
A6504			COMPRESSION BURN GARMENT, GLOV	BY REPORT	BY REPORT
A6505			COMPRESSION BURN GARMENT, GLOV	BY REPORT	BY REPORT
A6506			COMPRESSION BURN GARMENT, GLOV	BY REPORT	BY REPORT
A6507			COMPRESSION BURN GARMENT, FOOT	BY REPORT	BY REPORT
A6508			COMPRESSION BURN GARMENT, FOOT	BY REPORT	BY REPORT
A6509			COMPRESSION BURN GARMENT, UPPE	BY REPORT	BY REPORT
A6510			COMPRESSION BURN GARMENT, TRUN	BY REPORT	BY REPORT
A6511			COMPRESSION BURN GARMENT, LOWE	BY REPORT	BY REPORT
A6512			COMPRESSION BURN GARMENT, NOT	BY REPORT	BY REPORT
A6513			COMPRESSION BURN MASK, FACE AN	BY REPORT	BY REPORT
A6530			GRADIENT COMPRESSION STOCKING,	$24.00	$4.80
A6531			GRADIENT COMPRESSION STOCKING,	$33.12	$6.36
A6532			GRADIENT COMPRESSION STOCKING,	$46.66	$8.96
A6533			GRADIENT COMPRESSION STOCKING,	$33.60	$6.72

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DME/P&O				**PURCHASE**	**RENTAL**
A6534			GRADIENT COMPRESSION STOCKING,	$36.00	$7.20
A6535			GRADIENT COMPRESSION STOCKING,	$44.00	$8.80
A6536			GRADIENT COMPRESSION STOCKING,	$40.00	$8.00
A6537			GRADIENT COMPRESSION STOCKING,	$48.00	$9.60
A6538			GRADIENT COMPRESSION STOCKING,	$52.00	$10.40
A6539			GRADIENT COMPRESSION STOCKING,	$75.00	$15.00
A6540			GRADIENT COMPRESSION STOCKING,	$85.00	$17.00
A6541			GRADIENT COMPRESSION STOCKING,	$120.00	$14.40
A6544			GRADIENT COMPRESSION STOCKING,	BY REPORT	BY REPORT
A6545			GRADIENT COMPRESSION WRAP, NON	BY REPORT	BY REPORT
A6549			GRADIENT COMPRESSION STOCKING/	BY REPORT	BY REPORT
A6550			WOUND CARE SET, FOR NEGATIVE P	$21.93	$4.39
A7000			CANISTER, DISPOSABLE, USED WIT	$6.03	$1.21
A7001			CANISTER, NON-DISPOSABLE, USED	$23.86	$4.77
A7002			TUBING, USED WITH SUCTION PUMP	$2.77	$0.55
A7003			ADMINISTRATION SET, WITH SMALL	$1.16	$0.44
A7004			SMALL VOLUME NONFILTERED PNEUM	$1.22	$0.24
A7005			ADMINISTRATION SET, WITH SMALL	$8.27	$4.45

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DME/P&O				**PURCHASE**	**RENTAL**
A7006			ADMINISTRATION SET, WITH SMALL	$6.51	$1.30
A7007			LARGE VOLUME NEBULIZER, DISPOS	$2.36	$0.64
A7008			LARGE VOLUME NEBULIZER, DISPOS	$8.80	$1.76
A7009			RESERVOIR BOTTLE, NON-DISPOSAB	$30.32	$6.06
A7010			CORRUGATED TUBING, DISPOSABLE,	$11.75	$3.73
A7012			WATER COLLECTION DEVICE, USED	$2.13	$0.57
A7013			FILTER, DISPOSABLE, USED WITH	$0.42	$0.12
A7014			FILTER, NONDISPOSABLE, USED WI	$2.51	$0.65
A7015			AEROSOL MASK, USED WITH DME NE	$0.94	$0.26
A7016			DOME AND MOUTHPIECE, USED WITH	$5.22	$1.04
A7018			WATER, DISTILLED, USED WITH LA	$0.30	$0.06
A7020			INTERFACE FOR COUGH STIMULAT D	NA	$10.99
A7027			COMBINATION ORAL/NASAL MASK, U	$77.76	$15.82
A7027	HI		ASSISTIVE TECHNOLOGY DEVICES M	$11,000.00	$1,320.00
A7028			ORAL CUSHION FOR COMBINATION O	NA	$22.03
A7029			NASAL PILLOWS FOR COMBINATION	NA	$10.50
A7030			FULL FACE MASK USED WITH POSIT	NA	$61.16
A7033			PILLOW FOR USE ON NASAL CANNUL	$12.03	$4.55

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DME/P&O				**PURCHASE**	**RENTAL**
A7034			NASAL INTERFACE (MASK OR CANNU	$42.39	$18.82
A7035			HEADGEAR USED WITH POSITIVE AI	$14.32	$5.67
A7036			CHINSTRAP USED WITH POSITIVE A	$8.09	$2.91
A7037			TUBING USED WITH POSITIVE AIRW	$9.33	$6.27
A7038			FILTER, DISPOSABLE, USED WITH	$1.65	$0.73
A7039			FILTER, NON DISPOSABLE, USED W	$4.74	$2.45
A7047			ORAL INTERFACE USED WITH RESPI	NA	$95.26
A7048			VACUUM DRAINAGE COLLECTION UNI	NA	$33.29
A7520			TRACHEOSTOMY/LARYNGECTOMY TUBE	$37.98	$7.60
A7521			TRACHEOSTOMY/LARYNGECTOMY TUBE	$37.64	$7.53
A7522			TRACHEOSTOMY/LARYNGECTOMY TUBE	$36.13	$7.23
A7525			TRACHEOSTOMY MASK, EACH	$1.66	$0.33
A7526			TRACHEOSTOMY TUBE COLLAR/HOLDE	$2.70	$0.54
A7527			TRACHEOSTOMY/LARYNGECTOMY TUBE	$4.12	$2.88
A8000			HELMET, PROTECTIVE, SOFT, PREF	NA	$120.83
A8001			HELMET, PROTECTIVE, HARD, PREF	NA	$120.83
A8002			HELMET, PROTECTIVE, SOFT, CUST	BY REPORT	BY REPORT
A8003			HELMET, PROTECTIVE, HARD, CUST	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
A8004			SOFT INTERFACE FOR HELMET, REP	BY REPORT	BY REPORT
A9155			ARTIFICIAL SALIVA, 30 ML	BY REPORT	BY REPORT
A9274			EXTERNAL AMBULATORY INSULIN DE	BY REPORT	BY REPORT
A9276			SENSOR: INVASIVE (E.G. SUBCUTA	BY REPORT	BY REPORT
A9277			TRANSMITTER: EXTERNAL, FOR USE	BY REPORT	BY REPORT
A9278			RECEIVER (MONITOR): EXTERNAL,	BY REPORT	BY REPORT
A9282			WIG, ANY TYPE, EACH	BY REPORT	BY REPORT
A9283			FOOT PRESSURE OFF LOADING/SUPP	BY REPORT	BY REPORT
A9284			SPIROMETER, NON-ELECTRONIC, IN	$10.08	$2.02
A9500			TECHNETIUM TC-99M SESTAMIBI, D	$112.09	$13.45
A9502			TECHNETIUM TC-99M TETROFOSMIN,	$111.49	$13.38
A9503			TECHNETIUM TC-99M MEDRONATE, D	NA	$15.64
A9515			CHOLINE C-11, DIAGNOSTIC, PER	BY REPORT	BY REPORT
A9520			TECHNETIUM TC-99M TILMANOCEPT	BY REPORT	BY REPORT
A9552			FLUORODEOXYGLUCOSE F-18 FDG, D	BY REPORT	BY REPORT
A9575			INJECTION, GADOTERATE MEGLUMIN	NA	$0.53
A9576			INJECTION, GADOTERIDOL, (PROHA	$6.03	$1.21
A9577			INJECTION, GADOBENATE DIMEGLUM	$5.98	$1.20

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DME/P&O				**PURCHASE**	**RENTAL**
A9579			INJECTION, GADOLINIUM-BASED MA	$5.83	$1.17
A9581			INJECTION, GADOXETATE DISODIUM	BY REPORT	BY REPORT
A9582			IODINE I-123 IOBENGUANE, DIAGN	BY REPORT	BY REPORT
A9583			INJECTION, GADOFOSVESET TRISOD	BY REPORT	BY REPORT
A9584			IODINE 1-123 IOFLUPANE, DIAGNO	BY REPORT	BY REPORT
A9585			INJECTION, GADOBUTROL, 0.1 ML	NA	$0.82
A9604			SAMARIUM SM-153 LEXIDRONAM, TH	BY REPORT	BY REPORT
A9606			RADIUM RA-223 DICHLORIDE, THER	NA	$112.68
B4034			ENTERAL FEEDING SUPPLY KIT: SY	NA	$150.00
B4035			ENTERAL FEEDING SUPPLY KIT: P	NA	$275.00
B4036			ENTERAL FEEDING SUPPLY KIT: GR	NA	$195.00
B4081			NASOGASTRIC TUBING WITH STYLET	NA	$16.75
B4082			NASOGASTRIC TUBING WITHOUT STY	NA	$12.98
B4083			STOMACH TUBE - LEVINE TYPE	NA	$1.90
B4087			GASTROSTOMY/JEJUNOSTOMY TUBE,	NA	$17.67
B4088			GASTROSTOMY/JEJUNOSTOMY TUBE,	NA	$21.08
B4100			FOOD THICKENER, ADMINISTERED O	BY REPORT	BY REPORT
B4103			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
B4150			ENTERAL FORMULA, NUTRITIONALLY	NA	$0.51
B4152			ENTERAL FORMULA, NUTRITIONALLY	NA	$0.43
B4153			ENTERAL FORMULA, NUTRITIONALLY	NA	$1.50
B4154			ENTERAL FORMULA, NUTRITIONALLY	BY REPORT	BY REPORT
B4155			ENTERAL FORMULA, NUTRITIONALLY	BY REPORT	BY REPORT
B4157			ENTERAL FORMULA, NUTRITIONALLY	BY REPORT	BY REPORT
B4158			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4159			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4160			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4161			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4162			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4164			50% DEXTROSE SOLUTION, (500 ML	NA	$13.26
B4168			AMINO ACID 3.5% HOMEMIX-500ML=	NA	$18.59
B4172			AMINO ACID 5.5%TO7% HOMEMIX/50	NA	$30.50
B4176			AMINO ACID 7%TO8.5% HOMEMIX/50	NA	$43.22
B4178			AMINO ACID GREATER 8.5%-500ML/	NA	$43.22
B4180			IV NUTR.SOL.CARBO.>50%--500ML	NA	$18.30
B4185			PARENTERAL NUTRITION SOLUTION,	NA	$9.40

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DME/P&O				**PURCHASE**	**RENTAL**
B4189			PARENTERAL NUTR.SOL.COMPOUND 1	NA	$133.50
B4193			PAREN NUTRI SOLN 52-73 GM PROT	NA	$172.50
B4197			PAREN NUTRI SOLN 74 TO 100 GM-	NA	$210.00
B4199			TPN SOL-PREMIX:>100GRAMS PROTI	NA	$252.69
B4216			IV NUTRIT:ADDITIVES--HOMEMIX-P	NA	$6.73
B4220			IV NUTRITIONAL SUPPLY KIT-1 MO	NA	$182.98
B4222			IV NUTRITIONAL SUPPLY KIT-1MO-	NA	$283.25
B4224			PARENTERAL NUTRI ADMIN KIT PER	NA	$600.00
B5000			PARENTERAL NUTRITION SOLUTION	NA	$9.28
B5100			PARENTERAL NUTRITION SOLUTION	NA	$3.63
B5200			PARENTERAL NUTRITION SOLUTION	NA	$4.94
B9002			ENTERAL NUTRITION INFUSION PUM	$950.00	$114.00
B9004			PARENTERAL INFUSION PUMP PORTA	$1,895.00	$227.40
B9006			PARENTERAL INFUSION PUMP-STATI	$1,895.00	$227.40
B9998			NOC FOR ENTERNAL SUPPLIES	BY REPORT	BY REPORT
B9999			NOC FOR PARENTERAL SUPPLIES	BY REPORT	BY REPORT
D0120			PERIODIC ORAL EVALUATION	$15.00	$14.00
D0120	22		DENTAL ENCOUNTER	CONTRACT PRICING	NA

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DME/P&O				**PURCHASE**	**RENTAL**
D0140			LIMITED ORAL EXAMINATION	$4.00	$3.00
D0150			COMPREHENSIVE ORAL EXAMINATION	$15.00	$14.00
D0160			DETAILED & EXTENSIVE ORAL EVAL	$14.00	$13.00
D0170			RE-EVALUATION-LIMITED, PROB FO	$14.00	$13.00
D0171			RE-EVALUATION - POST-OPERATIVE	$9.00	$9.00
D0180			COMPREHENSIVE PERIODONTAL EVAL	BY REPORT	BY REPORT
D0210			INTRAORAL - COMPLETE SERIES OF	$26.00	$26.00
D0220			INTRAORAL - PERIAPICAL FIRST R	$3.75	$3.75
D0230			INTRAORAL - PERIAPICAL EACH AD	$2.75	$2.75
D0240			INTRAORAL - 0CCLUSAL RADIOGRAP	$5.00	$5.00
D0250			EXTRA-ORAL - 2D PROJECTION RAD	$10.00	$10.00
D0251			EXTRA-ORAL POSTERIOR DENTAL RA	$10.00	$10.00
D0270			BITEWING - SINGLE RADIOGRAPHIC	$3.00	$3.00
D0272			BITEWINGS - TWO RADIOGRAPHIC I	$5.00	$5.00
D0273			BITEWINGS - THREE RADIOGRAPHIC	$7.00	$7.00
D0274			BITEWINGS - FOUR RADIOGRAPHIC	$9.00	$9.00
D0277			VERTICAL BITEWINGS - 7 TO 8 RA	$18.00	$18.00
D0310			SIALOGRAPHY	$30.00	$30.00

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DME/P&O				**PURCHASE**	**RENTAL**
D0320			TEMPOROMAND JOINT ANTHROGRAM &	$30.00	$30.00
D0321			OTHER TEMPOROMANDIBULAR JOINT	BY REPORT	BY REPORT
D0322			TOMOGRAPHIC SURVEY	$125.00	$90.00
D0330			PANORAMIC RADIOGRAPHIC IMAGE	$15.75	$15.75
D0340			2D CEPHALOMETRIC RADIOGRAPHIC	$22.50	$22.50
D0350			2D ORAL/FACIAL PHOTOGRAPHIC IM	$1.00	$1.00
D0351			3D PHOTOGRAPHIC IMAGE	$1.00	$1.00
D0364			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0365			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0366			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0367			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0368			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0380			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00
D0381			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00
D0382			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00
D0383			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00
D0384			CONE BEAM CT IMAGE CAPTURE FOR	$125.00	$125.00
D0393			TREATMENT SIMULATION USING 3D	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
D0394			DIGITAL SUBTRACTION OF TWO OR	BY REPORT	BY REPORT
D0395			FUSION OF TWO OR MORE 3D IMAGE	BY REPORT	BY REPORT
D0411			HBA1C IN-OFFICE POINT OF SERVI	$6.60	$6.60
D0416			VIRAL CULTURE	$8.00	$8.00
D0417			COLLECTION AND PREPARATION OF	$8.00	$8.00
D0470			DIAGNOSTIC CASTS	$11.50	$10.00
D0472			ACCESSING OF TISSUE GROSS EXAM	$9.35	$9.35
D0473			ACCESS OF TISSUE GROSS/MICROSC	$20.85	$20.85
D0474			ACCESS TISSUE GROSS/MICRO EXAM	$40.00	$40.00
D0480			PROCESSING AND INTERPRETATION	$12.00	$12.00
D0502			OTHER ORAL PROCEDURES	BY REPORT	BY REPORT
D0601			CARIES RISK ASSESSMENT AND DOC	$10.00	$10.00
D0602			CARIES RISK ASSESSMENT AND DOC	$10.00	$10.00
D0603			CARIES RISK ASSESSMENT AND DOC	$10.00	$10.00
D0999			UNSPECIFIED DIAGNOSTIC PROCEDU	BY REPORT	BY REPORT
D1110			PROPHYLAXIS - ADULT	$17.00	$16.00
D1206			TOPICAL APPLICATION OF FLUORID	$33.00	$33.00
D1208			TOPICAL APPLICATION OF FLUORID	$10.00	$10.00

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DME/P&O				**PURCHASE**	**RENTAL**
D1352			PREVENTIVE RESIN RESTORATION I	$10.00	$9.00
D1354			INTERIM CARIES ARRESTING MEDIC	$10.00	$10.00
D1555			REMOVAL OF FIXED SPACE MAINTAI	$6.00	$6.00
D1999			UNSPECIFIED PREVENTIVE PROCEDU	BY REPORT	BY REPORT
D2140			AMALGAM-ONE SURFACE-PERMANENT	$32.00	$30.00
D2150			AMALGAM-TWO SURFACES-PERMANENT	$38.00	$35.50
D2160			AMALGAM-THREE SURFACES-PERMANE	$44.00	$41.00
D2161			AMALGAM-FOUR OR MORE SURFACES-	$51.00	$46.50
D2330			RESIN-ONE SURFACE	$35.50	$33.00
D2331			RESIN-TWO SURFACES	$42.50	$39.00
D2332			RESIN-THREE SURFACES	$49.50	$45.00
D2335			RESIN-FOUR OR MORE SURFACES	$59.50	$54.00
D2390			RESIN-BASED COMPOSITE CROWN AN	$40.00	$35.00
D2391			RESIN-BASED COMPOSITE-1 SURF,	$32.00	$30.00
D2392			RESIN-BASED COMPOSITE-2SURF,PO	$38.00	$35.50
D2393			RESIN-BASED COMPOSITE-3 SURF P	$44.00	$41.00
D2394			RESIN-BASED COMPOSITE-4 OR MOR	$44.00	$41.00
D2542			ONLAY-METALLIC 2 SURFACES	$79.00	$69.00

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DME/P&O				**PURCHASE**	**RENTAL**
D2543			ONLAY-METALLIC 3 SURFACES	$98.00	$85.00
D2710			CROWN - RESIN-BASED COMPOSITE	$98.00	$85.00
D2720			CROWN-RESIN WITH HIGH NOBLE ME	$161.00	$140.00
D2721			CROWN-RESIN WITH PREDOMINATELY	$161.00	$140.00
D2722			CROWN-RESIN WITH NOBLE METAL-A	$161.00	$140.00
D2740			CROWN - PORCELAIN/CERAMIC	$279.00	$253.00
D2750			CROWN-PORCELAIN FUSED TO HIGH	$279.00	$253.00
D2751			CROWN-PORCELAIN FUSED TO BASE	$279.00	$253.00
D2752			CROWN-PORCELAIN FUSED TO NOBLE	$279.00	$253.00
D2790			CROWN-FULL CAST HIGH NOBLE MET	$161.00	$140.00
D2791			CROWN-FULL CAST PREDOMINATELY	$161.00	$140.00
D2792			CROWN-FULL CAST NOBLE METAL	$161.00	$140.00
D2910			RE-CEMENT OR RE-BOND INLAY, ON	$7.00	$6.00
D2915			RE-CEMENT OR RE-BOND INDIRECTL	$7.00	$6.00
D2920			RE-CEMENT OR RE-BOND CROWN	$7.00	$6.00
D2921			REATTACHMENT OF TOOTH FRAGMENT	$54.00	$54.00
D2929			PREFABRICATED PORCELAIN/CERAMI	$280.00	$252.00
D2940			SEDATIVE FILLING	$10.00	$9.00

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DME/P&O				**PURCHASE**	**RENTAL**
D2941			INTERIM THERAPEUTIC RESTORATIO	$9.00	$9.00
D2950			CORE BUILD-UP, INCLUDING ANY P	$49.00	$45.00
D2951			PIN RETENTION-PER TOOTH	$6.00	$5.00
D2952			CAST POST AND CORE IN ADD. TO	$75.00	$68.00
D2953			EACH ADDITIONAL CAST POST - S	$37.50	$34.00
D2954			PREFAB. POST+CORE IN ADD. TO C	$49.00	$45.00
D2955			POST REMOVAL	$30.00	$30.00
D2957			EACH ADDITIONAL PREFABRICATED	$24.50	$22.50
D2971			ADDITIONAL PROCEDURES TO CONST	$50.00	$50.00
D2975			COPING	$161.00	$140.00
D2980			CROWN REPAIR NECESSITATED BY R	BY REPORT	BY REPORT
D2981			INLAY REPAIR NECESSITATED BY R	BY REPORT	BY REPORT
D2982			ONLAY REPAIR NECESSITATED BY R	BY REPORT	BY REPORT
D2983			VENEER REPAIR NECESSITATED BY	BY REPORT	BY REPORT
D2999			UNSPECIFIED RESTORATIVE PROCED	BY REPORT	BY REPORT
D3220			VITAL PULPOTOMY	$28.00	$26.00
D3221			GROSS PULPAL DEBRIDE PRIM/PERM	$28.00	$26.00
D3310			ENDODONTIC THERAPY, ANTERIOR T	$148.00	$135.00

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DME/P&O				**PURCHASE**	**RENTAL**
D3320			ENDODONTIC THERAPY, PREMOLAR T	$190.00	$173.00
D3330			ENDODONTIC THERAPY, MOLAR TOOT	$247.00	$225.00
D3331			TREATMENT OF ROOT CANAL OBSTRU	BY REPORT	BY REPORT
D3332			INCOMPLETE ENDODONTIC THERAPY:	BY REPORT	BY REPORT
D3333			INTERNAL ROOT REPAIR OF PERFOR	BY REPORT	BY REPORT
D3346			RETREATMENT PREV ROOT CANAL TH	$148.00	$135.00
D3347			RETREATMENT OF PREVIOUS ROOT C	$190.00	$173.00
D3348			RETREAT PREV ROOT CANAL THER M	$247.00	$225.00
D3353			APEXIFICATION/RECALCIFICATION-	BY REPORT	BY REPORT
D3355			PULPAL REGENERATION - INITIAL	$268.00	$268.00
D3356			PULPAL REGENERATION - INTERIM	$195.00	$195.00
D3357			PULPAL REGENERATION - COMPLETI	$195.00	$195.00
D3410			APICOECTOMY - ANTERIOR	$79.00	$72.00
D3421			APICOECTOMY - PREMOLAR (FIRST	$79.00	$72.00
D3425			APICOECTOMY - MOLAR (FIRST ROO	$79.00	$72.00
D3426			APICOECTOMY (EACH ADDITIONAL R	$44.00	$36.00
D3427			PERIRADICULAR SURGERY WITHOUT	BY REPORT	BY REPORT
D3428			BONE GRAFT IN CONJUNCTION WITH	BY REPORT	BY REPORT

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D3429			BONE GRAFT IN CONJUNCTION WITH	BY REPORT	BY REPORT
D3430			RETROGRADE FILLING-PER ROOT IN	$9.00	$7.50
D3450			ROOT AMPUTATION-PER ROOT	$55.00	$48.00
D3910			SURGICAL PROCEDURE FOR ISOLATI	BY REPORT	BY REPORT
D3920			HEMISECTION (INCLUDING ANY ROO	$55.00	$48.00
D3950			CANAL PREPARATION AND FITTING	$23.00	$20.00
D3999			UNSPECIFIED ENDODONTIC PROCEDU	BY REPORT	BY REPORT
D4210			GINGIVECTOMY OR GINGIVOPLASTY	$43.50	$37.50
D4211			GINGIVECTOMY OR GINGIVOPLASTY	$32.60	$28.10
D4212			GINGIVECTOMY OR GINGIVOPLASTY	$9.00	$9.00
D4240			GINGIVAL FLAP PROCEDURE, INCLU	$73.50	$66.00
D4241			GINGIVAL FLAP PROCEDURE, INCLU	$59.00	$52.00
D4245			APICALLY POSITIONED FLAP	$36.00	$31.50
D4249			CLINICAL CROWN LENGTHENING-HAR	$75.00	$64.50
D4260			OSSEOUS SURGERY (INCLUDING ELE	$75.00	$64.50
D4261			OSSEOUS SURGERY (INCLUDING ELE	$56.25	$48.40
D4263			BONE REPLACEMENT GRAFT - RETAI	$261.00	$261.00
D4264			BONE REPLACEMENT GRAFT - RETAI	$130.50	$130.50

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DME/P&O				**PURCHASE**	**RENTAL**
D4265			BIOLOGICAL MAT TO AID SOFT & O	BY REPORT	BY REPORT
D4266			GUIDED TISSUE REGENERATION - R	BY REPORT	BY REPORT
D4267			GUIDED TISSUE REGENERATION - N	BY REPORT	BY REPORT
D4268			SURGICAL REVISION PROCEDURE, P	BY REPORT	BY REPORT
D4270			PEDICLE SOFT TISSUE GRAFT PROC	$32.00	$28.00
D4273			AUTOGENOUS CONNECTIVE TISSUE G	BY REPORT	BY REPORT
D4274			MESIAL/DISTAL WEDGE PROCEDURE,	$169.00	$153.00
D4275			NON-AUTOGENOUS CONNECTIVE TISS	BY REPORT	BY REPORT
D4276			COMBINED CONNECTIVE TISSUE AND	BY REPORT	BY REPORT
D4277			FREE SOFT TISSUE GRAFT PROCEDU	$49.00	$49.00
D4278			FREE SOFT TISSUE GRAFT PROCEDU	$24.50	$24.50
D4283			AUTOGENOUS CONNECTIVE TISSUE G	BY REPORT	BY REPORT
D4320			PROVISIONAL SPLINTING-INTRACOR	$18.00	$16.00
D4321			PROVISIONAL SPLINTING-EXTRACOR	$11.00	$10.00
D4341			PERIODONTAL SCALING AND ROOT P	$37.50	$34.50
D4342			PERIODONTAL SCALING & ROOT PLA	$30.00	$27.00
D4346			SCALING IN PRESENCE OF GENERAL	$34.50	$34.50
D4355			FULL MOUTH DEBRIDEMENT TO ENAB	$11.00	$10.00

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DME/P&O				**PURCHASE**	**RENTAL**
D4381			LOCALIZED DELIVERY OF ANTIMICR	$6.00	$5.00
D4910			PERIODONTAL MAINTENANCE	$34.00	$32.00
D4999			UNSPECIFIED PERIODONTAL SERVIC	BY REPORT	BY REPORT
D5110			COMPLETE DENTURE-MAXILLARY	$334.00	$302.00
D5120			COMPLETE DENTURE-MANDIBULAR	$342.00	$311.00
D5130			IMMEDIATE DENTURE-MAXILLARY	$392.00	$353.00
D5140			IMMEDIATE DENTURE-MANDIBULAR	$400.00	$363.00
D5211			MAXILLARY PARTIAL DENTURE - RE	$275.00	$250.00
D5212			MANDIBULAR PARTIAL DENTURE - R	$275.00	$250.00
D5213			MAXILLARY PARTIAL DENTURE-CAST	$361.00	$328.00
D5214			MANDIBULAR PARTIAL DENTURE-CAS	$342.00	$311.00
D5225			MAXILLARY PARTIAL DENTURE - FL	$411.00	$378.00
D5226			MANDIBULAR PARTIAL DENTURE - F	$392.00	$361.00
D5410			ADJUST COMPLETE DENTURE-MAXILL	$10.00	$9.00
D5411			ADJUST COMPLETE DENTURE-MANDIB	$10.00	$9.00
D5421			ADJUST PARTIAL DENTURE-MAXILLA	$10.00	$9.00
D5422			ADJUST PARTIAL DENTURE-MANDIBU	$10.00	$9.00
D5511			REPAIR BROKEN COMPLETE DENTURE	$49.50	$45.00

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DME/P&O				**PURCHASE**	**RENTAL**
D5512			REPAIR BROKEN COMPLETE DENTURE	$49.50	$45.00
D5520			REPLACE MISSING OR BROKEN TEET	$15.00	$15.00
D5611			REPAIR PARTIAL RESIN DENTURE B	$49.50	$45.00
D5612			REPAIR PARTIAL RESIN DENTURE B	$49.50	$45.00
D5621			REPAIR CAST PARTIAL FRAMEWORK,	$33.00	$30.00
D5622			REPAIR CAST PARTIAL FRAMEWORK,	$33.00	$30.00
D5630			REPAIR OR REPLACE BROKEN RETEN	$76.50	$72.00
D5640			REPLACE BROKEN TEETH-PER TOOTH	$15.00	$15.00
D5650			ADD TOOTH TO EXISTING PARTIAL	$66.00	$60.00
D5660			ADD CLASP TO EXISTING PARTIAL	$76.50	$72.00
D5710			REBASE COMPLETE MAXILLARY DENT	$132.00	$120.00
D5711			REBASE COMPLETE MANDIBULAR DEN	$132.00	$120.00
D5720			REBASE MAXILLARY PARTIAL DENTU	$124.00	$113.00
D5721			REBASE MANDIBULAR PARTIAL DENT	$124.00	$113.00
D5730			RELINE COMPLETE MAXILLARY DENT	$29.00	$26.00
D5731			RELINE COMPLETE MANDIBULAR DEN	$29.00	$26.00
D5740			RELINE MAXILLARY PARTIAL DENTU	$29.00	$26.00
D5741			RELINE MANDIBULAR PARTIAL DENT	$29.00	$26.00

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DME/P&O				**PURCHASE**	**RENTAL**
D5750			RELINE MAXILLARY DENTURE-LABOR	$99.00	$90.00
D5751			RELINE COMPLETE MANDIBULAR DEN	$99.00	$90.00
D5760			RELINE MAXILLARY PARTIAL DENTU	$91.00	$83.00
D5761			RELINE MANDIBULAR PARTIAL DENT	$91.00	$83.00
D5850			TISSUE CONDITIONING, MAXILLARY	$29.00	$26.00
D5851			TISSUE CONDITIONING, MANDIBULA	$29.00	$26.00
D5862			PRECISION ATTACHMENT	$150.00	$150.00
D5863			OVERDENTURE - COMPLETE MAXILLA	$302.00	$302.00
D5864			OVERDENTURE - PARTIAL MAXILLAR	$328.00	$328.00
D5865			OVERDENTURE - COMPLETE MANDIBU	$311.00	$311.00
D5866			OVERDENTURE - PARTIAL MANDIBUL	$311.00	$311.00
D5867			REPLACE PART SEMI/PRECISION AT	$75.00	$75.00
D5875			MODIFICATION OF REMOVABLE PROS	BY REPORT	BY REPORT
D5899			UNSPECIFIED REMOVABLE PROSTHOD	BY REPORT	BY REPORT
D5911			FACIAL MOULAGE (SECTIONAL)	BY REPORT	BY REPORT
D5912			FACIAL MOULAGE (COMPLETE)	BY REPORT	BY REPORT
D5913			NASAL PROSTHESIS	BY REPORT	BY REPORT
D5914			AURICULAR PROSTHESIS	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
D5915			ORBITAL PROSTHESIS	BY REPORT	BY REPORT
D5916			OCULAR PROSTHESIS	BY REPORT	BY REPORT
D5919			FACIAL PROSTHESIS	BY REPORT	BY REPORT
D5922			NASAL SEPTAL PROSTHESIS	BY REPORT	BY REPORT
D5923			OCULAR PROSTHESIS, INTERIM	BY REPORT	BY REPORT
D5924			CRANIAL PROSTHESIS	BY REPORT	BY REPORT
D5925			FACIAL AUGMENTATION IMPLANT PR	BY REPORT	BY REPORT
D5926			NASAL PROSTHESIS, REPLACEMENT	BY REPORT	BY REPORT
D5927			AURICULAR PROSTHESIS, REPLACEM	BY REPORT	BY REPORT
D5928			ORBITAL PROSTHESIS, REPLACEMEN	BY REPORT	BY REPORT
D5929			FACIAL PROSTHESIS, REPLACEMENT	BY REPORT	BY REPORT
D5931			OBTURATOR PROSTHESIS, SURGICAL	$250.00	$250.00
D5932			OBTURATOR PROSTHESIS, DEFINITI	BY REPORT	BY REPORT
D5933			OBTURATOR PROSTHESIS, MODIFICA	BY REPORT	BY REPORT
D5934			MANDIBULAR RESECTION PROSTHESI	BY REPORT	BY REPORT
D5935			MANDIBULAR RESECTION PROSTHESI	BY REPORT	BY REPORT
D5936			OBTURATOR PROSTHESIS, INTERIM	$200.00	$200.00
D5937			TRISMUS APPLIANCE	$125.00	$125.00

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DME/P&O				**PURCHASE**	**RENTAL**
D5951			FEEDING AID	$500.00	$500.00
D5953			SPEECH AID PROSTHESIS, ADULT	$450.00	$450.00
D5954			PALATAL AUGMENTATION PROSTHESI	BY REPORT	BY REPORT
D5955			PALATAL LIFT PROSTHESIS, DEFIN	BY REPORT	BY REPORT
D5958			PALATAL LIFT PROSTHESIS, INTER	BY REPORT	BY REPORT
D5959			PALATAL LIFT PROSTHESIS, MODIF	BY REPORT	BY REPORT
D5960			SPEECH AID PROSTHESIS, MODIFIC	BY REPORT	BY REPORT
D5982			SURGICAL STENT	$50.00	$43.00
D5983			RADIATION CARRIER	BY REPORT	BY REPORT
D5984			RADIATION SHIELD	BY REPORT	BY REPORT
D5985			RADIATION CONE LOCATOR	BY REPORT	BY REPORT
D5986			FLUORIDE GEL CARRIER	$30.00	$30.00
D5987			COMMISSURE SPLINT	BY REPORT	BY REPORT
D5988			SURGICAL SPLINT	$250.00	$250.00
D5991			VESICULOBULLOUS DISEASE MEDICA	$30.00	$30.00
D5992			ADJUST MAXILLOFACIAL PROSTHETI	$10.00	$9.00
D5993			MAINTENANCE AND CLEANING OF A	BY REPORT	BY REPORT
D5999			UNSPECIFIED MAXILLOFACIAL PROS	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
D6010			SURGICAL PLACEMENT ENDOSTEAL I	$500.00	$500.00
D6011			SECOND STAGE IMPLANT SURGERY	$45.00	$45.00
D6040			SURGICAL PLACEMENT: EPOSTEAL	$500.00	$500.00
D6050			SURGICAL PLACEMENT: TRANSOSTE	BY REPORT	BY REPORT
D6052			SEMI-PRECISION ATTACHMENT ABUT	$150.00	$150.00
D6055			DENTAL IMPLANT SUPPORTED CONNE	BY REPORT	BY REPORT
D6056			PREFABRICATED ABUTMENT - INCLU	$76.00	$70.00
D6057			CUSTOM FABRICATED ABUTMENT - I	BY REPORT	BY REPORT
D6080			IMPLANT MAINTENANCE PROCEDURES	BY REPORT	BY REPORT
D6081			SCALING AND DEBRIDEMENT IN THE	$27.00	$27.00
D6090			REPAIR IMPLANTSUPPORTED PROSTH	BY REPORT	BY REPORT
D6091			REPLACEMENT OF SEMI-PRECISION	$279.00	$253.00
D6092			RE-CEMENT OR RE-BOND IMPLANT/A	$7.00	$6.00
D6095			REPAIR IMPLANT ABUTMENT, BY RE	BY REPORT	BY REPORT
D6096			REMOVE BROKEN IMPLANT RETAININ	BY REPORT	BY REPORT
D6100			IMPLANT REMOVAL, BY REPORT	BY REPORT	BY REPORT
D6101			DEBRIDEMENT OF A PERI-IMPLANT	$52.00	$52.00
D6102			DEBRIDEMENT AND OSSEOUS CONTOU	$48.00	$48.00

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DME/P&O				**PURCHASE**	**RENTAL**
D6103			BONE GRAFT FOR REPAIR OF PERI-	$261.00	$261.00
D6104			BONE GRAFT AT TIME OF IMPLANT	BY REPORT	BY REPORT
D6110			IMPLANT/ABUTMENT SUPPORTED REM	BY REPORT	BY REPORT
D6111			IMPLANT/ABUTMENT SUPPORTED REM	BY REPORT	BY REPORT
D6190			RADIOGRAPHIC/SURGICAL IMPLANT	BY REPORT	BY REPORT
D6199			UNSPECIFIED IMPLANT PROCEDURE	BY REPORT	BY REPORT
D6210			PONTIC-CAST HIGH NOBLE METAL	$76.00	$66.00
D6211			PONTIC-CAST PREDOMINANTLY BASE	$76.00	$66.00
D6212			PONTIC-CAST NOBLE METAL	$76.00	$66.00
D6240			PONTIC-PORCELAIN FUSED TO HIGH	$170.00	$165.00
D6241			PONTIC-PORCELAIN FUSED TO PRED	$170.00	$165.00
D6242			PONTIC-PORCELAIN FUSED TO NOBL	$170.00	$165.00
D6250			PONTIC-RESIN WITH HIGH NOBLE M	$90.00	$80.00
D6251			PONTIC-RESIN WITH PREDOMINANTL	$90.00	$80.00
D6252			PONTIC-RESIN WITH NOBLE METAL	$90.00	$80.00
D6545			RETAINER-CAST METAL RES BONDED	$75.00	$75.00
D6720			RETAINER CROWN-RESIN WITH HIGH	$161.00	$140.00
D6721			RETAINER CROWN-RESIN WITH PRED	$161.00	$140.00

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DME/P&O				**PURCHASE**	**RENTAL**
D6722			RETAINER CROWN - RESIN WITH NO	$161.00	$140.00
D6750			RETAINER CROWN - PORCELAIN FUS	$279.00	$253.00
D6751			RETAINER CROWN - PORCELAIN FUS	$279.00	$253.00
D6752			RETAINER CROWN - PORCELAIN FUS	$279.00	$253.00
D6790			RETAINER CROWN - FULL CAST HIG	$161.00	$140.00
D6791			RETAINER CROWN - FULL CAST PRE	$161.00	$140.00
D6792			RETAINER CROWN - FULL CAST NOB	$161.00	$140.00
D6920			CONNECTOR BAR	BY REPORT	BY REPORT
D6930			RE-CEMENT OR RE-BOND FIXED PAR	$14.00	$12.00
D6940			STRESS BREAKER	BY REPORT	BY REPORT
D6950			PRECISION ATTACHMENT	$150.00	$150.00
D6980			FIXED PARTIAL DENTURE REPAIR N	BY REPORT	BY REPORT
D6985			PEDIATRIC PARTIAL DENTURE, FIX	$160.00	$160.00
D6999			UNSPECIFIED FIXED PROSTHODONTI	BY REPORT	BY REPORT
D7111			EXTRACTION, CORONAL REMNANTS -	$19.50	$18.00
D7140			EXTRACT ERUPTED TOOTH/EXPOSED	$32.00	$30.00
D7210			EXTRACTION, ERUPTED TOOTH REQU	$33.00	$31.00
D7220			REMOVAL OF IMPACTED TOOTH-SOFT	$43.00	$40.00

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DME/P&O				**PURCHASE**	**RENTAL**
D7230			REMOVAL OF IMPACTED TOOTH-PART	$114.00	$106.00
D7240			REMOVAL OF IMPACTED TOOTH-COMP	$114.00	$106.00
D7241			REMOVAL OF IMPACTED TOOTH-COMP	BY REPORT	BY REPORT
D7250			REMOVAL OF RESIDUAL TOOTH ROOT	$43.00	$39.00
D7260			OROANTRAL FISTULA CLOSURE	$108.00	$99.00
D7261			PRIMARY CLOSURE SINUS PERFORAT	$108.00	$99.00
D7285			INCISIONAL BIOPSY OF ORAL TISS	$30.00	$26.00
D7286			INCISIONAL BIOPSY OF ORAL TISS	$18.00	$16.00
D7287			EXFOLIATIVE CYTOLOGICAL SAMPLE	$10.00	$10.00
D7288			BRUSH BIOPSY - TRANSEPITHELIAL	$10.00	$10.00
D7291			TRANSSEPTAL FIBEROTOMY/SUPRA C	BY REPORT	BY REPORT
D7292			PLACEMENT OF TEMPORARY ANCHORA	BY REPORT	BY REPORT
D7293			PLACEMENT OF TEMPORARY ANCHORA	BY REPORT	BY REPORT
D7294			PLACEMENT OF TEMPORARY ANCHORA	BY REPORT	BY REPORT
D7295			HARVEST OF BONE FOR USE IN AUT	BY REPORT	BY REPORT
D7310			ALVEOPLASTY IN CONJUNCTION WIT	$62.50	$56.50
D7311			ALVEOLOPLASTY IN CONJUNCTION W	$31.00	$28.00
D7320			ALVEOLOPLASTY NOT IN CONJUNCTI	$62.50	$56.50

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DME/P&O				**PURCHASE**	**RENTAL**
D7321			ALVEOLOPLASTY NOT IN CONJUNCTI	$31.00	$28.00
D7340			VESTIBULOPLASTY - RIDGE EXTENS	$65.00	$59.00
D7350			VESTIBULOPLASTY-RIDGE EXTEN(IN	$169.00	$153.00
D7410			EXCISION OF BENIGN LESION UP T	$30.00	$26.00
D7411			EXCISION BENIGN LESION > 1.25	$42.00	$37.00
D7412			EXCISION BENIGN LESION, COMPLI	$100.00	$86.00
D7413			EXCISION MALIGNANT LESION UP T	$100.00	$86.00
D7414			EXCISION MALIGNANT LESION>1.25	$274.00	$256.00
D7415			EXCISION MALIGNANT LESION,COMP	$473.00	$413.00
D7440			EXCISION OF MALIGNANT TUMOR, U	$100.00	$86.00
D7441			EXCISION OF MALIGNANT TUMOR, O	$274.00	$256.00
D7450			REMOVAL OF ODONTOGENIC CYST OR	$50.00	$43.00
D7451			REMOVAL OF ODONTOGENIC CYST OR	$150.00	$130.00
D7460			REMOVAL OF NON-ODONTOGENIC CYS	$50.00	$43.00
D7461			REMOVAL OF NON-ODONTOGENIC CYS	$150.00	$130.00
D7465			DESTRUCT OF LESION BY ELECTROS	$18.00	$15.00
D7471			REMOVAL OF EXOSTOSIS PER SITE	$109.00	$98.00
D7472			REMOVAL OF TORUS PALATINUS	$109.00	$98.00

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DME/P&O				**PURCHASE**	**RENTAL**
D7473			REMOVAL OF TORUS MANDIBULARIS	$62.50	$56.50
D7485			REDUCTION OF OSSEOUS TUBEROSIT	$62.50	$56.50
D7490			RADICAL RESECTION OF MAXILLA O	$807.00	$807.00
D7510			INCISION + DRAINAGE OF ABSCESS	$28.00	$26.00
D7511			INCISION AND DRAINAGE OF ABSCE	BY REPORT	BY REPORT
D7520			INCISION + DRAINAGE OF ABSCESS	$42.00	$37.00
D7521			INCISION AND DRAINAGE OF ABSCE	BY REPORT	BY REPORT
D7530			REMOVAL OF FOREIGN BODY, SKIN,	$18.00	$16.00
D7540			RMVL REACTION PRODUCING FOREIG	$51.00	$45.00
D7550			SEQUESTRECTOMY FOR OSTEOMYELIT	$90.00	$75.00
D7560			MAXILLARY SINUSOTOMY FOR REM O	$242.00	$210.00
D7610			MAXILLA-OPEN REDUCTION (TEETH	$273.00	$249.00
D7620			MAXILLA - CLOSED REDUCTION (TE	$182.00	$166.00
D7630			MANDIBLE - OPEN REDUCTION (TEE	$363.00	$331.00
D7640			MANDIBLE-CLOSED REDUCTION (TEE	$182.00	$166.00
D7650			MALAR AND/OR ZYGOMATIC ARCH -	$182.00	$166.00
D7660			MALAR AND/OR ZYGOMATIC ARCH -	$63.00	$58.00
D7670			ALVEOLUS-CLOSED REDUCTION/STAB	$92.00	$84.00

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DME/P&O				**PURCHASE**	**RENTAL**
D7671			ALVEOLUS-OPEN REDUCTION	$138.00	$126.00
D7680			FACIAL BONES-COMPLCTD REDUCTN	$363.00	$331.00
D7710			MAXILLA - OPEN REDUCTION - TEE	$273.00	$249.00
D7720			MAXILLA - CLOSED REDUCTION - T	$182.00	$166.00
D7730			MANDIBLE - OPEN REDUCTION - TE	$363.00	$331.00
D7740			MANDIBLE - CLOSED REDUCTION -	$182.00	$166.00
D7750			MALAR AND/OR ZYGOMATIC ARCH -	$182.00	$166.00
D7760			MALAR AND/OR ZYGOMATIC ARCH -	$63.00	$58.00
D7770			ALVEOLUS-STABLZTN OF TEETH OPE	$138.00	$126.00
D7771			ALVEOLUS CLOSED REDUCTION	$92.00	$84.00
D7780			FACIAL BONES-COMPLICATED REDUC	$363.00	$331.00
D7810			OPEN REDUCTION OF DISLOCATION	$273.00	$249.00
D7820			CLOSED REDUCTION OF DISLOCATIO	$27.00	$25.00
D7830			MANUPULATION UNDER ANESTHESIA	$27.00	$25.00
D7840			CONDYLECTOMY	$362.00	$315.00
D7850			MENISECTOMY	$362.00	$315.00
D7852			DISC REPAIR	$362.00	$308.00
D7854			SYNOVECTOMY	$200.00	$173.00

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DME/P&O				**PURCHASE**	**RENTAL**
D7856			MYOTOMY	BY REPORT	BY REPORT
D7858			JOINT RECONSTRUCTION	$623.00	$623.00
D7860			ARTHROTOMY	$182.00	$155.00
D7865			ARTHROPLASTY	$362.00	$308.00
D7870			ARTHROCENTESIS - INJECTION OR	$18.00	$16.00
D7871			NON-ARTHROSCOPIC LYSIS/LAVAGE	$190.00	$190.00
D7872			ARTHROSCOPY-DIAGNOSIS W/WO BI	$75.00	$65.00
D7873			ARTHROSCOPY: LAVAGE AND LYSIS	$200.00	$200.00
D7874			ARTHROSCOPY: DISC REPOSITIONIN	$500.00	$425.00
D7875			ARTHROSCOPY: SYNOVECTOMY	$264.00	$224.00
D7876			ARTHROSCOPY: DISCECTOMY	BY REPORT	BY REPORT
D7877			ARTHROSCOPY: DEBRIDEMENT	$160.00	$136.00
D7880			OCCLUSAL ORTHOTIC DEVICE	BY REPORT	BY REPORT
D7881			OCCLUSAL ORTHOTIC DEVICE ADJUS	BY REPORT	BY REPORT
D7899			UNSPECIFIED TMD THERAPY	BY REPORT	BY REPORT
D7910			SUTURE OF RECENT SMALL WOUNDS	$35.00	$32.00
D7911			COMPLICATED SUTURE-UP TO 5 CM	$138.00	$138.00
D7912			COMPLICATED SUTURE GREATER THA	$242.00	$242.00

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DME/P&O				**PURCHASE**	**RENTAL**
D7920			SKIN GRAFT	$70.50	$70.50
D7940			OSTEOPLASTY - FOR ORTHOGNATHIC	$225.00	$191.00
D7941			OSTEOTOMY-MANDIBULAR RAMI	$726.00	$726.00
D7943			OSTEOTOMY-MANDIBULAR RAMI W/BO	$1,058.00	$1,058.00
D7944			OSTEOTOMY-SEGMENTED PER QUADRA	$332.00	$289.00
D7945			OSTEOTOMY-BODY OF MANDIBLE	$332.00	$289.00
D7946			LEFORT I (MAXILLA TOTAL)	$546.00	$546.00
D7947			LEFORT I (MAXILLA-SEGMENTED)	$365.00	$365.00
D7948			LEFORT II OR LEFORT III	$1,095.00	$1,095.00
D7949			LEFORT II OR LEFORT III W/BONE	$1,427.00	$1,427.00
D7950			GRAFT OF MANDIBLE/FACIAL BONES	$575.00	$489.00
D7951			SINUS AUGMENTATION WITH BONE O	$203.00	$176.00
D7952			SINUS AUGMENTATION VIA A VERTI	$176.00	$176.00
D7955			REPAIR OF MAXILLOFACIAL SOFT A	$203.00	$176.00
D7960			FRENULECTOMY-SEPARATE PROCEDUR	$60.00	$56.00
D7963			FRENULOPLASTY	$84.50	$76.50
D7970			EXCISION HYPERPLASTIC TISS PER	$45.00	$39.00
D7972			SURGICAL REDUCTION FIBROUS TUB	$64.00	$59.00

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DME/P&O				**PURCHASE**	**RENTAL**
D7979			NON-SURGICAL SIALOLITHOTOMY	$16.00	$14.00
D7980			SURGICAL SIALOLITHOTOMY	$48.00	$42.00
D7981			EXCISION OF SALIVARY GLAND	$182.00	$158.00
D7982			SIALODOCHOPLASTY	$151.00	$131.00
D7983			CLOSURE OF SALIVARY FISTULA	$151.00	$131.00
D7990			EMERGENCY TRACHEOTOMY	$121.00	$105.00
D7991			CORONECTOMY	$362.00	$308.00
D7995			SYNTHETIC GRAFT MANDIBLE/FACIA	BY REPORT	BY REPORT
D7996			IMPLANT-MANDIBLE AUGMENTATION	BY REPORT	BY REPORT
D7997			APPLIANCE REMOVAL W/ARCHBAR RE	$151.00	$151.00
D7999			UNSPECIFIED ORAL SURGERY PROCE	BY REPORT	BY REPORT
D8210			REMOVABLE APPLIANCE THERAPY, H	$595.00	$590.00
D8220			FIXED APPLIANCE THERAPY, HABIT	$595.00	$590.00
D8681			REMOVABLE ORTHODONTIC RETAINER	$10.00	$10.00
D8691			REPAIR ORTHODONTIC APP:IANCE	$49.50	$45.00
D8692			REPLACEMENT LOST/BROKEN RETAIN	$115.00	$110.00
D8693			RE-CEMENT OR RE-BOND FIXED RET	$35.50	$33.00
D8694			REPAIR OF FIXED RETAINERS, INC	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
D8695			REMOVAL OF FIXED ORTHODONTIC A	BY REPORT	BY REPORT
D8999			UNSPECIFIED ORTHODONTIC PROCED	BY REPORT	BY REPORT
D9110			PALLIATIVE (EMERGENCY) TREATME	$10.00	$9.00
D9210			LOCAL ANESTHESIA NOT IN CONJU	$13.00	$11.00
D9211			REGIONAL BLOCK ANESTHESIA	$13.00	$11.00
D9212			TRIGEMINAL DIVISION BLOCK ANES	$18.00	$16.00
D9222			DEEP SEDATION/GENERAL ANESTHES	$100.00	$100.00
D9223			DEEP SEDATION/GENERAL ANESTHES	$50.00	$50.00
D9230			ANALGESIA, ANXIOLYSIS, INHAL N	$15.00	$14.00
D9239			INTRAVENOUS MODERATE (CONSCIOU	$49.00	$49.00
D9243			INTRAVENOUS MODERATE (CONSCIOU	$25.00	$25.00
D9248			NON-INTRAVENOUS CONSCIOUS SEDA	$40.00	$40.00
D9310			CONSULTATION	$22.00	$17.00
D9311			CONSULTATION WITH A MEDICAL HE	$17.00	$17.00
D9410			HOUSE/EXTENDED CARE FACILITY C	$20.50	$19.00
D9420			HOSPITAL DAY - SUBSEQUENT	$19.00	$17.00
D9430			OFFICE VISIT FOR OBSERVATION	$9.00	$7.00
D9610			THERAPEUTIC DRUG INJECTION, BY	$13.00	$11.00

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DME/P&O				**PURCHASE**	**RENTAL**
D9612			THERAPEUTIC PARENTERAL DRUGS,	$16.00	$13.00
D9630			DRUGS OR MEDICAMENTS DISPENSED	BY REPORT	BY REPORT
D9910			APPLICATION OF DESENSITIZING M	$10.00	$10.00
D9911			APPLICATION DESENSIT RESIN PER	$35.50	$33.00
D9920			BEHAVIOR MANAGEMENT, BY REPORT	$15.00	$13.00
D9930			TREATMENT OF COMPLICATIONS (PO	$9.00	$8.00
D9943			OCCLUSAL GUARD ADJUSTMENT	$10.00	$10.00
D9951			OCCLUSAL ADJUSTMENT - LIMITED	$6.00	$5.00
D9952			OCCLUSAL ADJUSTMENT-COMPLETE	$68.00	$60.00
D9974			INTERNAL BLEACHING - PER TOOTH	$33.00	$33.00
D9999			UNSPECIFIED ADJUNCTIVE PROCEDU	BY REPORT	BY REPORT
E0100			CANE ADJUSTABLE OR FIXED WITH	$14.97	$2.99
E0105			CANE QUAD OR 3 PRONG ADJ OR FI	$39.48	$7.90
E0110			CRUTCH FOREARM ADJ/FIX PR.TIPS	$65.43	$13.09
E0111			CRUTCH FOREARM-ADJ/FIX,EA.W/TI	$42.61	$8.52
E0112			CRUTCH UNDERARM/WOOD-ADJ/FIX.	$29.60	$5.92
E0113			CRUTCH UNDERARM-WOOD-ADJ/FIXED	$19.51	$3.90
E0114			CRUTCHES UNDERARM, ALUM.ADJ/FX	$37.75	$7.55

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DME/P&O				**PURCHASE**	**RENTAL**
E0116			CRUTCH, UNDERARM, OTHER THAN W	$18.99	$3.80
E0130			WALKER RIGID ADJ/FIXED HEIGHT	$34.09	$6.82
E0135			WALKER FOLDING ADJ/FIXED HEIGH	$34.09	$6.82
E0141			WALKER WHEELED WITHOUT SEAT	$35.62	$7.12
E0143			FOLDING WALKER, WHEELED, W/O	$87.05	$17.41
E0147			HVY DUTY MULTI BREAK WHL RESIS	$206.71	$24.81
E0148			WALKER, HEAVY DUTY, WITHOUT WH	$60.79	$12.16
E0149			WALKER, HEAVY DUTY, WHEELED, R	$141.40	$16.97
E0153			PLATFORM ATTACH.FOREARM CRUTC	$55.37	$11.07
E0154			PLATFORM ATTACHMENT, WALKER,	$38.59	$7.72
E0155			WHEEL ATTACHMENT, RIGID PICK-	$19.04	$3.81
E0156			SEAT ATTACHMENT WALKER	$11.57	$2.31
E0157			CRUTCH ATTACH WALKER EACH	$39.13	$7.83
E0158			LEG EXTENSIONS FOR A WALKER	$19.44	$3.89
E0160			SITZ TYPE BATH, PORTABLE, FIT	$9.50	$1.90
E0161			SITZ BATH-PORT-OVER COMMODE W/	$20.98	$4.20
E0162			SITZ BATH CHAIR	NA	$113.55
E0163			COMMODE CHAIR STATIONARY FIXED	$38.54	$7.71

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DME/P&O				**PURCHASE**	**RENTAL**
E0165			COMMODE CHAIR-STAT.W/DETACHABL	$181.01	$21.72
E0167			PAIL OR PAN USED W/COMMODE CHA	$10.19	$2.04
E0168			COMMODE CHAIR, EXTRA WIDE AND/	$86.11	$17.22
E0175			FOOT REST USED W/COMMODE CHAIR	$44.07	$8.81
E0181			PRESSURE PAD, ALTERNAT.W/PUMP	$263.73	$31.65
E0182			PUMP FOR ALTERNATING PRESSURE	$291.08	$34.93
E0184			FLOTATION MATTRESS DRY (EGGCRA	$68.56	$13.71
E0185			DECUBITUS CARE PAD, FLOTATION	$62.22	$12.44
E0186			AIR PRESSURE MATTRESS	BY REPORT	BY REPORT
E0187			WATER PRESSURE MATTRESS	BY REPORT	BY REPORT
E0188			SYNTHETIC SHEEPSKIN PAD	$21.09	$4.22
E0189			LAMBSWOOL SHEEPSKIN PAD ANY SI	$21.09	$4.22
E0190			POSITIONING CUSHION/PILLOW/WED	BY REPORT	BY REPORT
E0191			HEEL OR ELBOW PROTECTOR, EACH	$7.99	$1.60
E0193			PWR AIR FLOAT LOW AIR LOSS BED	$0.00	$0.00
E0194			AIR FLUIDIZED BED	$0.00	$0.00
E0196			GEL PRESSURE MATTRESS	$169.08	$20.29
E0197			AIR PRESSURE PAD FOR MATTR.PT.	$150.67	$18.08

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DME/P&O				**PURCHASE**	**RENTAL**
E0198			WATER PRESSURE PAD FOR MATTR.P	$150.67	$18.08
E0199			MATTRESS PAD, DRY PRESSURE-PT.	$25.64	$5.13
E0200			HEAT LAMP,TABLE MODEL, W/BULB	$36.92	$7.38
E0202			PHOTOTHERAPY (BILIRUBIN) LIGHT	$438.25	$52.59
E0217			WATER CIRCULATING HEAT PAD WIT	$337.60	$40.51
E0235			PARAFFIN BATH UNIT, PORTABLE	$194.38	$23.33
E0236			PUMP FOR WATER CIRCULATING PAD	BY REPORT	BY REPORT
E0240			BATH/SHOWER CHAIR, WITH OR WIT	BY REPORT	BY REPORT
E0241			BATH TUB WALL RAIL, EACH	BY REPORT	BY REPORT
E0242			BATH TUB RAIL, FLOOR BASE	BY REPORT	BY REPORT
E0243			TOILET RAIL, EACH	BY REPORT	BY REPORT
E0244			RAISED TOILET SEAT	BY REPORT	BY REPORT
E0245			TUB STOOL OR BENCH	BY REPORT	BY REPORT
E0246			TRANSFER TUB RAIL ATTACHMENT	BY REPORT	BY REPORT
E0249			PAD FOR WATER CIRCULATING HEAT	$79.68	$15.94
E0250			HOSP.BED-RAIL,FIX.HGT.-W.MATTR	$881.42	$105.77
E0251			HOSP.BED-RAILS,FIX.HGT.-NO MAT	$672.33	$80.68
E0255			HOSPITAL BED,RAILS,VARY HAT,MA	$964.20	$115.70

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DME/P&O				**PURCHASE**	**RENTAL**
E0256			HOSP BED/VARIABLE HGT/RAILS/NO	BY REPORT	BY REPORT
E0260			HOSP.BED-RAILS,W/MATT.SEMI-ELE	$1,542.26	$185.07
E0261			HOSP BED SEMIELEC/RAILS/NO MAT	BY REPORT	BY REPORT
E0265			TOTAL ELEC.HOSP.BED W/RAILS&MA	$1,940.52	$232.86
E0266			TOTAL ELEC.HOSP.BED-RAILS-NO M	$1,909.20	$229.10
E0270			INST.HOSP.BED/OSC,CIRC.&STRKW/	BY REPORT	BY REPORT
E0271			MATTRESS, INNERSPRING	$87.51	$17.50
E0272			MATTRESS, FOAM RUBBER	$106.46	$12.78
E0273			BED BOARD	BY REPORT	BY REPORT
E0274			OVER-BED TABLE	BY REPORT	BY REPORT
E0275			BED PAN STD METAL OR PLASTIC	$12.25	$2.45
E0276			BED PAN, FRACTURE, METAL OR P	$12.60	$2.52
E0277			ALTERNATING PRESSURE MATTRESS	BY REPORT	BY REPORT
E0280			BED,CRADLE,ANY TYPE	$29.53	$5.91
E0290			HOSP BED, FIXED HGT,NO RAILS,W	BY REPORT	BY REPORT
E0291			HOSPITAL BED, FIXED W/NO RAIL	BY REPORT	BY REPORT
E0292			HOS.BED,VARY HGT. NO RAIL W/MA	BY REPORT	BY REPORT
E0293			HOSP BED VARIABLE HGT NO RAIL	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
E0294			HOSP BED,SEMI-ELEC NO RAILS/WI	BY REPORT	BY REPORT
E0295			HOSPITAL BED,SEMI-ELEC,NO RAIL	BY REPORT	BY REPORT
E0296			HOSP BED,ALL ELEC,W/O RAILS, W	BY REPORT	BY REPORT
E0297			HOS.BED,ALL ELEC.NO RAIL OR MA	BY REPORT	BY REPORT
E0302			HOSPITAL BED, EXTRA HEAVY DUTY	BY REPORT	BY REPORT
E0303			HOSPITAL BED, HEAVY DUTY, EXTR	BY REPORT	BY REPORT
E0304			HOSPITAL BED, EXTRA HEAVY DUTY	BY REPORT	BY REPORT
E0305			BED SIDE RAILS, HALF LENGTH	$143.77	$17.25
E0310			BED SIDE RAILS, FULL LENGTH	$164.74	$19.77
E0325			URINAL, MALE, JUG-TYPE, ANY MA	$6.53	$1.31
E0326			URINAL, FEMALE, JUG-TYPE, ANY	$9.28	$1.86
E0371			NONPOWERED ADVANCED PRESSURE R	BY REPORT	BY REPORT
E0372			POWERED AIR OVERLAY FOR MATTRE	BY REPORT	BY REPORT
E0424			STAT.COMP.GAS SYS/INCLUD.CONTE	$0.00	$0.00
E0431			PT GAS O2 INC.CONTENTS,REG.HUM	$0.00	$0.00
E0434			PT. LIQ O2 SYS INC.CONTENTS,FL	$0.00	$0.00
E0439			STAT.LIG 02 SYS.INCLUDING CONT	$0.00	$0.00
E0441			STATIONARY OXYGEN CONTENTS, GA	$6.50	$1.30

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DME/P&O				**PURCHASE**	**RENTAL**
E0442			STATIONARY OXYGEN CONTENTS, LI	$14.00	$2.80
E0443			PORTABLE OXYGEN CONTENTS, GASE	$0.65	$0.13
E0444			PORTABLE OXYGEN CONTENTS, LIQU	$1.40	$0.28
E0445			OXIMETER DEVICE FOR MEASURING	$182.00	$21.84
E0455			OXYGEN TENT EXCLUDING CROUP TE	BY REPORT	BY REPORT
E0457			CHEST SHELL (CUIRASS)	$414.80	$49.78
E0459			CHEST WRAP	$539.24	$64.71
E0462			ROCKING BED WITH OR WITHOUT RA	BY REPORT	BY REPORT
E0465			HOME VENTILATOR, ANY TYPE, USE	BY REPORT	BY REPORT
E0466			HOME VENTILATOR, ANY TYPE, USE	BY REPORT	BY REPORT
E0470			RESPIRATORY ASSIST DEVICE, BI-	BY REPORT	BY REPORT
E0471			RESPIRATORY ASSIST DEVICE, BI-	BY REPORT	BY REPORT
E0472			RESPIRATORY ASSIST DEVICE, BI-	BY REPORT	BY REPORT
E0480			PERCUSSOR, ELEC/PNEUMATIC,HOME	$279.47	$33.54
E0482			COUGH STIMULATING DEVICE, ALTE	$2,824.75	$338.97
E0483			HIGH FREQUENCY CHEST WALL OSCI	$7,441.92	$893.03
E0485			ORAL DEVICE/APPLIANCE USED TO	BY REPORT	BY REPORT
E0486			ORAL DEVICE/APPLIANCE USED TO	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
E0500			IPPB MACHINE ALL TYPES	$469.32	$56.32
E0550			HUMIDIFIER, DURABLE FOR EXTENS	$315.33	$37.84
E0555			HUMIDIFIER, DURABLE, GLASS OR	$15.00	$3.00
E0560			HUMIDIFIER, DURABLE FOR SUPPLE	$64.64	$12.93
E0561			HUMIDIFIER, NON-HEATED, USED W	$67.13	$13.43
E0562			HUMIDIFIER, HEATED, USED WITH	$106.87	$12.82
E0565			COMPRESSOR (NOT OXYGEN OR IPPB	$506.07	$60.73
E0570			NEBULIZER W/COMPRESSOR (DEVILB	$166.19	$19.94
E0575			NEBULIZER, SELF-CONTAINED, ULT	$732.97	$87.96
E0580			NEBULIZER, DURABLE, GLASS OR A	$121.29	$14.55
E0585			NEBULIZER, WITH COMPRESSOR AND	$121.29	$14.55
E0600			SUCTION PUMP, HOME MODEL, POR	$409.72	$49.17
E0601			CONTINUOUS POSITIVE AIRWAY PRE	$667.33	$80.08
E0602			BREAST PUMP, MANUAL, ANY TYPE	$22.60	$4.52
E0603			BREAST PUMP, ELECTRIC (AC AND/	BY REPORT	BY REPORT
E0604			BREAST PUMP, HOSPITAL GRADE, E	BY REPORT	BY REPORT
E0605			VAPORIZER, ROOM TYPE	$21.14	$4.23
E0606			POSTURAL DRAINAGE BOARD	$158.19	$18.98

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DME/P&O				**PURCHASE**	**RENTAL**
E0607			HOME BLOOD GLUCOSE MONITOR	$53.46	$10.69
E0610			PACEMAKER MTR.INC.AUDIBLE/VISU	$190.29	$22.83
E0615			PACEMAKER/FULL MONITOR/DIG/VIS	$336.42	$40.37
E0618			APNEA MONITOR, WITHOUT RECORDI	$1,666.67	$200.00
E0619			APNEA MONITOR, WITH RECORDING	$2,083.33	$250.00
E0621			SLING OR SEAT, PATIENT LIFT,	$63.36	$12.67
E0625			PATIENT LIFT, BATHROOM OR TOIL	BY REPORT	BY REPORT
E0630			PATIENT LIFT, HYDRAULIC OR MEC	$932.66	$111.92
E0635			PATIENT LIFT, ELECTRIC WITH SE	$770.15	$92.42
E0641			STANDING FRAME/TABLE SYSTEM, M	BY REPORT	BY REPORT
E0642			STANDING FRAME/TABLE SYSTEM, M	BY REPORT	BY REPORT
E0650			PNEUMATIC CPR NON-SEGMENTAL HO	$522.05	$62.65
E0651			PNEUMATIC COMPRESSOR,SEGMENTAL	$732.97	$87.96
E0652			PNEUMATIC COMPRESS,SEGMENTAL H	$3,374.81	$404.98
E0655			PNEUMATIC APPLICANCE W/PNEU CO	$83.42	$16.68
E0660			PNEUMATIC APPL WITH COMPRESSOR	$137.10	$16.45
E0665			PNEUMATIC APPL W/PNEUCOMPR FUL	$89.75	$17.95
E0666			PNEUMATIC APPL W/PNEUCOMPR HAL	$131.83	$15.82

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DME/P&O				**PURCHASE**	**RENTAL**
E0667			PNEUMATIC APPL W/SEGMPNEUCOMPR	$258.39	$31.01
E0668			PNEUMATIC APPL W/SEGMPNEUCOMPR	$226.75	$27.21
E0669			SEG PNEUMATIC APPL USE W/CPR 1	$127.93	$15.35
E0670			SEG PNEU APPL W/PNEU CPR INTEG	$965.29	$115.83
E0671			SEG.GRAD.PRESS.PNEU.APPL.,FULL	$305.28	$36.63
E0672			SEG.GRAD.PRESS.PNEU.APPL.FULL	$237.21	$28.47
E0673			SEG.GRAD.PRESS.PNEUM.APPL.HALF	$197.11	$23.65
E0700			SAFETY EQUIPMENT, DEVICE OR AC	BY REPORT	BY REPORT
E0705			TRANSFER DEVICE, ANY TYPE, EAC	NA	$29.19
E0710			RESTRAINT ANY TYPE,BODY CHEST	BY REPORT	BY REPORT
E0720			TENS, TWO LEAD, LOCALIZED STI	$52.18	$10.44
E0730			TENS, FOUR LEAD, LARGER AREA/	$51.99	$10.40
E0731			TENS CONDUCTIVE GARMENT FORM F	NA	$58.65
E0740			NON-IMPLANTED PELVIC FLOOR ELE	$2.84	$0.57
E0744			NEUROMUSCULAR SCOLIOSIS STIMUL	$1,031.82	$123.82
E0745			NEURO-MUSC STIM ELEC SHOCK UNI	$1,049.36	$125.92
E0746			ELECTROMYOGRAPHY(EMG)BIOFEEDBA	$694.79	$83.37
E0747			OSTEOGEN.STIM.NONINVASIVE,NON-	$2,742.04	$329.04

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DME/P&O				**PURCHASE**	**RENTAL**
E0748			OSTEOGEN.STIM. NONINVASIVE-SPI	NA	$3,031.92
E0755			ELECTRIC SAL. REFLEXT STIMULAT	BY REPORT	BY REPORT
E0762			TRANSCUTANEOUS ELECTRICAL JOIN	BY REPORT	BY REPORT
E0766			ELECTRICAL STIMULATION DEVICE	$93.15	$18.63
E0776			IV POLE	$69.74	$13.95
E0780			AMBULATORY INFUSION PUMP, MECH	$8.30	$1.66
E0781			EXTERNAL AMBULATORY INFUSION P	BY REPORT	BY REPORT
E0784			EXT.AMBUL. INFUSION PUMP, INSU	BY REPORT	BY REPORT
E0791			PARENTERAL INFUSION PUMP STATI	BY REPORT	BY REPORT
E0840			TRACTION FRAME, ATTACHED TO HE	$36.92	$7.38
E0850			FREE STAND STAND FOR SC TRACTI	$36.92	$7.38
E0860			TRACTION OVERDOOR	$27.17	$5.43
E0870			SE TRACTION FRAME(ATTACH TO FT	$83.84	$16.77
E0880			SE TRACTION STAND-FREE STANDIN	$68.56	$13.71
E0890			SPE FRAME ATTACHED TO FOOTBOAR	$80.47	$16.09
E0900			SPT STAND-FREE STANDING	$80.47	$16.09
E0910			BED TRAPEZE BARS W/GRAB BAR	$163.74	$19.65
E0911			TRAPEZE BAR, HEAVY DUTY, FOR P	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
E0912			TRAPEZE BAR, HEAVY DUTY, FOR P	BY REPORT	BY REPORT
E0920			FRACTURE FRAME, ATTACHED TO B	$394.43	$47.33
E0930			FRACTURE FRAME,FREE STAND W/WE	$394.43	$47.33
E0935			CONTINUOUS PASSIVE MOTION EXER	$0.00	$0.00
E0940			TRAPEZE BAR, FREE STANDING, CO	$314.78	$37.77
E0941			GRAVITY ASSIST TRACTION DEVICE	$384.94	$46.19
E0942			TRACTION,CERVICAL WITH HEAD HA	$15.82	$3.16
E0944			PELVIC BELT/HARNESS/BOOT	$32.74	$6.55
E0945			EXTREMITY BELT/HARNESS	$36.92	$7.38
E0946			FRAC FRM, DUAL W/X-BARS BED AT	$894.33	$107.32
E0947			FRAC FRAME W/ATT COMPLEX PELVI	NA	$472.60
E0948			FRAC FRM ATTACH FOR CPX CERV T	NA	$457.11
E0950			TRAY	$55.18	$11.04
E0951			HEEL LOOP/HOLDER, ANY TYPE, WI	$9.30	$1.86
E0952			TOE LOOP/HOLDER, ANY TYPE, EAC	$15.04	$3.01
E0953			WHEELCHAIR ACCESSORY, LATERAL	NA	$48.92
E0954			WHEELCHAIR ACCESSORY, FOOT BOX	$34.82	$9.49
E0955			WHEELCHAIR ACCESSORY, HEADREST	$148.60	$17.83

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DME/P&O				**PURCHASE**	**RENTAL**
E0956			WHEELCHAIR ACCESSORY, LATERAL	$55.91	$11.18
E0957			WHEELCHAIR ACCESSORY, MEDIAL T	$101.38	$12.17
E0958			WHEELCHAIR ATTACHMENT TO CONV	$421.32	$50.56
E0959			AMPUTEE ADAPTER (DEVICE USED	$35.37	$7.07
E0960			WHEELCHAIR ACCESSORY, SHOULDER	$51.95	$10.39
E0961			BRAKE EXTENSION, FOR WHEELCHA	$11.61	$2.32
E0966			HOOK ON HEAD REST EXTENSION	$51.67	$10.33
E0967			MANUAL WHEELCHAIR ACCESSORY, H	$52.53	$10.51
E0968			COMMODE SEAT, WHEELCHAIR	$181.39	$21.77
E0969			NARROWING DEVICE, WHEELCHAIR	NA	$113.93
E0970			NO.2 FOOTPLATES, EXCEPT FOR E	$94.92	$18.98
E0971			MANUAL WHEELCHAIR ACCESSORY, A	$17.35	$3.47
E0973			ADJUSTABLE HEIGHT DETACHABLE	$91.75	$18.35
E0974			"GRADE-AID" DEVICE TO PREVENT	$52.24	$10.45
E0978			WHEELCHAIR ACCESSORY, POSITIO	$18.13	$3.63
E0980			SAFETY VEST, WHEELCHAIR	$26.37	$5.27
E0981			WHEELCHAIR ACCESSORY, SEAT UPH	$37.72	$7.54
E0982			WHEELCHAIR ACCESSORY, BACK UPH	$41.22	$8.24

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0983			MANUAL WHEELCHAIR ACCESSORY, P	BY REPORT	BY REPORT
E0984			MANUAL WHEELCHAIR ACCESSORY, P	BY REPORT	BY REPORT
E0988			MANUAL WHEELCHAIR ACCESSORY, L	BY REPORT	BY REPORT
E0990			ELEVATING LEG REST, EACH	$77.14	$15.43
E0992			SOLID SEAT INSERT	$43.49	$8.70
E0994			ARM REST, EACH	$13.42	$2.68
E0995			WHEELCHAIR ACCESSORY, CALF RES	$21.09	$4.22
E1002			WHEELCHAIR ACCESSORY, POWER SE	$2,567.71	$308.13
E1012			WHEELCHAIR ACCESSORY, ADDITION	BY REPORT	BY REPORT
E1028			WHEELCHAIR ACCESSORY, MANUAL S	$151.81	$18.22
E1031			ROLLABOUT CHAIR ANYTYPE W/5"+	BY REPORT	BY REPORT
E1035			MULTI-POSITIONAL PATIENT TRANS	BY REPORT	BY REPORT
E1038			TRANSPORT CHAIR, ADULT SIZE, P	BY REPORT	BY REPORT
E1039			TRANSPORT CHAIR, ADULT SIZE, H	BY REPORT	BY REPORT
E1050			FULLY-RECLINING WHEELCHAIR, F	$1,222.53	$146.70
E1060			RECLINING WC,DETACH ARMS,EL LE	$1,222.53	$146.70
E1070			FULLY-RECLINING WHEELCHAIR, DE	$909.61	$109.15
E1083			HEMI-WHEELCHAIR, FIXED FULL L	$717.15	$86.06

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DME/P&O				**PURCHASE**	**RENTAL**
E1084			HEMI-WHEELCHAIR, DETACHABLE A	$1,049.29	$125.91
E1085			HEMI-WHEELCHAIR, FIXED FULL L	$829.21	$99.51
E1086			HEMI-WHEELCHAIR DETACHABLE AR	$1,105.41	$132.65
E1087			HIGH STRENGTH LIGHTWEIGHT WHE	$1,152.71	$138.33
E1088			HIGH STRENGTH LIGHTWEIGHT WHE	$1,536.80	$184.42
E1089			HIGH STRENGTH LIGHTWEIGHT WHE	$1,133.99	$136.08
E1090			HI STR,LTWT WC DETACH ARMS/FT	$1,499.05	$179.89
E1092			WIDE HEAVY DUTY WHEEL CHAIR,	$1,367.22	$164.07
E1093			WIDE HEAVY DUTY WHEELCHAIR, D	$1,255.01	$150.60
E1100			SEMI-RECLINING WHEELCHAIR, FI	$1,054.63	$126.56
E1110			SEMI-RECLINING WHEELCHAIR, DET	$1,139.73	$136.77
E1130			STANDARD WHEELCHAIR, FIXED FU	$424.49	$50.94
E1140			STD WC,DETACH ARMS/FOOTREST	$697.26	$83.67
E1150			WC,DETACH ARMS/ELEVATING LEGRE	$776.52	$93.18
E1160			WC,FIX ARMS,DETACH ELEVATE LEG	$601.55	$72.19
E1161			MANUAL ADULT SIZE WHEELCHAIR,	$1,987.51	$238.50
E1170			AMPUTEE WHEELCHAIR, FIXED FUL	$1,179.70	$141.56
E1171			AMPUTEE WHEELCHAIR, FIXED FUL	$682.35	$81.88

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DME/P&O				**PURCHASE**	**RENTAL**
E1172			AMPUTEE WC,DETACH ARMS W/O F/L	$877.45	$105.29
E1180			AMPUTEE WHEELCHAIR, DETACHABL	$937.91	$112.55
E1190			AMPUTEE WHEELCHAIR, DETACHABL	$1,083.63	$130.04
E1195			HVY DUTY WC FIX ARMS DETACH EL	$1,029.11	$123.49
E1200			AMPUTEE WHEELCHAIR, FIXED FULL	$807.14	$96.86
E1220			SPECIALLY SIZED OR CONSTRUCTE	BY REPORT	BY REPORT
E1221			WHEELCHAIR WITH FIXED ARM, FO	$758.38	$91.01
E1222			WHEELCHAIR W/FIX ARM &ELEV.LE	$955.49	$114.66
E1223			WHEELCHAIR W/DETACH.ARM,FOOTR	$831.05	$99.73
E1224			WHEELCHAIR W/DETACH.ARM, ELEV	$1,174.02	$140.88
E1225			WHEELCHAIR ACCESSORY, MANUAL S	$449.27	$53.91
E1226			WHEELCHAIR ACCESSORY, MANUAL F	$261.99	$31.44
E1227			SPECIAL HEIGHT ARMS FOR WHEELC	$221.47	$26.58
E1228			SPECIAL BACK HEIGHT FOR WHEELC	$189.83	$22.78
E1230			POWER VEHICLE/3-4WHEEL(NON-HIG	$1,624.13	$194.90
E1231			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT
E1232			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT
E1233			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
E1234			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT
E1235			WHEELCHAIR, PEDIATRIC SIZE, RI	BY REPORT	BY REPORT
E1236			WHEELCHAIR, PEDIATRIC SIZE, FO	BY REPORT	BY REPORT
E1237			WHEELCHAIR, PEDIATRIC SIZE, RI	BY REPORT	BY REPORT
E1238			WHEELCHAIR, PEDIATRIC SIZE, FO	BY REPORT	BY REPORT
E1239			POWER WHEELCHAIR, PEDIATRIC SI	BY REPORT	BY REPORT
E1240			LGHT.WT. WHEELCH.DETACH ARM,EL	$1,057.14	$126.86
E1250			LTWT WC FIX ARMS DETACH FOOTRE	$630.67	$75.68
E1260			LTWT WC DETACH ARMS/FOOTREST	$870.81	$104.50
E1270			LTWT WC FIX ARMS DETACH ELV LG	$727.69	$87.32
E1280			HVY DUTY WC DETACH ARMS ELV LG	$1,272.04	$152.64
E1285			HVY DTY WC FIX ARM DETACH FTRT	$999.66	$119.96
E1290			HVY DTY WC DETACH ARM/FTRT	$1,386.25	$166.35
E1295			HEAVY DUTY WHCH/FIX ARM,ELEV.	$943.05	$113.17
E1296			SPEC. SEAT FOR WHEELCH./SPEC.H	$282.64	$33.92
E1297			UPHOLSTERY FOR SPEC. DEPTH WC	$61.17	$12.23
E1298			SPEC. CONSTRUCT.WC SEAT/DEPTH-	$304.78	$36.57
E1300			WHIRLPOOL,PORTABLE(OVERTUB)	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
E1310			WHIRLPOOL,NON-PORTABLE(BUILT-I	$1,717.92	$206.15
E1353			REGULATOR	NA	$22.07
E1355			STAND/RACK FOR OXYGEN USE	$17.92	$3.58
E1372			IMMERSION EXTERNAL HEATER FOR	$92.25	$18.45
E1390			OXY. CONCENTRATOR EQUIV. NOT D	$0.00	$0.00
E1399			DURABLE MEDICAL EQUIPMENT, NOT	BY REPORT	BY REPORT
E1405			02&H20 VAPOR ENRICH SYS W/HEAT	BY REPORT	BY REPORT
E1406			02&H20 VAPOR ENRICH SYS W/O HE	BY REPORT	BY REPORT
E1500			CENTRIFUGE FOR DIALYSIS	BY REPORT	BY REPORT
E1510			KIDNEY DIALYSATE DELIVERY SYST	BY REPORT	BY REPORT
E1520			HEPARIN INFUSION PUMP-DIALYSIS	BY REPORT	BY REPORT
E1530			AIR BUBBLE DETECTOR FOR DIALYS	BY REPORT	BY REPORT
E1540			PRESSURE ALARM FOR DIALYSIS	BY REPORT	BY REPORT
E1550			BATHE CONDUCTIVITY METER -DIAL	BY REPORT	BY REPORT
E1575			TRANSDUCER PROTECT/FLUID BARRI	BY REPORT	BY REPORT
E1580			UNIPUNCTURE CONTROL SYSTEM-DIA	BY REPORT	BY REPORT
E1590			HEMODIALYSIS MACHINE	BY REPORT	BY REPORT
E1592			AUTO INTERMIT PERITONEAL DIALY	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
E1594			CYCLER MACHINE-PERITONEAL DIAL	BY REPORT	BY REPORT
E1610			REVERSE OSMOSIS H20 PURIFICATI	BY REPORT	BY REPORT
E1615			DEIONIZER WATER PURIFICATION S	BY REPORT	BY REPORT
E1620			BLOOD PUMP FOR DIALYSIS	BY REPORT	BY REPORT
E1630			RECIPROCATING PERITONEAL DIALY	BY REPORT	BY REPORT
E1632			WEARABLE ARTIFICIAL KIDNEY	BY REPORT	BY REPORT
E1634			PERITONEAL DIALYSIS CLAMPS, EA	BY REPORT	BY REPORT
E1635			COMPACT(PORT)TRAVEL HEMODIALYZ	BY REPORT	BY REPORT
E1636			SORBENT CARTRIDGES, PER CASES	BY REPORT	BY REPORT
E1637			HEMOSTATS, EACH	BY REPORT	BY REPORT
E1699			DIALYSIS EQUIP-UNSPECIFIES-BY	BY REPORT	BY REPORT
E1700			JAW MOTION REHABILITATION SYST	BY REPORT	BY REPORT
E1701			REPLACE CUSION-JAW MOT. SYS.PK	NA	$8.08
E1702			REPLACE SCALES-JAW MOTION SYS-	NA	$16.22
E1800			DYNAMIC ADJ.ELBOW EXT/FLEXION	BY REPORT	BY REPORT
E1805			DYNAMIC ADJ.WRIST EXTEN/FLEX.	BY REPORT	BY REPORT
E1810			DYNAMIC ADJ.KNEE EXTEN/FLEX. D	BY REPORT	BY REPORT
E1812			DYNAMIC KNEE, EXTENSION/FLEXIO	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
E1815			DYNAMIC ADJ. ANKLE EXTEN/FLEX.	BY REPORT	BY REPORT
E1820			SOFT INTERFACE,DYN.ADJ.EXTEN/F	NA	$63.70
E1825			DYN.ADJ. FINGER EXTEN/FLEXION	BY REPORT	BY REPORT
E1830			DYN.ADJ. TOE EXTENSION/FLEX. D	BY REPORT	BY REPORT
E1902			AUGMENTIVE COMMUNICATION DEVIC	BY REPORT	BY REPORT
E2100			BLOOD GLUCOSE MONITOR WITH INT	$507.45	$60.89
E2201			MANUAL WHEELCHAIR ACCESSORY, N	NA	$184.28
E2202			MANUAL WHEELCHAIR ACCESSORY, N	NA	$268.49
E2203			MANUAL WHEELCHAIR ACCESSORY, N	$260.36	$31.24
E2204			MANUAL WHEELCHAIR ACCESSORY, N	NA	$951.46
E2205			MANUAL WHEELCHAIR ACCESSORY, H	$22.72	$4.54
E2206			MANUAL WHEELCHAIR ACCESSORY, W	$23.76	$4.75
E2207			WHEELCHAIR ACCESSORY, CRUTCH A	$29.76	$5.95
E2208			WHEELCHAIR ACCESSORY, CYLINDER	$45.94	$9.19
E2209			WHEELCHAIR ACCESSORY, ARM TROU	$55.06	$11.01
E2210			WHEELCHAIR ACCESSORY, BEARINGS	$3.31	$0.83
E2211			MANUAL WHEELCHAIR ACCESSORY, P	$22.59	$4.52
E2212			MANUAL WHEELCHAIR ACCESSORY, T	$4.00	$0.86

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DME/P&O				**PURCHASE**	**RENTAL**
E2213			MANUAL WHEELCHAIR ACCESSORY, I	$19.88	$3.98
E2214			MANUAL WHEELCHAIR ACCESSORY, P	$21.34	$4.27
E2215			MANUAL WHEELCHAIR ACCESSORY, T	$6.67	$1.33
E2216			MANUAL WHEELCHAIR ACCESSORY, F	BY REPORT	BY REPORT
E2217			MANUAL WHEELCHAIR ACCESSORY, F	BY REPORT	BY REPORT
E2218			MANUAL WHEELCHAIR ACCESSORY, F	BY REPORT	BY REPORT
E2219			MANUAL WHEELCHAIR ACCESSORY, F	$25.33	$5.07
E2220			MANUAL WHEELCHAIR ACCESSORY, S	$18.17	$3.63
E2221			MANUAL WHEELCHAIR ACCESSORY, S	$17.17	$3.43
E2222			MANUAL WHEELCHAIR ACCESSORY, S	$14.28	$2.86
E2224			MANUAL WHEELCHAIR ACCESSORY, P	$59.96	$11.99
E2225			MANUAL WHEELCHAIR ACCESSORY, C	$11.91	$2.38
E2226			MANUAL WHEELCHAIR ACCESSORY, C	$25.50	$5.10
E2231			MANUAL WHEELCHAIR ACCESSORY, S	$86.68	$17.34
E2310			POWER WHEELCHAIR ACCESSORY, EL	$860.13	$103.22
E2311			POWER WHEELCHAIR ACCESSORY, EL	$1,741.36	$208.96
E2312			POWER WHEELCHAIR ACCESSORY, HA	$1,893.17	$227.18
E2313			POWER WHEELCHAIR ACCESSORY, HA	$235.72	$28.29

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DME/P&O				**PURCHASE**	**RENTAL**
E2358			POWER WHEELCHAIR ACCESSORY, GR	BY REPORT	BY REPORT
E2359			POWER WHEELCHAIR ACCESSORY, GR	NA	$103.28
E2360			POWER WHEELCHAIR ACCESSORY, 22	$89.87	$17.97
E2361			POWER WHEELCHAIR ACCESSORY, 22	$86.14	$13.39
E2362			POWER WHEELCHAIR ACCESSORY, GR	$59.06	$14.72
E2363			POWER WHEELCHAIR ACCESSORY, GR	$104.82	$17.86
E2364			POWER WHEELCHAIR ACCESSORY, U-	$89.87	$17.97
E2365			POWER WHEELCHAIR ACCESSORY, U-	$56.53	$17.95
E2366			POWER WHEELCHAIR ACCESSORY, BA	$109.38	$13.13
E2367			POWER WHEELCHAIR ACCESSORY, BA	$1.48	$0.30
E2368			POWER WHEELCHAIR COMPONENT, DR	$299.24	$35.91
E2369			POWER WHEELCHAIR COMPONENT, DR	$263.48	$31.62
E2370			POWER WHEELCHAIR COMPONENT, IN	$442.32	$53.08
E2371			POWER WHEELCHAIR ACCESSORY, GR	NA	$89.96
E2372			POWER WHEELCHAIR ACCESSORY, GR	BY REPORT	BY REPORT
E2373			POWER WHEELCHAIR ACCESSORY, HA	$926.18	$111.14
E2374			POWER WHEELCHAIR ACCESSORY, HA	$408.78	$49.05
E2375			POWER WHEELCHAIR ACCESSORY, NO	$523.11	$62.77

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DME/P&O				**PURCHASE**	**RENTAL**
E2376			POWER WHEELCHAIR ACCESSORY, EX	$1,027.47	$123.30
E2377			POWER WHEELCHAIR ACCESSORY, EX	$371.81	$44.62
E2378			POWER WHEELCHAIR COMPONENT, AC	BY REPORT	BY REPORT
E2381			POWER WHEELCHAIR ACCESSORY, PN	$40.78	$8.16
E2382			POWER WHEELCHAIR ACCESSORY, TU	$12.11	$2.42
E2383			POWER WHEELCHAIR ACCESSORY, IN	$82.86	$16.57
E2384			POWER WHEELCHAIR ACCESSORY, PN	$37.84	$7.57
E2385			POWER WHEELCHAIR ACCESSORY, TU	$29.06	$5.81
E2386			POWER WHEELCHAIR ACCESSORY, FO	$63.62	$12.72
E2387			POWER WHEELCHAIR ACCESSORY, FO	$30.18	$6.04
E2388			POWER WHEELCHAIR ACCESSORY, FO	$31.62	$6.32
E2389			POWER WHEELCHAIR ACCESSORY, FO	$17.68	$3.54
E2390			POWER WHEELCHAIR ACCESSORY, SO	$27.36	$5.47
E2391			POWER WHEELCHAIR ACCESSORY, SO	$11.39	$2.28
E2392			POWER WHEELCHAIR ACCESSORY, SO	$28.54	$5.71
E2394			POWER WHEELCHAIR ACCESSORY, DR	$38.05	$7.61
E2395			POWER WHEELCHAIR ACCESSORY, CA	$26.79	$5.36
E2396			POWER WHEELCHAIR ACCESSORY, CA	$33.35	$6.67

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2402			NEGATIVE PRESSURE WOUND THERAP	$0.00	$0.00
E2601			GENERAL USE WHEELCHAIR SEAT CU	$24.38	$4.88
E2602			GENERAL USE WHEELCHAIR SEAT CU	$51.95	$10.39
E2603			SKIN PROTECTION WHEELCHAIR SEA	$62.98	$12.60
E2604			SKIN PROTECTION WHEELCHAIR SEA	$90.45	$18.09
E2605			POSITIONING WHEELCHAIR SEAT CU	$133.57	$16.03
E2606			POSITIONING WHEELCHAIR SEAT CU	$219.14	$26.30
E2607			SKIN PROTECTION AND POSITIONIN	$126.19	$15.14
E2608			SKIN PROTECTION AND POSITIONIN	$162.10	$19.45
E2611			GENERAL USE WHEELCHAIR BACK CU	$103.12	$12.37
E2612			GENERAL USE WHEELCHAIR BACK CU	$189.38	$22.73
E2613			POSITIONING WHEELCHAIR BACK CU	$194.48	$23.34
E2614			POSITIONING WHEELCHAIR BACK CU	$293.32	$35.20
E2615			POSITIONING WHEELCHAIR BACK CU	$228.17	$27.38
E2616			POSITIONING WHEELCHAIR BACK CU	$298.07	$35.77
E2619			REPLACEMENT COVER FOR WHEELCHA	$32.56	$6.51
E2620			POSITIONING WHEELCHAIR BACK CU	$236.12	$28.33
E2621			POSITIONING WHEELCHAIR BACK CU	$284.83	$34.18

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DME/P&O				**PURCHASE**	**RENTAL**
E2622			SKIN PROTECTION WHEELCHAIR SEA	NA	$206.51
E2623			SKIN PROTECTION WHEELCHAIR SEA	NA	$261.15
E2624			SKIN PROTECTION AND POSITIONIN	NA	$209.85
E2625			SKIN PROTECTION AND POSITIONIN	NA	$259.71
E2626			WHEELCHAIR ACCESSORY, SHOULDER	NA	$422.57
E2627			WHEELCHAIR ACCESSORY, SHOULDER	NA	$644.85
E2628			WHEELCHAIR ACCESSORY, SHOULDER	NA	$513.21
E2629			WHEELCHAIR ACCESSORY, SHOULDER	NA	$652.24
E2630			WHEELCHAIR ACCESSORY, SHOULDER	NA	$429.33
E2631			WHEELCHAIR ACCESSORY, ADDITION	NA	$186.38
E2632			WHEELCHAIR ACCESSORY, ADDITION	NA	$114.82
E2633			WHEELCHAIR ACCESSORY, ADDITION	NA	$95.07
E8000			GAIT TRAINER, PEDIATRIC SIZE,	BY REPORT	BY REPORT
E8001			GAIT TRAINER, PEDIATRIC SIZE,	BY REPORT	BY REPORT
E8002			GAIT TRAINER, PEDIATRIC SIZE,	BY REPORT	BY REPORT
G0027			SEMEN ANALYSIS	NA	$2.40
G0104			FLEXIBLE SIGMOIDOSCOPY	$86.00	$77.00
G0104	TC		FLEXIBLE SIGMOIDOSCOPY	NA	$40.77

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DME/P&O				**PURCHASE**	**RENTAL**
G0104	26		FLEXIBLE SIGMOIDOSCOPY	$45.23	$36.23
G0105	TC		COLONOSCOPY ON INDIV AT HIGH R	NA	$41.00
G0106			SCREENING SIGMOIDOSCOPY, BA EN	$86.00	$80.00
G0106	TC		SCREENING SIGMOIDOSCOPY, BA EN	NA	$46.00
G0106	26		SCREENING SIGMOIDOSCOPY, BA EN	$40.00	$34.00
G0120			SCREENING COLONOSCOPY, BARIUM	$86.00	$77.00
G0120	TC		SCREENING COLONOSCOPY, BARIUM	NA	$48.16
G0120	26		SCREENING COLONOSCOPY, BARIUM	$37.84	$28.84
G0121	TC		COLONOSCOPY NON HIGH RISK INDI	NA	$41.00
G0122			BARIUM ENEMA	$30.00	$28.00
G0122	TC		BARIUM ENEMA	NA	$16.50
G0122	26		BARIUM ENEMA	$13.50	$11.50
G0127			TRIMMING DYSTROPHIC NAILS, 1-1	$7.00	$7.00
G0130			BONE DENS STUDY 1 OR MORE SITE	$20.68	$19.89
G0130	TC		BONE DENS STUDY 1 OR MORE SITE	NA	$15.39
G0130	26		BONE DENS STUDY 1 OR MORE SITE	$5.30	$4.50
G0141			SCR C/V CYTO AUTOSYS AND MD	NA	$10.00
G0166			EXTERNAL COUNTERPULSATION, PER	$82.30	$69.96

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DME/P&O				**PURCHASE**	**RENTAL**
G0168			WOUND CLOSURE UTILIZING TISSUE	$45.23	$38.45
G0168	26		WOUND CLOSURE UTILIZING TISSUE	$12.55	$10.67
G0176	HH		ACTIVITY THERAPY, SUCH AS MUSI	$0.00	$0.00
G0268			REMOVAL OF IMPACTED CERUMEN (O	$23.35	$19.85
G0268	26		REMOVAL OF IMPACTED CERUMEN (O	$15.28	$12.99
G0276			BLINDED PROCEDURE FOR LUMBAR S	$190.68	$162.08
G0277			HYPERBARIC OXYGEN UNDER PRESSU	$59.53	$50.60
G0278			ILIAC ARTERY ANGIOGRAPHY PERFO	$6.61	$5.62
G0279			DIAG DIGITAL BREAST TOMOSYNTHE	$28.69	$24.38
G0279	TC		TOMOSYNTHESIS, MAMMO SCREEN	NA	$13.64
G0279	26		TOMOSYNTHESIS, MAMMO SCREEN	$15.23	$12.95
G0288			RECONSTRUCTION, COMPUTED TOMOG	$29.63	$25.19
G0289			ARTHROSCOPY, KNEE, SURGICAL, F	$44.59	$37.90
G0296	26		COUNSELING VISIT TO DISCUSS NE	$13.45	$11.43
G0297			LOW DOSE CT SCAN (LDCT) FOR LU	$142.12	$120.80
G0297	TC		LOW DOSE CT SCAN (LDCT) FOR LU	NA	$100.51
G0297	26		LOW DOSE CT SCAN (LDCT) FOR LU	$26.12	$22.23
G0306			CBC AUTO HGB-RBC-WBC-W PLAT &	NA	$5.00

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DME/P&O				**PURCHASE**	**RENTAL**
G0307			AUTO HEMOGRAM W PLATELET COUNT	NA	$4.80
G0328			IMMUNOASSAY INFECTIOUS AG QUAL	NA	$7.00
G0328	QW		IMMUNOASSAY INFECTIOUS AG QUAL	NA	$7.00
G0365			VESSEL MAPPING OF VESSELS FOR	$66.16	$56.24
G0396			ALCOHOL AND/OR SUBSTANCE (OTHE	$18.16	$15.43
G0396	HH		ALC &/OR SUBSTANCE SBIRT 15-30	$0.00	$0.00
G0396	26		ALCOHOL AND/OR SUBSTANCE ABUSE	$16.81	$14.29
G0397			ALCOHOL AND/OR SUBSTANCE (OTHE	$33.85	$28.77
G0397	HH		ALC &/OR SUBSTANCE SBIRT 30 MI	$0.00	$0.00
G0397	26		ALCOHOL &/OR SUBSTANCE ABUSE A	$32.70	$27.79
G0412			OPEN TREATMENT OF ILIAC SPINE(	$376.05	$319.64
G0413			PERCUTANEOUS SKELETAL FIXATION	$554.13	$471.01
G0414			OPEN TREATMENT OF ANTERIOR PEL	$521.70	$443.44
G0415			OPEN TREATMENT OF POSTERIOR PE	$713.82	$606.75
G0420			FACE-TO-FACE EDUCATIONAL SERVI	$55.98	$47.58
G0421			FACE-TO-FACE EDUCATIONAL SERVI	$13.09	$11.13
G0422			INTENSIVE CARDIAC REHABILITATI	$59.74	$50.78
G0423			INTENSIVE CARDIAC REHABILITATI	$59.74	$50.78

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DME/P&O				**PURCHASE**	**RENTAL**
G0424			PULMONARY REHABILITATION, INCL	$15.42	$13.11
G0432			INFECTIOUS AGENT ANTIBODY DETE	NA	$15.66
G0433			INFECTIOUS AGENT ANTIBODY DETE	NA	$14.63
G0434	HF		DRUG SCREEN, OTH THAN CHROMATO	NA	$16.38
G0434	HF	QW	DRUG SCREEN, OTH THAN CHROMATO	NA	$16.38
G0434	QW		DRUG SCREEN, OTH THAN CHROMATO	NA	$15.83
G0435			INFECTIOUS AGENT ANTIBODY DETE	NA	$10.66
G0442			ANNUAL ALCOHOL MISUSE SCREENIN	$9.47	$8.05
G0443			BRIEF FACE-TO-FACE BEHAVIORAL	$13.37	$11.36
G0444			ANNUAL DEPRESSION SCREENING, 1	$9.47	$8.05
G0445			HIGH INTENSITY BEHAVIORAL COUN	$14.14	$12.01
G0446			INTENSIVE BEHAVIORAL THERAPY T	$13.37	$11.36
G0451			DEVELOPMENT TESTING, WITH INTE	$5.36	$4.55
G0461			IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$77.88
G0461	TC		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$51.94
G0461	26		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$25.94
G0462			IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$60.90
G0462	TC		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$50.32

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DME/P&O				**PURCHASE**	**RENTAL**
G0462	26		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$10.57
G0464			COLORECTAL CANCER SCREENING: S	$394.18	$335.05
G0473			FACE-TO-FACE BEHAVIORAL COUNSE	$6.50	$5.52
G0473	26		GROUP BEHAVIORAL COUNSELING 2-	$5.93	$5.04
G0480			DRUG TEST(S), DEFINITIVE, UTIL	NA	$94.12
G0481			DRUG TEST(S), DEFINITIVE, UTIL	NA	$128.79
G0482			DRUG TEST(S), DEFINITIVE, UTIL	NA	$163.47
G0483			DRUG TEST(S), DEFINITIVE, UTIL	NA	$203.10
G0506			COMPREHENSIVE ASSESSMENT OF AN	$32.17	$27.34
G0506	26		COMPREHENSIVE ASSESSMENT CARE	$23.14	$19.66
G0513			PROLONGED PREVENTIVE SERVICE(S	$32.92	$27.98
G0513	26		PROLONGED PREVENTIVE SERVICES	$30.99	$26.34
G0514			PROLONGED PREVENTIVE SERVICE(S	$32.92	$27.98
G0514	26		PROLONGED PREVENTIVE SERVICES	$30.99	$26.34
G0515			DEVELOPMENT OF COGNITIVE SKILL	$16.72	$14.21
G0516			INSERTION OF NON-BIODEGRADABLE	$127.26	$108.17
G0516	26		INSERTION OF NON-BIODEGRADABLE	$55.37	$47.06
G0517			REMOVAL OF NON-BIODEGRADABLE D	$137.11	$116.54

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DME/P&O				**PURCHASE**	**RENTAL**
G0517	26		REMOVAL OF NON-BIODEGRABLE DRU	$63.29	$53.80
G0518			REMOVAL WITH REINSERTION, NON-	$239.88	$203.89
G0518	26		REMOVAL WITH REINSETION, NON-B	$101.85	$86.57
G6001			ULTRASONIC GUIDANCE FOR PLACEM	$43.72	$37.16
G6001	TC		ECHO GUIDANCE RADIOTHERAPY	NA	$27.65
G6001	26		ECHO GUIDANCE RADIOTHERAPY	$16.07	$13.66
G6002			STEREOSCOPIC X-RAY GUIDANCE FO	$40.58	$34.49
G6002	TC		STEREOSCOPIC X-RAY GUIDANCE	NA	$29.96
G6002	26		STEREOSCOPIC X-RAY GUIDANCE	$10.62	$9.02
G6003			RADIATION TREATMENT DELIVERY,	$106.28	$90.33
G6004			RADIATION TREATMENT DELIVERY,	$77.83	$66.15
G6005			RADIATION TREATMENT DELIVERY,	$77.83	$66.15
G6006			RADIATION TREATMENT DELIVERY,	$77.64	$65.99
G6007			RADIATION TREATMENT DELIVERY,	$147.23	$125.14
G6008			RADIATION TREATMENT DELIVERY,	$107.43	$91.32
G6009			RADIATION TREATMENT DELIVERY,	$106.86	$90.83
G6010			RADIATION TREATMENT DELIVERY,	$106.86	$90.83
G6011			RADIATION TREATMENT DELIVERY,3	$145.31	$122.51

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G6012			RADIATION TREATMENT DELIVERY,3	$142.42	$121.06
G6013			RADIATION TREATMENT DELIVERY,3	$142.61	$121.22
G6014			RADIATION TREATMENT DELIVERY,3	$142.61	$121.22
G6015			INTENSITY MODULATED TREATMENT	$193.27	$164.28
G6016			COMPENSATOR-BASED BEAM MODULAT	$192.79	$163.87
G6019	26		COLONOSCOPY LESION REMOVAL	$142.60	$121.21
G6022	26		SIGMOIDOSCOPY W/ABLATE TUMOR	$96.15	$81.72
G6024	26		LESION REMOVAL COLONOSCOPY	$172.73	$146.82
G9141	52		INFLUENZA A(H1N1)IMMUN INTRANA	NA	$5.00
G9489			REMOTE IN-HOME VISIT FOR THE E	$39.40	$33.49
G9490			COMPREHENSIVE CARE FOR JOINT R	$23.44	$19.92
G9685			PHYSICIAN SERVICE OR OTHER QUA	$102.31	$86.96
HH270			MEDICAL/SURG SUPPLIES, GEN CLA	$0.00	$0.00
HH420			PHYSICAL THERAPY, GEN CLASSIF,	NA	$24.06
HH430			OCCUPATION THERAPY, GEN CLASSI	NA	$23.81
HH440			SPEECH PATHOLOGY, GEN CLASSIF,	NA	$20.27
HH550			SKILLED NURSING, GEN CLASSIF,	NA	$29.14
HH560			MEDICAL SOCIAL SERV GEN CLASSI	NA	$25.90

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DME/P&O				**PURCHASE**	**RENTAL**
HH570			HOME HEALTH AID, GEN CLASSIF,	NA	$6.22
H0001	HA		ALCOHOL/DRUG ASSESSMENT(PRE-AD	NA	$24.50
H0001	HF		ALCOHOL AND/OR DRUG ASSESSMENT	NA	$49.00
H0001	HH		ALCOHOL AND/OR DRUG ASSESSMENT	$0.00	$0.00
H0002	HH		BEHAVIORAL HEALTH SCREENING TO	$0.00	$0.00
H0003			ALCOHOL AND/OR DRUG ASSESSMENT	NA	$4.50
H0003	HA		ALCOHOL/DRUG SCREENING (URINE)	NA	$8.00
H0003	HF		ALCOHOL AND/OR DRUG SCREENING	NA	$4.50
H0003	HH		ALCOHOL AND/OR DRUG ASSESSMENT	$0.00	$0.00
H0004	HH		BEH HLTH COUNSELING & THER 15	$0.00	$0.00
H0004	HI		BEHAVIORAL HLTH COUNSEL/TPY PE	NA	$7.34
H0004	HI	22	BEH HLTH COUN & THERAPY/15MINU	NA	$19.60
H0004	ST	22	TBI-BEHAVIOR PROGRAM CONTINUIN	NA	$75.00
H0005	AJ	HA	ALCOHOL/DRUG SERV/GROUP THERAP	NA	$23.00
H0005	HH		ALCOHOL AND/OR DRUG SERV, GROU	$0.00	$0.00
H0006	HA		CASE MANAGEMENT	NA	$12.00
H0006	HA	22	CARE MANAGEMENT (SA ONLY)	NA	$550.00
H0006	HH		ALCOHOL &/OR DRUG SERV, CASE M	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
H0007	HA		CRISIS INTERVENTION INDIVIDUAL	NA	$13.00
H0007	HH		ALCOHOL AND/OR DRUG SERV, CRIS	$0.00	$0.00
H0010	HA		SUB ACUTE DETOXIFICATION RESID	CONTRACT PRICING	NA
H0010	HF		DETOXIFICATION LEVEL III.7(PER	NA	$408.08
H0010	HV		RESID WITHDRAWAL MGT R & B	NA	$20.20
H0011	HF		MEDICALLY ENHANCED DETOX LEVEL	NA	$416.00
H0014	HF		AMBULATORY WITHDRAWAL MGT	NA	$220.00
H0014	HH		ALCOHOL &/OR DRUG SERV, AMBULA	$0.00	$0.00
H0015	HA		INTENSIVE OP (PARTIAL CARE)	BY REPORT	BY REPORT
H0015	HF		INTENSIVE OP TX IN SA TX FACIL	NA	$109.48
H0015	HH		ALC &/OR DRUG SRVS, INTENSIVE	$0.00	$0.00
H0016	HH		ALC &/OR DRG SRVS, AMBULATORY	$0.00	$0.00
H0017	HI		MEN HLTH REHAB JCAHO-RTC/DDD	CONTRACT PRICING	NA
H0018	HA		SHORT TERM RESID(BIO-PSYCHO AS	NA	$62.50
H0018	HF		SHORT TERM RESIDENTIAL PER DIE	NA	$201.60
H0018	HF	U1	SH TERM RESIDENTIAL MAT METHAD	NA	$207.50
H0018	HF	U2	SH TERM RESIDENTIAL MAT NON-ME	NA	$219.14
H0018	HV		SHORT TERM RESIDENTIAL R & B	NA	$18.90

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DME/P&O				**PURCHASE**	**RENTAL**
H0018	TJ		CRISIS RESIDENTIAL BED	NA	$50.00
H0018	TJ	U1	IIC ASSESSMENT-CLIN LICENSED P	NA	$113.00
H0018	TJ	U2	IIC ASSESSMENT-MASTERS LEVEL P	NA	$85.00
H0019	HA		BEHAV HLTH RES(OUT OF HOME TX	CONTRACT PRICING	NA
H0019	HA	52	SHORT TERM ADOL OUT OF HOME TX	CONTRACT PRICING	NA
H0019	HF		LONG TERM RESIDENTIAL SA TREAT	NA	$84.40
H0019	HF	U1	LG TERM RESIDENTIAL MAT METHAD	NA	$90.30
H0019	HF	U2	LG TERM RESIDENTIAL MAT NON-ME	NA	$101.94
H0019	HV		LONG TERM RESIDENTIAL R & B	NA	$17.60
H0019	U1		SUP RESID A+ GRP HOMES/CRISIS	NA	$268.85
H0019	U1	52	SUPERV RES A+ APRS PER DIEM	NA	$268.85
H0019	U2		SUPERV RESID A GRP HOMES PER D	NA	$214.74
H0019	U2	52	SUPERVISED RES APTS A (PER DIE	NA	$214.74
H0019	U3		SUPERV RES B GRP HOMES (PER DI	NA	$167.22
H0019	U3	52	SUPERV RESID B APTS (15 MINUTE	NA	$13.33
H0019	U4		SUPERV RES C GRP HOMES PER 15	NA	$4.10
H0019	U4	52	SUPERV RES C APTS PER 15 MINUT	NA	$4.10
H0019	U5		FAMILY CARE/LEVEL D (PER DIEM)	NA	$17.55

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DME/P&O				**PURCHASE**	**RENTAL**
H0020	HF		ALCOHOL AND/OR DRUG SERVICES:	NA	$4.25
H0020	HF	26	OPOID TX MED METHADONE	NA	$91.15
H0020	HG		METHADONE MED/DISPENS IN OTF/D	NA	$4.25
H0020	HH		ALC &/OR DRUG SERV, METHADONE	$0.00	$0.00
H0022	HH		ALCOHOL &/OR DRUG INTERVENTION	$0.00	$0.00
H0026	HM	HQ	ASSER COM TX FACE-FACE/15 MIN	NA	$16.62
H0028	HH		ALCOHOL &/OR DRUG PREVENTION P	$0.00	$0.00
H0030	HH		ALCOHOL &/OR DRUG HOTLINE SERV	$0.00	$0.00
H0031	HA		MENTAL HEALTH ASSESSMENT(FUNCT	NA	$75.00
H0031	HA	HP	ASSESSMENT CODE BCBBA DOC LEVE	NA	$185.00
H0031	HA	22	MENTAL HEALTH ASSESSMENT(BCBA)	NA	$85.00
H0031	HH		MH ASSESSMENT BY NON-PHYSICIAN	$0.00	$0.00
H0032	HH		MOBILE RESPONSE CARE COORD/STA	$0.00	$0.00
H0032	TJ		MOBILE RESPONSE - STABILIZATIO	NA	$8.40
H0033	HF		ORAL MED ADMIN, NOT METHADONE	NA	$13.55
H0033	HF	26	ORAL MED ADM, NOT METH (BUNDLE	NA	$189.71
H0033	HH		ORAL MEDICATION ADMINISTRATION	$0.00	$0.00
H0034	HH		MED TRAINING AND SUPPORT PER 1	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
H0035			MENTAL HEALTH PARTIAL CARE	NA	$17.92
H0035	HH		MENTAL HEALTH PARTIAL CARE	$0.00	$0.00
H0035	UC		PARTIAL CARE	NA	$17.92
H0036			INTENSIVE IN COMMUN SERV PER 1	NA	$16.62
H0036	HH		INTENSIVE IN COMM SERV PER 15	$0.00	$0.00
H0036	HM		ASSER COM TX FACE-FACE/15 MIN	NA	$16.62
H0036	HM	HQ	ASSER COM TX FACE-FACE/15MIN	NA	$4.16
H0036	HQ		COMM SUPP SERV-HS GRAD LEV-GRO	NA	$4.16
H0036	HQ	52	COMMUN SUPPORT SERV BY PEER LE	NA	$4.16
H0036	TJ	U1	INTENS IN-COM INDIV CLIN LEVEL	NA	$28.25
H0036	TJ	U2	INTENS IN-COMM PROF IND SERV M	NA	$21.25
H0036	TJ	U3	INTENS IN-COMMUN SERV MIN BACH	NA	$18.25
H0036	UN	U1	INTENS IN-COM GRP CLIN LEV 2 C	NA	$19.00
H0036	UN	U2	INTENS IN-COM GRP SERV PROF LE	NA	$13.75
H0036	UN	U3	INTENS IN-COMM GRP BEHAV SVC 2	NA	$11.75
H0036	UP	U1	INTENS IN-COM GRP CLIN LEV 3 C	NA	$15.91
H0036	UP	U2	INTENS IN-COM GRP SERV PROF LE	NA	$11.25
H0036	UP	U3	INTENS IN-COMM GRP BEHAV SVC 3	NA	$9.58

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DME/P&O				**PURCHASE**	**RENTAL**
H0036	52		COMMUN SUPP SERV PEER LEV-INDI	NA	$16.62
H0037	HH		COMMUNITY PSYCHIATRIC SUPPORT	$0.00	$0.00
H0038	HA		SELF HELP/PEER SERV(EDUCAT ADV	BY REPORT	BY REPORT
H0038	HH		SELF-HELP/PEER SERVICES PER 15	$0.00	$0.00
H0039	HE	HO	COMMUN SUPP SERV-MASTERS LEVEL	NA	$28.82
H0039	HE	TD	COMMUN SUPPORT SERVICES BY AN	NA	$28.82
H0039	HM		COMMUN SUPP SERV-ASSOC DEGREE-	NA	$15.63
H0039	HM	HQ	COMM SUPP SERV-ASSOC DEGREE-GR	NA	$3.91
H0039	HN		COMMUN SUPP SERV BS LEVEL - IN	NA	$27.74
H0039	HN	HQ	COMMUNITY SUPPORT SERVICES BS	NA	$6.94
H0039	HQ	TE	COMMUNITY SUPP SERVICES BY LPN	NA	$6.94
H0039	TE		COMMUNITY SUPP SERV BY LPN IND	NA	$27.74
H0040	22		PROGRAMS ASSERT COMMUNITY TREA	NA	$1,487.81
H0043	HA	U1	SUPPORTED HOUSING(DD ROOM & BO	CONTRACT PRICING	NA
H0043	HI		HOUSING SPECIALIST MFP	NA	$15.00
H0045	HA		RESPITE CARE SERVICE(OVERNIGHT	NA	$155.00
H0045	HA	TV	RESPITE CARE SERV(WEEKEND NOT	NA	$4.00
H0045	TV	22	RESPITE CARE SERV(WEEKEND PER	NA	$6.25

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DME/P&O				**PURCHASE**	**RENTAL**
H0046			BEHAVIORAL HEALTH HOME-ACTIVE	BY REPORT	BY REPORT
H0046	HH		BEHAVIORAL HEALTH HOME-AVTIVE	$0.00	$0.00
H0046	TJ		BEHAVIOR HEALTH HOME-CHILD	CONTRACT PRICING	NA
H0046	22		BEHAVIORAL HEALTH HOME-ENGAGEM	CONTRACT PRICING	NA
H0046	52		BEHAVIORAL HEALTH HOME-MAINTEN	CONTRACT PRICING	NA
H0047	HH		ALC AND/OR OTHER DRUG ABUSE SE	$0.00	$0.00
H0048	HF		ALCOHOL AND/OR OTHER DRUG TEST	NA	$2.50
H0048	HH		ALC AND/OR OTHER DRUG TESETING	$0.00	$0.00
H0049	HA		ALCOHOL/DRUG SCREENING(ORAL SW	NA	$8.00
H0049	HH		ALCOHOL AND/OR OTHER DRUG SCRE	$0.00	$0.00
H0050	HH		ALCOHOL AND/OR DRUG SERVICES,B	$0.00	$0.00
H2000	AH	HE	COMMUNITY SUPP SERV BY PSYCHOL	NA	$50.11
H2000	HE		COMMUN SUPP SERV BY PHYS/PSYCH	NA	$104.67
H2000	HE	HO	COMM SUPP SERV-LIC PRAC HEALIN	NA	$28.82
H2000	HE	SA	COMMUNITY SUPPORT SERVICES BY	NA	$53.93
H2000	HH		COMPREHENTIVE MULTIDISCIPLINAR	$0.00	$0.00
H2010	HH		COMPREHENSIVE MED SERVICES 15	$0.00	$0.00
H2011	HH		CRISIS INTERVENTION SERV, PER	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
H2011	UC		CRISIS INTERVENTION SERV PER 1	NA	$11.25
H2013	HH		PSYCHIATRIC HEALTH FACILITY SE	$0.00	$0.00
H2014	HH		BEHAVIORAL ASSIST SERVICES EA	$0.00	$0.00
H2014	HI		SKILLS TRNG & DEVELOPMENT/15MI	NA	$13.83
H2014	TJ		INDIVID BEHAVIOR ASSIST SERV 1	NA	$9.75
H2014	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILDR	NA	$5.62
H2014	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILDR	NA	$4.25
H2015	AH	HE	COMPREHENSIVE MULTIDISCIPLINAR	NA	$53.93
H2015	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	NA	$6.25
H2015	HA	HO	COMP COMMUN SUPP SERV(IND SUPP	NA	$6.25
H2015	HE		COMPREHENSIVE MULTIDISPLINARY	NA	$31.42
H2015	HE	HO	ASSER COM TX FACE-FACE/15 MIN	NA	$35.85
H2015	HE	TD	ASSER COM TX FACE-FACE/15MIN	NA	$31.42
H2015	HH		COMPREHENSIVE COMMUNITY SUPPOR	$0.00	$0.00
H2015	HI	U1	COMPR COMM SUPPORT SERV PER 15	NA	$2.54
H2015	HI	U2	COMPR COMM SUPPORT SERV PER 15	NA	$3.23
H2015	HI	U3	COMPR COMM SUPPORT SERV PER 15	NA	$4.00
H2015	HI	U4	COMPR COMM SUPPORT SERV PER 15	NA	$5.93

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DME/P&O				**PURCHASE**	**RENTAL**
H2015	HI	U5	COMPR COMM SUPPORT SERV PER 15	NA	$7.87
H2015	HI	U7	COMPR COMM SUPP SERV PER 15 MI	NA	$11.80
H2015	HI	22	INDIVIDUAL SUPPORTS HOURLY MFP	NA	$25.00
H2015	HM		COMP COMM SUPP SERV (INDIV SUP	$18.75	$18.75
H2016			COMPREHENSIVE COMMUNITY SUPPOR	NA	$35.95
H2016	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	NA	$11.25
H2016	HA	HO	COMP COMM SUPP SERV(HAB IN HOM	NA	$11.25
H2016	HH		COMP COMMUN SUP SERV PER DIEM	$0.00	$0.00
H2016	HI		COMPREHENSIVE COM SUP SERV/15	NA	$7.41
H2016	HI	UN	COMPREHENSIVE COM SUP SERV PER	NA	$599.52
H2016	HI	UP	COMPREHENSIVE COM SUP SERV PER	NA	$449.64
H2016	HI	UQ	COMPREHENSIVE COM SUP SERV PER	NA	$349.72
H2016	HI	UR	COMPREHENSIVE COM SUP SERV PER	NA	$249.80
H2016	HI	US	COMPREHENSIVE COM SUP SERV PER	NA	$149.88
H2016	HI	U1	COMPREHENSIVE COM SUP SERV PER	NA	$156.54
H2016	HI	U2	COMPREHENSIVE COM SUP SERV PER	NA	$313.08
H2016	HI	U3	COMPREHENSIVE COM SUPP SERV PE	NA	$521.80
H2016	HI	U4	COMPREHENSIVE COM SUP SERV PER	NA	$730.52

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DME/P&O				**PURCHASE**	**RENTAL**
H2016	HI	U5	COMPREHENSIVE COM SUP SERV PER	NA	$939.24
H2016	HI	U7	COMPREHENSIVE COM SUP SERV PER	NA	$1,252.32
H2016	HI	U8	COMPREHENSIVE COM SUP SERV PER	BY REPORT	BY REPORT
H2016	HI	22	COMP COM SUP SERV PER 15 MINUT	NA	$12.43
H2016	HI	52	COMPREHENSIVE COM SUP SERV PER	NA	$74.94
H2017	HH		PSYCH REHAB SERV PER 15 MINS	$0.00	$0.00
H2018	HH		PSYCH REHAB SERV PER 15 MINS	$0.00	$0.00
H2019			BEHAV ASSIST SERV BY DYFS PROV	CONTRACT PRICING	NA
H2019	HH		BEHAV ASSIST SERV BY DYFS PROV	$0.00	$0.00
H2019	TJ		INDIVID BEHAVIOR ASSIST SERV D	NA	$9.75
H2019	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILD	NA	$5.62
H2019	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILD	NA	$4.25
H2019	TJ	U1	INTENS IN-COM INDIV CLIN DYFS	NA	$28.25
H2019	TJ	U2	INTENS IN-COMM PROF IND MS DYF	NA	$21.25
H2019	TJ	U3	INTENS IN-COMMUN SERV INDIV BS	NA	$18.25
H2019	UN	U1	INTENS IN-COM GRP 2 CHILD DYFS	NA	$19.00
H2019	UN	U2	INTENS IN-COM GRP 2 CHILD DYFS	NA	$13.75
H2019	UN	U3	INTENS IN-COMM GRP 2 CHILD DYF	NA	$11.75

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DME/P&O				**PURCHASE**	**RENTAL**
H2019	UP	U1	INTENS IN-COM GRP 3 CHILD DYFS	NA	$15.91
H2019	UP	U2	INTENS IN-COM GRP 3 CHILD DYFS	NA	$11.25
H2019	UP	U3	INTENS IN-COMM GRP 3 CHILD DYF	NA	$9.58
H2020	HA		THERAPEUTIC LEAVE - RUNAWAY DA	CONTRACT PRICING	NA
H2020	HA	22	THERAPEUTIC LEAVE-NO FAULT LOS	CONTRACT PRICING	NA
H2020	HH		THERAPEUTIC BEHAV SVC, PER DIE	$0.00	$0.00
H2020	HI		THERAPEUTIC LVE JCAHO RTC/DDD	CONTRACT PRICING	NA
H2020	HI	22	HOSPITAL LEAVE JCAHO RTC/DDD	CONTRACT PRICING	NA
H2021	HI		COM BASED WRAP SERVICES PER 15	NA	$7.41
H2021	HI	22	COM BASED SUPP ACUITY DIFF 15	NA	$12.43
H2021	HI	52	COM BASED WRAP SERVICES PER 15	BY REPORT	BY REPORT
H2023	HH		SUPPORTED EMPLOYMENT PER 15 MI	$0.00	$0.00
H2027	HH		PSYCOEDUVATIONAL SVC PER 15 MI	$0.00	$0.00
H2032	HH		ACTIVITHY THERAPY PER 15 MINS	$0.00	$0.00
H2033			MULTISYSTEMIC THERAPY FOR JUVE	BY REPORT	BY REPORT
H2033	HH		MULTYSYSTEMIC THERAPY FOR JUVE	$0.00	$0.00
H2035	HH		ALC &/OR OTHER DRG TREATMENT	$0.00	$0.00
H2036	HA		SHORT TERM ADOL OUT OF HOME TX	CONTRACT PRICING	NA

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DME/P&O				**PURCHASE**	**RENTAL**
H2036	HA	22	ALCOHOL/DRUG TX PROG(SA LONG T	CONTRACT PRICING	NA
H2036	HF		PARTIAL CARE TX IN SA TX FACIL	NA	$78.31
H2036	HH		ALC &/OR OTHER DRG TX PER DIEM	$0.00	$0.00
J0120			INJECTION, TETRACYCLINE, UP TO	NA	$0.73
J0129			INJECTION, ABATACEPT, 10 MG (C	NA	$19.69
J0130			INJECTION REOPRO 10 MG	NA	$601.69
J0131			INJECTION, ACETAMINOPHEN, 10 M	NA	$0.11
J0132			INJECTION, ACETYLCYSTEINE, 100	NA	$2.16
J0133			INJECTION, ACYCLOVIR, 5 MG	NA	$0.16
J0135			INJECTION, ADALIMUMAB, 20 MG	NA	$335.64
J0153			INJECTION, ADENOSINE, 1 MG (NO	NA	$2.14
J0171			INJECTION, ADRENALIN, EPINEPHR	NA	$0.57
J0178			INJECTION, AFLIBERCEPT, 1 MG	NA	$915.75
J0180			INJECTION, AGALSIDASE BETA, 1	NA	$131.25
J0190			INJECTION, BIPERIDEN, 5 MG	NA	$2.91
J0200			INJECTION, TROVAN 100 MG	NA	$17.15
J0202			INJECTION, ALEMTUZUMAB, 1 MG	NA	$1,629.38
J0205			INJECTION, ALGLUCERASE, PER 10	NA	$37.52

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DME/P&O				**PURCHASE**	**RENTAL**
J0207			INJECTION AMIFOSTINE 500 MG	NA	$536.14
J0210			INJECTION, ALDOMETESTER HCL 25	NA	$1.74
J0215			INJECTION, ALEFACEPT, 0.5 MG	NA	$29.02
J0220			INJECTION, ALGLUCOSIDASE ALFA,	NA	$131.25
J0221			INJECTION, ALGLUCOSIDASE ALFA,	NA	$143.55
J0256			INJECTION, ALPHA 1 PROTEINASE	NA	$0.01
J0257			INJECTION, ALPHA 1 PROTEINASE	NA	$4.65
J0278			INJECTION, AMIKACIN SULFATE, 1	NA	$2.29
J0280			INJECTION, AMINOPHYLLIN, UP TO	NA	$0.75
J0282			INJECTION, CORDARONE 30 MG	NA	$0.80
J0285			INJECTION, AMPHOTERICIN B 50 M	NA	$17.06
J0287			INJECTION, ABELECET 10 MG	NA	$21.00
J0288			INJ, AMPHOTEC 10 MG	NA	$15.17
J0289			INJECTION, AMBISOME 10 MG	NA	$34.34
J0290			INJECTION, AMPICILLIN, UP TO	NA	$3.86
J0295			UNASYN 1.5 GM	NA	$7.25
J0300			INJECTION, AMOBARBITAL, UP TO	NA	$2.66
J0330			INJECTION, SUCCINYCHOLINE CHLO	NA	$0.26

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DME/P&O				**PURCHASE**	**RENTAL**
J0350			INJECTION, ANISTREPLASE, PER 3	NA	$2,481.13
J0360			APRESOLINE 20 MG/ML	NA	$14.77
J0364			INJECTION, APOMORPHINE HYDROCH	NA	$3.39
J0365			INJECTION, APROTONIN, 10,000 K	NA	$2.85
J0380			INJECTION, METARAMINOL UP TO 1	NA	$1.21
J0390			INJECTION, ARALEN HCL UP TO 25	NA	$17.44
J0395			INJECTION, GENESA 1 MG	NA	$168.00
J0400			INJECTION, ARIPIPRAZOLE, 0.25	NA	$0.31
J0401			INJECTION, ARIPIPRAZOLE, EXTEN	NA	$3.70
J0456			INJECTION, ZITHROMAX 500 MG	NA	$27.09
J0461			INJECTION, ATROPINE SULFATE, 0	NA	$0.24
J0470			INJECTION, DIMECAPROL, UP TO 1	NA	$28.84
J0475			INJECTION, BACLOFEN, 10 MG	NA	$223.13
J0476			LIORESAL O.O5 MG INTRATHECAL	NA	$73.50
J0480			INJECTION, BASILIXIMAB, 20 MG	NA	$2,215.72
J0485			INJECTION, BELATACEPT, 1 MG	NA	$3.66
J0490			INJECTION, BELIMUMAB, 10 MG	NA	$36.56
J0500			INJECTION, BENTYL UP TO 20 MGM	NA	$18.52

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DME/P&O				**PURCHASE**	**RENTAL**
J0515			INJECTION, COGENTIN PER 1 MGM	$12.21	$3.40
J0520			INJECTION, URECHOLINE UP TO 5	NA	$4.91
J0558			INJECTION, PENICILLIN G BENZAT	NA	$3.16
J0561			INJECTION, PENICILLIN G BENZAT	NA	$4.06
J0565			INJECTION, BEZLOTOXUMAB, 10 MG	NA	$37.62
J0570			BUPRENORPHINE IMPLANT, 74.2MG	NA	$1,225.13
J0583			INJECTION, BIVALIRUDIN, 1 MG	NA	$2.08
J0585			INJECTION, ONABOTULINUMTOXINA,	NA	$5.52
J0586			INJECTION, ABOBOTULINUMTOXINA,	NA	$7.16
J0587			INJECTION, RIMABOTULINUMTOXINB	NA	$8.99
J0588			INJECTION, INCOBOTULINUMTOXIN	NA	$4.21
J0592			INJECTION, BUPRENEX 0.1 MG	NA	$1.02
J0594			INJECTION, BUSULFAN, 1 MG	NA	$10.09
J0595			INJECTION, BUTORPHANOL TARTRAT	NA	$3.91
J0596			INJECTION, C1 ESTERASE INHIBIT	NA	$26.91
J0597			INJECTION, C-1 ESTERASE INHIBI	NA	$45.09
J0598			INJECTION, C-1 ESTERASE INHIBI	NA	$48.57
J0600			CAL. DISOD. VERSENATE UP TO 10	NA	$52.89

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DME/P&O				**PURCHASE**	**RENTAL**
J0606			INJECTION, ETELCALCETIDE, 0.1	NA	$3.24
J0610			INJECTION, KALEINATE PER 10 ML	NA	$2.03
J0620			INJECTION, CALCIUM GLYCEROPHOS	NA	$12.58
J0630			INJECTION, CALCIMAR UP TO 400	NA	$48.09
J0636			INJECTION, CALCIJEX 0.1 MCG	NA	$1.34
J0637			INJECTION, CANCIDAS 5 MG	NA	$30.89
J0638			INJECTION, CANAKINUMAB, 1 MG	NA	$41.25
J0640			LEUCOVORIN CALCIUM, 50 MG	NA	$3.28
J0641			INJECTION, LEVOLEUCOVORIN CALC	NA	$1.98
J0670			INJECTION, CARBOCAINE PER 10 M	NA	$2.45
J0690			INJECTION, ANCEF 500 MG	NA	$2.83
J0692			MAXIPIME 500 MG	NA	$9.13
J0694			INJECTION, MEFOXIN 1 GM	NA	$10.23
J0695			INJECTION, CEFTOLOZANE 50 MG A	NA	$2.15
J0696			INJECTION, ROCEPHIN PER 250 MG	NA	$12.97
J0696	FP		INJECTION, ROCEPHIN PER 250 MG	NA	$12.97
J0697			ZINACEF 750 MG VIAL	NA	$5.92
J0698			CEFOTAXIME SODIUM, PER GM	NA	$7.10

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DME/P&O				**PURCHASE**	**RENTAL**
J0702			INJECTION, BETAMETHASONE ACETA	NA	$2.88
J0706			INJECTION, CAFCIT PER 5 MG	NA	$3.53
J0710			CEPHADYL 1 GM	NA	$1.44
J0712			INJECTION, CEFTAROLINE FOSAMIL	NA	$1.01
J0713			INJECTION, CEFOTAN PER 500 MG	NA	$6.48
J0714			INJECTION, CEFTAZIDIME AND AVI	NA	$70.54
J0715			INJECTION, CEFTIZOXIME SODIUM,	NA	$5.89
J0716			INJECTION, CENTRUROIDES IMMUNE	NA	$3,465.00
J0717			INJECTION, CERTOLIZUMAB PEGOL,	NA	$13.71
J0720			CHLOROMYCETIN SOD SUCC UP TO 1	NA	$14.62
J0735			INJECTION, CATAPRES 1 MG	NA	$70.58
J0740			INJECTION VISTIDE 375 MG	NA	$818.27
J0743			INJECTION, PRIMAXIN PER 250 MG	NA	$18.77
J0744			INJECTION, CIPRO IV 200 MG	NA	$14.22
J0745			INJECTION, CODEINE PHOSPHATE,	NA	$1.07
J0770			INJECTION, COLYMYCIN UP TO 150	NA	$49.88
J0775			INJECTION, COLLAGENASE, CLOSTR	NA	$35.75
J0780			INJECTION, COMPAZINE UP TO 10	NA	$8.37

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DME/P&O				**PURCHASE**	**RENTAL**
J0795			INJECTION, CORTICORELIN OVINE	NA	$4.75
J0800			INJECTION, ACTH UP TO 40 UNITS	NA	$180.49
J0834			INJECTION, COSYNTROPIN, 0.25 M	NA	$107.44
J0840			INJECTION, CROTALIDAE POLYVALE	BY REPORT	BY REPORT
J0850			INJECTION, CYTOMEGALOVIRUS IMM	NA	$925.32
J0875			INJECTION, DALBAVANCIN, 5MG	NA	$14.75
J0878			INJECTION, DAPTOMYCIN, 1 MG(CU	NA	$0.35
J0881			INJECTION, DARBEPOETIN ALFA, 1	NA	$5.01
J0882			INJECTION, DARBEPOETIN ALFA, 1	NA	$5.01
J0883			INJECTION, ARGATROBAN, 1 MG (F	NA	$5.20
J0884			INJECTION, ARGATROBAN, 1 MG (F	NA	$5.20
J0885			INJECTION, EPOETIN ALFA, (FOR	NA	$13.69
J0887			INJECTION, EPOETIN BETA, 1 MIC	NA	$1.78
J0888			INJECTIN, EPOETIN BETA, 1 MICR	NA	$1.78
J0890			INJECTION, PEGINESATIDE, 0.1 M	NA	$10.70
J0894			INJECTION, DECITABINE, 1 MG	NA	$26.25
J0895			DESFERAL MESYLATE 500 MG/5 CC	NA	$16.92
J0897			INJECTION, DENOSUMAB, 1 MG	NA	$13.61

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DME/P&O				**PURCHASE**	**RENTAL**
J0945			INJECTION, DEHIST,HISTAJECT PE	NA	$0.62
J1000			DEPO-ESTRADIOL 5 MG/ML	NA	$6.59
J1020			DEPO MEDROL 20 MG/ML	NA	$3.13
J1030			DEPO-MEDROL 40 MG/ML	NA	$6.34
J1040			DEPO-MEDROL 80 MG/ML	NA	$10.45
J1050			INJECTION, DEPO-PROVERA 1 MGM	NA	$0.67
J1071			INJECTION, TESTOSTERONE CYPION	BY REPORT	BY REPORT
J1094			INJ, DEXAMETHASONE ACETATE 1 M	NA	$0.53
J1100			INJECTION, CORTASTAT 1 MG	NA	$0.13
J1110			D.H.E. 45 1 MG/ML AMP	NA	$31.94
J1120			INJECTION, DIAMOX SODIUM UP TO	NA	$22.97
J1130			INJECTION, DICLOFENAC SODIUM,	NA	$0.21
J1160			INJECTION, LANOXIN, UP TO 0.5	NA	$2.49
J1162			INJECTION, DIGOXIN IMMUNE FAB	NA	$594.23
J1165			INJECTION, DILANTIN PER 50 MG	NA	$0.70
J1170			INJECTION, DILAUDED UP TO 4 MG	NA	$1.01
J1180			INJECTION, DILOR UP TO 500 MG	NA	$8.30
J1190			INJECTION, ZINECARD PER 250 MG	NA	$224.47

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DME/P&O				**PURCHASE**	**RENTAL**
J1200			INJECTION, BENADRYL UP TO 50 M	NA	$1.16
J1205			INJECTION, DIURIL PER 500 MG	NA	$149.94
J1212			RIMSO-50 SOL	NA	$52.50
J1230			INJECTION, DOLOPHINE HCL,UP TO	NA	$2.14
J1240			INJECTION, DRAMAMINE UP TO 50	NA	$2.74
J1245			PERSANTINE I.V. PER 10 MG	NA	$7.66
J1250			INJECTION, DOBUTREX PER 250 MG	NA	$43.51
J1260			INJECTION ANZEMET PER 10 MG	NA	$4.27
J1265			INJECTION, DOPAMINE HCL, 40 MG	NA	$0.32
J1267			INJECTION, DORIPENEM, 10 MG (D	NA	$0.81
J1270			INJECTION, HECTOROL 1 MCG	NA	$6.31
J1290			INJECTION, ECALLANTIDE, 1 MG	NA	$262.35
J1300			INJECTION, ECULIZUMAB, 10 MG	NA	$182.00
J1320			INJECTION, ELAVIL HCL UP TO 20	NA	$2.05
J1322			INJECTION, ELOSULFASE ALFA, 1M	NA	$211.46
J1324			INJECTION, ENFUVIRTIDE, 1 MG	NA	$19.70
J1325			INJECTION EPOPROSTENOL 0.5 MG	NA	$19.47
J1327			INTEGRILIN 5 MG	NA	$21.13

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DME/P&O				**PURCHASE**	**RENTAL**
J1330			INJECTION, ERGOTRATE MALEATE 0	NA	$5.08
J1335			INJECTION, ERTAPENEM SODIUM, 5	NA	$27.27
J1364			INJECTION, ERYTHROCIN PER 500	NA	$9.09
J1380			INJECTION, ESTRAVAL P.A. UP TO	NA	$14.81
J1410			INJECTION, PREMARIN IV PER 25	NA	$70.83
J1428			INJECTION, ETEPLIRSEN, 10 MG	NA	$158.40
J1430			INJECTION, ETHANOLAMINE OLEATE	NA	$84.99
J1435			INJECTION, ESTRONE, PER 1 MG	NA	$0.25
J1436			INJECTION, DIDRONEL PER 300 MG	NA	$70.88
J1438			ENBREL 25 MG KIT	NA	$180.50
J1439			INJECTION, FERRIC CARBOXYMALTO	NA	$1.08
J1442			INJECTION, FILGRASTIM (G-CSF),	NA	$1.02
J1443			INJECTION, FERRIC PYROPHOSPHAT	NA	$0.02
J1447			INJECTION, TBO-FILGRASTIM, 1 M	NA	$0.82
J1450			INJECTION, DIFLUCAN 200 MG	NA	$20.81
J1451			INJECTION, FOMEPIZOLE, 15 MG	NA	$12.11
J1452			INJECTION, VITRAVENE INTRAOC 1	NA	$875.00
J1453			INJECTION, FOSAPREPITANT, 1 MG	NA	$1.70

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DME/P&O				**PURCHASE**	**RENTAL**
J1455			INJECTION, FOSCAVIR PER 1000 M	NA	$12.00
J1457			INJECTION, GALLIUM NITRATE, 1	NA	$1.71
J1458			INJECTION, GALSULFASE, 1 MG	NA	$327.91
J1459			INJECTION, IMMUNE GLOBULIN (PR	NA	$45.94
J1460			INJECTION, GAMMAR INTRAMUSCULA	NA	$15.45
J1555			INJECTION, IMMUNE GLOBULIN (CU	NA	$16.96
J1556			INJECTION, IMMUNE GLOBULIN (BI	NA	$60.27
J1557			INJECTION, IMMUNE GLOBULIN, (G	NA	$56.43
J1559			INJECTION, IMMUNE GLOBULIN (HI	NA	$12.47
J1561			INJECTION, IMMUNE GLOBULIN, (G	NA	$47.28
J1562			INJECTION, IMMUNE GLOBULIN (VI	NA	$13.13
J1566			INJECTION, IMMUNE GLOBULIN, IN	NA	$43.89
J1568			INJECTION, IMMUNE GLOBULIN, (O	NA	$55.61
J1569			INJECTION, IMMUNE GLOBULIN, (G	NA	$59.17
J1570			INJECTION, CYTOVENE 500 MG	NA	$54.38
J1571			INJECTION, HEPATITIS B IMMUNE	NA	$75.00
J1572			INJECTION, IMMUNE GLOBULIN, (F	NA	$44.10
J1573			INJECTION, HEPATITIS B IMMUNE	NA	$75.00

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DME/P&O				**PURCHASE**	**RENTAL**
J1575			INJECTION, IMMUNE GLOBULIN/HYA	NA	$18.32
J1580			INJECTION, GARAMYCIN UP TO 80	NA	$2.12
J1599			INJECTION, IMMUNE GLOBULIN, IN	BY REPORT	BY REPORT
J1600			INJECTION, MYOCHRYSINE UP TO 5	NA	$13.69
J1602			INJECTION, GOLIMUMAB, 1 MG, FO	NA	$28.87
J1610			INJECTION, GLUCAGON PER 1 MG	NA	$76.56
J1620			INJECTION, FACTREL PER 100 MCG	NA	$186.03
J1626			INJECTION, KYTRIL PER 100 MCG	NA	$17.08
J1627			INJECTION, GRANISETRON, EXTEND	NA	$1.96
J1630			INJECTION, HALDOL UP TO 5 MG	NA	$6.55
J1631			INJECTION, HALDOL DECANOATE PE	NA	$2.97
J1640			INJECTION, HEMIN, 1 MG	NA	$7.52
J1642			INJECTION, HEP-LOCK PER 10 UNI	NA	$0.07
J1644			INJECTION, HEPARIN SOD PER 100	NA	$0.14
J1645			INJECTION,DALTEPARIN SODIUM 25	NA	$17.47
J1650			INJECTION, LOVENOX 10 MG	NA	$7.10
J1652			INJECTION, ARIXTRA 0.5 MG	NA	$8.79
J1655			INJECTION, INNOHEP 1000 IU	NA	$3.97

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1670			INJECTION, TETANUS IMMUNE GLOB	NA	$124.26
J1675			INJECTION, HISTRELIN ACETATE,	NA	$8.24
J1700			HYDROCORTISONE ACETATE, 25 MG	NA	$0.61
J1710			INJECTION HYDROCORTONE PHOS UP	NA	$5.13
J1720			INJECTION, SOLU-CORTEF UP TO 1	NA	$1.74
J1726			INJECTION, HYDROXYPROGESTERONE	NA	$5.02
J1729			INJECTION, HYDROXYPROGESTERONE	NA	$5.02
J1730			INJECTION, HYPERSTAT IV UP TO	NA	$117.96
J1740			INJECTION, IBANDRONATE SODIUM,	NA	$147.20
J1741			INJECTION, IBUPROFEN, 100 MG	NA	$1.56
J1742			INJECTION IBUTILIDE FUMARATE 1	NA	$309.71
J1743			INJECTION, IDURSULFASE, 1 MG	NA	$479.10
J1744			INJECTION, ICATIBANT, 1 MG	NA	$243.47
J1745			INJECTION, INFLIXIMAB, EXCLUDE	NA	$61.15
J1750			INFED 50 MG/ML VIAL	NA	$13.41
J1756			INJECTION, VENOFER 1 MG	NA	$0.60
J1786			INJECTION, IMIGLUCERASE, 10 UN	NA	$39.25
J1790			INJECTION, INAPSINE , UP TO 5	NA	$3.72

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DME/P&O				**PURCHASE**	**RENTAL**
J1800			INJECTION, INDERAL UP TO 1 MG	NA	$8.62
J1810			INJECTION, INNOVAR UP TO 2 ML	NA	$14.67
J1815			INJECTION, INSULIN PER 5 UNITS	NA	$0.34
J1817			INSULIN FOR ADMINISTRATION THR	NA	$4.50
J1826			INJECTION, INTERFERON BETA-1A,	NA	$714.78
J1830			INJECTION, INTERFERON BETA-1B	NA	$96.08
J1833			INJECTION, ISAVUCONAZONIUM, 1	NA	$0.63
J1835			INJECTION, SPORANOX 50 MG	NA	$43.63
J1840			INJECTION, KANTREX UP TO 500 M	NA	$7.70
J1850			INJECTION, KANTREX UP TO 75 MG	NA	$2.66
J1885			INJECTION, TORADOL IM PER 15 M	NA	$3.05
J1890			INJECTION, KEFLIN UP TO 1 GM	NA	$9.45
J1930			INJ LANREOTIDE, 1 MG (SOMATULI	NA	$27.81
J1931			INJECTION, LARONIDASE, 0.1 MG	NA	$24.63
J1940			INJECTION, LASIX UP TO 20 MG	NA	$0.63
J1942			INJECTION ARIPIPRAZOLE LAUROXI	NA	$2.44
J1945			INJECTION, LEPIRUDIN, 50 MG	NA	$174.13
J1950			INJECTION, LUPRON PER 3.75 MG	NA	$544.60

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DME/P&O				**PURCHASE**	**RENTAL**
J1953			INJECT, LEVETIRACETAM, 10 MG(K	NA	$0.69
J1955			CARNITOR 1 GM	NA	$34.30
J1956			INJECTION LEVAQUIN 250 MG	NA	$18.82
J1960			INJECTION, LEVO-DROMORAN UP TO	NA	$3.72
J1980			INJECTION, LEVSIN UP TO 0.25 M	NA	$10.35
J1990			INJECTION, LIBRIUM UP TO 100 M	NA	$23.02
J2001			INJECTION, LIDOCAINE HCL FOR I	NA	$0.31
J2010			INJECTION, LINCOCIN UP TO 300	NA	$2.76
J2020			INJECTION, ZYVOX 200 MG IV SOL	NA	$36.13
J2060			ATIVAN 2 MG/ML	NA	$2.82
J2150			INJECTION MANNITOL, 25% IN 50	NA	$2.49
J2170			INJECTION, MECASERMIN, 1 MG	NA	$14.15
J2175			INJECTION, DEMEROL HCL PER 100	NA	$1.19
J2180			INJECTION, MEPERGAN UP TO 50 M	NA	$8.00
J2182			INJECTION, MEPOLIZUMAB, 1 MG	NA	$26.51
J2185			INJECTION, MEROPENEM, 100 MG	NA	$6.21
J2210			INJECTION, METHERGINE UP TO 0.	NA	$5.37
J2212			INJECTION, METHYLNALTREXONE, 0	NA	$4.47

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DME/P&O				**PURCHASE**	**RENTAL**
J2248			INJECTION, MICAFUNGIN SODIUM,	NA	$2.05
J2250			INJECTION VERSED PER 1 MG	NA	$0.56
J2260			INJECTION, PRIMACOR PER 5 MG	NA	$6.56
J2265			INJECTION, MINOCYCLINE HYDROCH	BY REPORT	BY REPORT
J2270			INJECTION, MORPHINE SULF UP TO	NA	$1.62
J2274			INJECTION, MORPHINE SULFATE, P	BY REPORT	BY REPORT
J2278			INJECTION, ZICONOTIDE, 1 MICRO	NA	$6.99
J2280			INJECTION, MOXIFLOXACIN, 100 M	NA	$9.57
J2300			INJECTION, NALBUPHINE HCL 10 M	NA	$1.76
J2310			INJECTION, NALOXONE HCL 1 MGM	NA	$5.12
J2315			INJECTION, NALTREXONE, DEPOT F	NA	$2.00
J2320			INJECTION, NANDROLONE DECANOAT	NA	$6.15
J2323			INJECTION, NATALIZUMAB, 1 MG	NA	$10.86
J2325			INJECTION, NESIRITIDE, 0.1 MG	NA	$34.99
J2326			INJECTION, NUSINERSEN, 0.1 MG	NA	$1,031.25
J2350			INJECTION, OCRELIZUMAB, 1 MG	NA	$53.63
J2353			INJECTION, OCTREOTIDE, DEPOT 1	NA	$104.36
J2354			INJ OCTREOTIDE,NON DEPOT 25 MC	NA	$4.89

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DME/P&O				**PURCHASE**	**RENTAL**
J2355			INJECTION NEUMEGA 5 MG	NA	$267.75
J2357			INJECTION, OMALIZUMAB, 5 MG(XO	NA	$18.11
J2358			INJECTION, OLANZAPINE, LONG-AC	NA	$2.62
J2360			INJECTION, NORFLEX UP TO 60 MG	NA	$17.94
J2370			INJECTION, NEOSYNEPHRINE UP TO	NA	$2.73
J2400			INJECTION, NESACAINE PER 30 ML	NA	$17.17
J2405			INJECTION, ZOFRAN PER 1 MG	NA	$1.23
J2407			INJECTION, ORITAVANCIN, 10 MG	NA	$71.78
J2410			INJECTION, NUMORPHAN UP TO 1 M	NA	$2.85
J2425			INJECTION, PALIFERMIN, 50 MICR	NA	$12.03
J2426			INJECTION, PALIPERIDONE PALMIT	NA	$6.46
J2430			INJECTION, AREDIA PER 30 MG	NA	$92.70
J2440			INJ PAPAVERINE HCL UP TO 60 MG	NA	$4.77
J2460			INJ OXYTETRACYCLINE HCL UP TO	NA	$0.97
J2469			INJECTION, PALONOSETRON HCL, 2	NA	$34.86
J2501			INJECTION, ZEMPLAR 1 MCG	NA	$5.11
J2502			INJECTION, PASIREOTIDE LONG AC	NA	$554.40
J2503			INJECTION, PEGAPTANIB SODIUM,	NA	$1,088.28

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DME/P&O				**PURCHASE**	**RENTAL**
J2504			INJECTION, PEGADEMASE BOVINE,	NA	$204.17
J2505			INJECTION, PEGFILGRASTIM, 6 MG	NA	$5,616.62
J2507			INJECTION, PEGLOTICASE, 1 MG	NA	$284.63
J2510			INJECTION, WYCILLIN UP TO 600,	NA	$10.50
J2513			INJECTION, PENTASTARCH, 10% SO	NA	$13.16
J2515			INJECTION, NEMBUTAL SOD PER 50	NA	$5.61
J2540			INJ PENICILLIN G POT UP TO 600	NA	$0.43
J2543			ZOSYN 1.125 GM	NA	$5.81
J2545			PENTAMIDINE ISETHIONATE, INHAL	NA	$86.41
J2547			INJECTION, PERAMIVIR, 1 MG	NA	$1.57
J2550			INJECTION, PHENERGAN UP TO 50	NA	$3.79
J2560			INJECTION, LUMINAL SOD UP TO 1	NA	$2.96
J2562			INJECTION, PLERIXAFOR, 1 MG	$262.50	$262.50
J2590			INJECTION, PITOCIN UP TO 10	NA	$2.56
J2597			INJECTION, DDAVP PER 1 MCG	NA	$5.01
J2650			INJECTION, PREDNISOLONE ACETAT	NA	$0.68
J2670			INJECTION, PRISCOLINE HCL UP T	NA	$3.61
J2680			INJ.PROLIXIN DECANOATE UP TO 2	NA	$4.38

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DME/P&O				**PURCHASE**	**RENTAL**
J2690			INJ, PRONESTYL UP TO 1 GRAM	NA	$3.45
J2700			INJECTION, PROSTAPHLIN UP TO 2	NA	$1.02
J2704			INJECTION, PROPOFOL, 10 MG	NA	$0.12
J2710			INJ PROSTIGMIN METHYLSULFATE 0	NA	$0.44
J2720			INJECTION, PROTAMINE SULFATE 1	NA	$0.93
J2724			INJECTION, PROTEIN C CONCENTRA	NA	$1.26
J2725			INJECTION, PROTIRELIN, PER 250	NA	$22.47
J2730			INJECTION, PROTOPAM CHL UP TO	NA	$94.83
J2760			INJECTION, REGITINE UP TO 5 MG	NA	$33.91
J2765			INJECTION, REGLAN UP TO 10 MG	NA	$0.77
J2770			INJECTION, SYNERCID 500 MG	NA	$137.00
J2778			INJECTION, RANIBIZUMAB, 0.1 MG	NA	$426.56
J2780			ZANTAC 25 MG	NA	$1.38
J2783			INJECTION, RASBURICASE, 0.5 MG	NA	$152.18
J2785			INJ, REGADENOSON. 0.1 MG(LEXIS	NA	$107.50
J2786			INJECTION, RESLIZUMAB, 1 MG	NA	$8.27
J2788			INJECTION, RHO D IMMUNE GLOBUL	NA	$49.55
J2788	UD		INJECTION, RHOGAM MINIDOSE 50	NA	$49.55

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DME/P&O				**PURCHASE**	**RENTAL**
J2790			INJECTION, RHO D IMMUNE GLOBUL	NA	$115.94
J2790	UD		INJ RHOGAM, HUMAN, FULL DOSE,3	NA	$115.94
J2791			INJECTION, RHO(D) IMMUNE GLOBU	NA	$1.12
J2792			INJECTION, WINROW 100 IU	NA	$20.71
J2793			INJECTION, RILONACEPT, 1 MG	NA	$22.91
J2794			INJECTION, RISPERIDONE, 0.5 MG	NA	$5.10
J2795			INJECTION, NAROPIN 1 MG	NA	$0.08
J2796			INJECTION, ROMIPLOSTIM, 10 MIC	NA	$43.70
J2800			INJECTION, ROBAXIN UP TO 10 ML	NA	$17.27
J2805			INJECTION, SINCALIDE, 5 MICROG	NA	$60.03
J2820			INJECTION, LEUKINE 50 MCG	NA	$33.30
J2840			INJECTION, SEBELIPASE ALFA, 1	NA	$495.00
J2850			INJECTION, SECRETIN, SYNTHETIC	NA	$22.22
J2860			INJECTION, SILTUXIMAB, 10 MG	NA	$84.94
J2910			INJECTION, SOLGANAL UP TO 50 M	NA	$25.73
J2916			INJECTION FERRLECIT 12.5 MG	NA	$7.53
J2920			INJECTION, SOLU-MEDROL UP TO 4	NA	$2.25
J2930			INJECTION, SOLU-MEDROL UP TO 1	NA	$3.79

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DME/P&O				**PURCHASE**	**RENTAL**
J2941			INJECTION, HUMATROPE 1 MG	NA	$48.21
J2950			INJECTION, PROMAZINE HCL, UP T	NA	$0.22
J2993			INJECTION, RETAVASE 18.1 MG	NA	$1,319.55
J2995			INJECTION, STREPTASE PER 250,0	NA	$82.03
J2997			INJECTION ACTIVASE PER 1 MG	NA	$33.47
J3000			INJECTION, STREPTOMYCIN, UP TO	NA	$7.96
J3010			INJECTION, SUBLIMAZE 0.1 MG	NA	$0.63
J3030			INJECTION, IMITREX 6 MG	NA	$137.25
J3060			INJECTION, TALIGLUCERACE ALFA,	NA	$29.45
J3070			INJECTION, PENTAZOCINE 30 M	NA	$4.43
J3090			INJECTION, TEDIZOLID PHOSPHATE	NA	$1.22
J3095			INJECTION, TELAVANCIN, 10 MG	NA	$2.05
J3101			INJECTION, TENECTEPLASE, 1 MG(	NA	$51.09
J3105			INJECTION, BRETHINE UP TO 1 MG	NA	$15.86
J3121			INJECTION, TESTOSTERONE ENANTH	NA	$0.34
J3145			INJECTION, TESTOSTERONE UNDECA	NA	$1.09
J3230			INJECTION, THORAZINE UP TO 50	NA	$5.70
J3240			INJECTION, THYROGEN 1.1 MG VIA	NA	$869.53

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DME/P&O				**PURCHASE**	**RENTAL**
J3243			INJECTION, TIGECYCLINE, 1 MG	NA	$1.04
J3246			INJECTION, TIROFIBAN HCL, 0.25	NA	$9.29
J3250			INJECTION, TIGAN UP TO 200 MG	NA	$2.88
J3260			INJECTION, NEBCIN UP TO 80 MG	NA	$3.71
J3262			INJECTION, TOCILIZUMAB, 1 MG	NA	$3.29
J3265			INJECTION, DEMADEXDE 10 MGM/ML	NA	$2.74
J3280			INJECTION, TORECAN UP TO 10 MG	NA	$4.24
J3285			INJECTION, TREPROSTINIL, 1 MG	NA	$58.84
J3300			INJ TRIAMCINOLONE ACETONIDE 1	NA	$0.06
J3301			INJECTION, TRIAMCINOLONE ACET	NA	$1.45
J3302			INJECTION, ARISTOCORT PER 5 MG	NA	$0.57
J3303			INJECTION ARISTOSPAN PER 5 MG	NA	$2.97
J3305			INJECTION,NEUTREXIN PER 25 MG	NA	$154.48
J3310			INJECTION, TRILAFON UP TO 5 MG	NA	$6.38
J3315			INJECTION TRELSTAR DEPOT 3.75	NA	$530.47
J3320			INJECTION, TROBICIN UP TO 2 GM	NA	$31.05
J3350			INJECTION, UREAPHIL UP TO 40 G	NA	$77.77
J3357			USTEKINUMAB, FOR SUBCUTANEOUS	NA	$112.89

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DME/P&O				**PURCHASE**	**RENTAL**
J3358			USTEKINUMAB, FOR INTRAVENOUS I	NA	$226.43
J3360			INJECTION, VALIUM UP TO 5 MG	NA	$1.25
J3364			ABBOKINASE 5000 IU	NA	$49.53
J3365			INJECTION, IV, ABBOKINASE 250,	NA	$472.31
J3370			VANCOCIN 500 MG/VIAL	NA	$4.01
J3380			INJECTION, VEDOLIZUMAB, 1 MG	NA	$15.90
J3385			INJECTION, VELAGLUCERASE ALFA,	NA	$334.13
J3396			INJECTION, VERTEPORFIN, 0.1 MG	NA	$10.14
J3400			INJECTION, TRIFLUPROMAZINE HCL	NA	$11.38
J3410			INJECTION, VISTARIL UP TO 25 M	NA	$0.39
J3411			INJECTION, THIAMINE HCL, 100 M	NA	$1.89
J3415			INJECTION, PYRIDOXINE HCL, 100	NA	$2.49
J3420			INJECTION, VITAMIN B- 12 CYANO	NA	$0.42
J3430			AQUA-MEPHYTON 1 MG	NA	$2.26
J3465			INJECTION, VORICONAZOLE, 10 MG	NA	$5.54
J3470			INJECTION, WYDASE UP TO 150 UN	NA	$21.88
J3471			INJECTION, HYALURONIDASE, OVIN	NA	$0.12
J3472			INJECTION, HYALURONIDASE, OVIN	NA	$142.19

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DME/P&O				**PURCHASE**	**RENTAL**
J3475			INJECTION,MAGNESIUM SULFATE 50	NA	$3.13
J3480			INJECTION,POTASSIUM CHLOR 2 ME	NA	$0.09
J3485			INJECTION, RETROVIR 10 MG	NA	$1.19
J3486			INJECTION, ZIPRASIDONE MESYLAT	NA	$5.36
J3489			INJECTION, ZOLEDRONIC ACID, 1	NA	$142.98
J3490			UNCLASSIFIED DRUGS	BY REPORT	BY REPORT
J3490	FP		UNCLASSIFIED DRUG FOR FAM PLAN	BY REPORT	BY REPORT
J3590			UNCLASSIFIED BIOLOGICS	BY REPORT	BY REPORT
J7030			SALINE SOL 1000 ML	NA	$7.14
J7040			SALINE SOL 500 ML	NA	$6.98
J7042			5% DEXTROSE/NORMAL SALINE (500	NA	$5.65
J7050			SALINE SOL. 250 ML	NA	$6.03
J7060			5% DEXTROSE/WATER (500 ML = 1	NA	$8.09
J7070			INFUSION, D5W, 1000 CC	NA	$7.10
J7100			INFUSION, DEXTRAN 40, 500 ML	NA	$54.49
J7110			INFUSION, DEXTRAN 75, 500 ML	NA	$64.28
J7120			RINGERS LACTATE INFUS UP TO 10	NA	$10.39
J7121			5% DEXTROSE IN LACTATED RINGER	NA	$3.82

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DME/P&O				**PURCHASE**	**RENTAL**
J7131			HYPERTONIC SALINE SOLUTION, 1	BY REPORT	BY REPORT
J7175			INJECTION, FACTOR X, (HUMAN),	NA	$8.05
J7178			INJECTION, HUMAN FIBRINOGEN CO	NA	$0.45
J7179			INJ, VON WILLEBRAND FACTOR, AI	NA	$1.94
J7180			INJECTION, FACTOR XIII (ANTIHE	NA	$7.72
J7181			INJECTION, FACTOR XIII A-SUBUN	NA	$13.17
J7182			INJECTION, FACTOR VIII, (ANTIH	BY REPORT	BY REPORT
J7183			INJECTION, VON WILLEBRAND FACT	NA	$1.14
J7185			INJECTION, FACTOR VIII (ANTIHE	NA	$1.39
J7186			INJ,ANTIHEMOPHIL FACTOR VIII(H	NA	$1.06
J7187			INJECTION, VON WILLEBRAND FACT	NA	$0.99
J7188			INJECTION, FACTOR VIII (ANTIHE	NA	$5.11
J7189			FACTOR VIIA (ANTIHEMOPHILIC FA	NA	$1.44
J7190			FACTOR VIII, (ANTI-HEMOPHILIC	NA	$0.90
J7191			FACTOR VIII, (ANTI-HEMOPHILIC	NA	$1.93
J7192			FACTOR VIII (ANTIHEMOPHILIC FA	NA	$1.48
J7193			ALPHANINE SD PER IU	NA	$1.09
J7194			FACTOR IX, COMPLEX, PER I.U.	NA	$0.59

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DME/P&O				**PURCHASE**	**RENTAL**
J7195			INJECTION, FACTOR IX (ANTIHEMO	NA	$0.91
J7196			INJECTION,ANTITHROMBIN RECOMB,	NA	$0.06
J7198			AUTOPLEX-T	NA	$1.31
J7200			INJECTION, FACTOR IX, (ANTIHEM	NA	$1.42
J7201			INJECTION, FACTOR IX, FC FUSIO	NA	$2.82
J7205			INJECTION, FACTOR VIII FC FUSI	NA	$1.96
J7207			INJECTION, FACTOR VIII, (ANTIH	NA	$1.94
J7209			INJECTION, FACTOR VIII, (ANTIH	NA	$1.67
J7210			INJECTION, FACTOR VIII, (ANTIH	NA	$1.63
J7211			INJECTION, FACTOR VIII, (ANTIH	NA	$1.72
J7296			LEVONORGESTREL-RELEASING INTRA	NA	$899.88
J7297			LEVONORGESTREL-RELEASING INTRA	NA	$677.54
J7298			LEVONORGESTREL-RELEASING INTRA	NA	$899.88
J7300			PARAGARD	NA	$800.42
J7301			LEVONORGESTREL-RELEASING INTRA	NA	$749.30
J7303			CONTRACEPTIVE SUPPLY, HORMONE	NA	$40.02
J7303	FP		CONTRACEPTIVE SUPPLY, HORMONE	NA	$40.02
J7304			CONTRACEPTIVE SUPPLY, HORMONE	NA	$15.72

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DME/P&O				**PURCHASE**	**RENTAL**
J7304	FP		CONTRACEPTIVE SUPPLY, HORMONE	NA	$15.72
J7307			ETONOGESTREL (CONTRACEPTIVE) I	NA	$881.40
J7310			GANCICLOVIR, 4.5 MG LONG ACTIN	NA	$4,725.00
J7311			FLUOCINOLONE ACET INTRAVIT (RE	NA	$1,662.50
J7312			INJECTION, DEXAMETHASONE, INTR	NA	$183.15
J7313			INJECTION, FLUOCINOLONE ACETON	NA	$319.23
J7316			INJECTION, OCRIPLASMIN, 0.125	NA	$977.62
J7320			HYALURONAN OR DERIVATIVE,GENVI	NA	$91.20
J7321			HYALURONAN OR DERIVATIVE, HYAL	NA	$126.88
J7322			HYALURONAN OR DERIVATIVE, HYM	NA	$16.50
J7323			HYALURONAN OR DERIVATIVE, EUFL	NA	$133.96
J7324			HYALURONAN OR DERIVATIVE, ORTH	NA	$228.69
J7325			HYALURONAN OR DERIVATIVE, SYNV	NA	$405.72
J7326			HYALURONAN OR DERIVATIVE, GEL-	BY REPORT	BY REPORT
J7327			HYALURONAN OR DERIVATIVE, MONO	NA	$965.25
J7328			HYALURONAN OR DERIVATIVE, GEL-	NA	$1.20
J7500			AZATHIOPRINE ORAL 50MG 100	NA	$1.15
J7501			AZATHIOPRINE PARENTERAL 100 MG	NA	$74.38

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DME/P&O				**PURCHASE**	**RENTAL**
J7502			CYCLOSPORIN ORAL 100 MG	NA	$5.34
J7504			ATGAM 250 MG	NA	$367.36
J7507			TACROLIMUS, IMMEDIATE RELEASE,	NA	$3.97
J7509			METHYLPREDNISOLONE 4 MG ORAL	NA	$0.58
J7510			PREDNISOLONE 5 MG ORAL	NA	$0.12
J7511			THYMOGLOBULIN 25 MG	NA	$426.56
J7513			ZENAPAX, PARENTERAL 25 MG	NA	$449.66
J7515			CYCLOSPORINE 25 MG ORAL	NA	$1.20
J7516			CYCLOSPORINE PARENTERAL 250 MG	NA	$24.06
J7517			MYCOPHENOLATE MOFETIL 250 MG O	NA	$3.27
J7518			MYCOPHENOLIC ACID, ORAL, 180 M	NA	$4.02
J7520			SIROLIMUS, ORAL, 1 MG	NA	$7.97
J7525			PROGRAF, PARENTERAL 5 MG	NA	$149.43
J7604			ACETYLCYSTEINE, INHALATION SOL	NA	$3.57
J7605			ARFORMOTEROL, INHALATION SOLUT	NA	$5.04
J7606			FORMOTEROL FUMARATE, INHALATIO	NA	$5.60
J7607			LEVALBUTEROL, INHALATION SOLUT	NA	$1.33
J7608			ACETYLCYSTEINE, INHALATION SOL	NA	$1.80

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DME/P&O				**PURCHASE**	**RENTAL**
J7609			ALBUTEROL, INHALATION SOLUTION	BY REPORT	BY REPORT
J7610			ALBUTEROL INHAL SOL.CONCEN 1 M	BY REPORT	BY REPORT
J7611			ALBUTEROL, INHALATION SOLUTION	NA	$0.15
J7612			LEVALBUTEROL, INHALATION SOLUT	NA	$1.19
J7613			ALBUTEROL, INHALATION SOLUTION	NA	$0.54
J7614			LEVALBUTEROL, INHALATION SOLUT	NA	$2.61
J7615			LEVALBUTEROL INHAL SOL UNIT DO	NA	$1.89
J7620			ALBUTEROL 2.5MG/IPRATROPIUM BR	NA	$2.18
J7626			BUDESONIDE INHALATION SOLUTION	NA	$9.35
J7627			BUDESONIDE,POWDER,COMPOUND,INH	NA	$161.35
J7628			BITOLTEROL MESYLATE CONC FORM	NA	$0.48
J7631			CROMOLYN SODIUM, INHALATION SO	NA	$0.34
J7632			CROMOLYN SODIUM, INHALATION SO	NA	$0.31
J7634			BUDESONIDE, INHALATION SOLUTIO	NA	$4.81
J7635			ATROPINE INHAL SOL CONCENTRATE	NA	$1.23
J7636			ATROPINE INHALATION SOL UNIT D	NA	$1.09
J7637			DEXAMETHASONE INHAL SOL CONCEN	NA	$0.43
J7638			DEXAMETHASONE INHAL SOL UNIT D	NA	$0.20

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DME/P&O				**PURCHASE**	**RENTAL**
J7639			DORNASE ALFA, INHALATION SOLUT	NA	$21.00
J7642			GLYCOPYRROLATE INHAL SOL CONCE	NA	$2.32
J7644			IPRATROPIUM BROMIDE, INHALATIO	NA	$1.54
J7645			IPRATROPIUM BROMIDE INHAL SOLP	NA	$1.26
J7665			MANNITOL, ADMINISTERED THRU IN	NA	$3.94
J7669			METAPROTERENOL SULFATE, INHALA	NA	$0.49
J7674			METHACHOLINE CHLORIDE ADMINIST	NA	$0.42
J7676			PENTAMIDINE ISETHIONATE, INHAL	NA	$93.44
J7682			TOBRAMYCIN INHAL SOL 300 MG UN	NA	$66.11
J7684			TRIAMCINOLONE INHAL SOL UNIT D	NA	$0.61
J7686			TREPROSTINIL, INHALATION SOLUT	NA	$136.55
J8501			APREPITANT, ORAL, 5 MG	NA	$4.71
J8510			BULSULFAN, ORAL, 2 MG	NA	$2.59
J8520			CAPECITABINE, ORAL, 150 MG	NA	$6.51
J8521			CAPECITABINE, ORAL, 500 MG	NA	$21.71
J8530			CYCLOPHOSPHAMIDE: ORAL, 25 MG	NA	$3.15
J8560			ETOPOSIDE: ORAL, 50 MG	NA	$41.68
J8600			MELPHALAN: ORAL, 2 MG	NA	$5.29

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DME/P&O				**PURCHASE**	**RENTAL**
J8610			METHOTREXATE: ORAL, 2.5 MG	NA	$3.19
J8700			TEMOZOLOMIDE, ORAL, 5 MG	NA	$9.74
J9000			INJECTION, DOXORUBICIN HYDROCH	NA	$12.03
J9015			INJECTION, ALDESLEUKIN, PER SI	NA	$826.40
J9017			INJECTION, ARSENIC TRIOXIDE, 1	NA	$36.79
J9019			INJECTION, ASPARAGINASE (ERWIN	NA	$324.47
J9020			INJECTION, ASPARAGINASE, NOT O	NA	$55.02
J9022			INJECTION, ATEZOLIZUMAB, 10 MG	NA	$72.18
J9023			INJECTION, AVELUMAB, 10 MG	NA	$75.67
J9025			INJECTION, AZACITIDINE, 1 MG	NA	$4.42
J9027			INJECTION, CLOFARABINE, 1 MG	NA	$123.05
J9031			BCG LIVE,PER VIAL 27MG	NA	$172.59
J9032			INJECTION, BELINOSTAT, 10 MG	NA	$31.63
J9033			INJECTION, BENDAMUSTINE HCL (T	NA	$19.13
J9034			INJECTION, BENDAMUSTINE HCL (B	NA	$23.02
J9035			INJECTION, BEVACIZUMAB, 10 MG	NA	$60.16
J9039			INJECTION, BLINATUMOMAB, 1 MIC	NA	$94.31
J9040			INJECTION, BLEOMYCIN SULFATE,	NA	$77.11

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DME/P&O				**PURCHASE**	**RENTAL**
J9041			INJECTION, BORTEZOMIB (VELCADE	NA	$35.31
J9042			INJECTION, BRENTUXIMAB VEDOTIN	NA	$95.83
J9043			INJECTION, CABAZITAXEL, 1 MG	NA	$134.65
J9045			INJECTION, CARBOPLATIN, 50 MG	NA	$76.42
J9047			INJECTION, CARFILZOMIB, 1 MG	NA	$27.36
J9050			INJECTION, CARMUSTINE, 100 MG	NA	$163.91
J9055			INJECTION, CETUXIMAB, 10 MG	NA	$52.50
J9060			INJECTION, CISPLATIN, POWDER O	NA	$4.05
J9065			INJECTION, LEUSTATIN , PER 1 M	NA	$53.05
J9070			CYTOXIN, 100 MG	NA	$24.50
J9098			INJECTION, CYTARABINE LIPOSOME	NA	$437.50
J9100			INJECTION, CYTARABINE, 100 MG	NA	$3.17
J9120			INJECTION, DACTINOMYCIN, 0.5 M	NA	$519.53
J9130			DTIC-DOME 100MG/ML	NA	$10.34
J9145			INJECTION, DARATUMUMAB, 10 MG	NA	$45.80
J9150			INJECTION, DAUNORUBICIN, 10 MG	NA	$70.57
J9151			INJECTION, DAUNORUBICIN CITRAT	NA	$59.50
J9155			INJECTION, DEGARELIX, 1 MG	NA	$3.92

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DME/P&O				**PURCHASE**	**RENTAL**
J9160			INJECTION, DENILEUKIN DIFTITOX	NA	$1,487.50
J9165			INJECTION, DIETHYLSTILBESTROL	NA	$13.27
J9171			INJECTION, DOCETAXEL, 1 MG	NA	$19.51
J9175			INJECTION, ELLIOTTS' B SOLUTIO	NA	$4.29
J9176			INJECTION, ELOTUZUMAB, 1 MG	NA	$5.95
J9178			INJECTION, EPIRUBICIN HCL, 2 M	NA	$26.22
J9179			INJECTION, ERIBULIN MESYLATE,	NA	$86.72
J9181			INJECTION, ETOPOSIDE, 10 MG	NA	$1.64
J9185			INJECTION, FLUDARABINE PHOSPHA	NA	$317.80
J9190			INJECTION, FLUOROURACIL, 500 M	NA	$3.28
J9200			INJECTION, FLOXURIDINE, 500 MG	NA	$130.70
J9201			INJECTION, GEMCITABINE HYDROCH	NA	$135.98
J9202			ZOLADEX 3.6 MG IMPLANT, SYRN	NA	$411.24
J9203			INJECTION, GEMTUZUMAB OZOGAMIC	NA	$180.40
J9205			INJECTION, IRINOTECAN LIPOSOME	NA	$38.04
J9206			INJECTION, IRINOTECAN, 20 MG	NA	$134.24
J9207			INJECTION, IXABEPILONE,1 MG(IX	NA	$65.31
J9208			INJECTION, IFOSFAMIDE, 1 GRAM	NA	$63.49

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DME/P&O				**PURCHASE**	**RENTAL**
J9209			INJECTION, MESNA, 200 MG	NA	$30.76
J9211			INJECTION, IDARUBICIN HYDROCHL	NA	$386.79
J9212			INJECTION, INTERFERON ALFACON-	NA	$8.50
J9213			INJECTION, INTERFERON, ALFA-2A	NA	$40.53
J9214			INJECTION, INTERFERON, ALFA-2B	NA	$14.84
J9215			INJECTION, INTERFERON, ALFA-N3	NA	$15.68
J9216			INJECTION, INTERFERON, GAMMA 1	NA	$344.41
J9217			LUPRON 7.5 MG	NA	$678.73
J9218			LUPRON INJ PER 1 MG	NA	$271.53
J9219			VIADUR IMPLANT KIT 65 MG	NA	$4,973.50
J9225			HISTRELIN IMPLANT (VANTAS), 50	NA	$5,250.00
J9226			HISTRELIN IMPLANT (SUPPRELIN L	NA	$15,312.50
J9228			INJECTION, IPILIMUMAB, 1 MG	NA	$126.09
J9230			INJECTION, MECHLORETHAMINE HYD	NA	$152.08
J9245			INJECTION, ALKERAN 50 MG	NA	$1,267.39
J9250			METHOTREXATE SODIUM 5MG	NA	$0.48
J9250	UD		INJECTABLE, METHOTREXATE SOD 5	NA	$0.48
J9260			METHOTREXATE SODIUM 50MG/ML	NA	$4.16

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DME/P&O				**PURCHASE**	**RENTAL**
J9260	UD		INJECTABLE, METHOTREXATE SOD 5	NA	$4.16
J9261			INJECTION, NELARABINE, 50 MG	NA	$90.13
J9262			INJECTION, OMACETAXINE MEPESUC	NA	$2.36
J9263			INJECTION, OXALIPLATIN, 0.5 MG	NA	$9.32
J9264			INJECTION, PACLITAXEL PROTEIN-	NA	$9.40
J9266			INJECTION, PEGASPARGASE, PER S	NA	$2,187.50
J9267			INJECTION, PACLITAXEL, 1 MG	NA	$0.43
J9268			INJECTION, PENTOSTATIN, 10 MG	NA	$2,324.00
J9270			INJECTION, PLICAMYCIN, 2.5 MG	NA	$86.39
J9271			INJECTION, PEMBROLIZUMAB, 1 MG	NA	$42.73
J9280			INJECTION, MITOMYCIN, 5 MG	NA	$61.25
J9285			INJECTION, OLARATUMAB, 10 MG	NA	$47.67
J9293			NOVANTRONE 5 MG	NA	$325.23
J9299			INJECTION, NIVOLUMAB, 1 MG	NA	$24.10
J9301			INJECTION, OBINUTUZUMAB, 10 MG	NA	$510.84
J9302			INJECTION, OFATUMUMAB, 10 MG	NA	$43.56
J9303			INJECTION, PANITUMUMAB, 10 MG	NA	$87.50
J9305			INJECTION, PEMETREXED, 10 MG	NA	$50.86

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DME/P&O				**PURCHASE**	**RENTAL**
J9306			INJECTION, PERTUZUMAB, 1 MG	NA	$9.61
J9307			INJECTION, PRALATREXATE, 1 MG	NA	$154.69
J9308			INJECTION, RAMUCIRUMAB, 5 MG	NA	$52.51
J9315			INJECTION, ROMIDEPSIN, 1 MG	NA	$214.23
J9320			INJECTION, STREPTOZOCIN, 1 GRA	NA	$113.78
J9325			INJECTION, TALIMOGENE LAHERPAR	NA	$43.56
J9328			INJECTION, TEMOZOLOMIDE, 1 MG	NA	$4.75
J9330			INJ, TEMSIROLIMUS, 1 MG (TORIS	NA	$48.99
J9340			INJECTION, THIOTEPA, 15 MG	NA	$85.59
J9351			INJECTION, TOPOTECAN, 0.1 MG	NA	$27.37
J9352			INJECTION, TRABECTEDIN, 0.1 MG	NA	$267.30
J9354			INJECTION, ADO-TRASTUZUMAB EMT	NA	$27.46
J9355			INJECTION, TRASTUZUMAB, 10 MG	NA	$65.74
J9357			INJECTION, VALRUBICIN, INTRAVE	NA	$485.10
J9360			INJECTION, VINBLASTINE SULFATE	NA	$2.90
J9370			ONCOVIN 1 MG	NA	$12.60
J9371			INJECTION, VINCRISTINE SULFATE	NA	$1,930.50
J9390			INJECTION, VINORELBINE TARTRAT	NA	$82.25

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DME/P&O				**PURCHASE**	**RENTAL**
J9395			INJECTION, FULVESTRANT, 25 MG	NA	$86.93
J9400			INJECTION, ZIV-AFLIBERCEPT, 1	NA	$15.84
J9600			INJECTION, PORFIMER SODIUM, 75	NA	$2,637.93
J9999			NOT OTHERWISE CLASSIFIED, ANTI	BY REPORT	BY REPORT
K0001			STANDARD WHEELCHAIR	$539.00	$64.68
K0002			STANDARD HEMI LOW SEAT WHEELC	$870.00	$104.40
K0003			LIGHTWEIGHT WHEELCHAIR	$802.00	$96.24
K0004			HIGH STRENGH, LIGHTWEIGHT WHEE	$1,385.00	$166.20
K0005			ULTRALIGHTWEIGHT WHEELCHAIR	NA	$1,440.70
K0006			HEAVY DUTY WHEELCHAIR	$1,274.00	$152.88
K0007			EXTRA HEAVY DUTY WHEELCHAIR	BY REPORT	BY REPORT
K0008			CUSTOM MANUAL WHEELCHAIR/BASE	BY REPORT	BY REPORT
K0009			OTHER MANUAL WHEELCHAIR/BASE	BY REPORT	BY REPORT
K0010			STD WGT FRM-MTR PWR WHEELCHAIR	$3,345.00	$401.40
K0011			ST WGT FRM-MTR PWR WC PRG CTL	BY REPORT	BY REPORT
K0012			LIGHTWEIGHT PORTABLE MOTOR POW	BY REPORT	BY REPORT
K0013			CUSTOM MOTORIZED/PWR WHEELCHAI	BY REPORT	BY REPORT
K0014			OTHER MOTORIZED/PWR WHEELCHAIR	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
K0015			DETACH NON-ADJUST HGT ARMREST	$116.96	$14.04
K0017			DETACHABLE, ADJUSTABLE HEIGHT	NA	$30.85
K0018			DETACHABLE, ADJUSTABLE HEIGHT	NA	$17.44
K0019			ARM PAD, REPLACEMENT ONLY, EAC	$8.94	$1.79
K0020			FIXED ADJ HGT ARMREST PAIR	NA	$30.23
K0037			HIGH MOUNT FLIP-UP FOOTREST, E	$34.86	$6.97
K0038			LEG STRAP, EACH	NA	$15.41
K0039			LEG STRAP, H STYLE, EACH	NA	$33.10
K0040			ADJUSTABLE ANGLE FOOT PLATE EA	NA	$33.45
K0041			LARGE SIZE FOOTPLATE, EACH	NA	$31.64
K0042			STANDARD SIZE FOOTPLATE, REPLA	$25.38	$5.08
K0043			FOOTREST, LOWER EXTENSION TUBE	NA	$12.54
K0044			FOOTREST, UPPER HANGER BRACKET	NA	$10.91
K0045			FOOTREST, COMPLETE ASSEMBLY, R	NA	$35.90
K0046			ELEVATING LEGREST, LOWER EXTEN	NA	$12.63
K0047			ELEVATING LEGREST, UPPER HANGE	NA	$44.62
K0050			RATCHET ASSEMBLY, REPLACEMENT	NA	$20.70
K0051			CAM RELEASE ASSEMBLY, FOOTREST	NA	$32.75

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DME/P&O				**PURCHASE**	**RENTAL**
K0052			SWINGAWAY, DETACHABLE FOOTREST	NA	$43.82
K0053			ELEV FOOTRESTS, ARTICULATING E	NA	$56.01
K0056			SEAT HGT UP TO 21IN HST/LTWT/U	$83.00	$16.60
K0065			SPOKE PROTECTORS	NA	$30.32
K0069			REAR WHEEL ASSEMBLY, COMPLETE,	$87.00	$17.40
K0070			R.WHEEL ASSEM.W/PNEUM.TIRE/COM	$158.00	$18.96
K0071			FRONT CASTER ASSEMBLY, COMPLET	NA	$70.85
K0072			FRONT CASTER ASSEMBLY, COMPLET	$57.00	$11.40
K0073			CASTER PIN LOCK, EACH	NA	$23.15
K0077			FRONT CASTER ASSEMBLY, COMPLET	NA	$33.24
K0098			DRIVE BELT FOR POWER WHEELCHAI	NA	$15.58
K0105			IV HANGER	NA	$64.21
K0108			OTHER ACCESSORIES	BY REPORT	BY REPORT
K0195			ELEV. LEGREST, PAIR W/CAPPTED	$108.11	$12.97
K0553			SUPPLY ALLOWANCE FOR THERAPEUT	NA	$179.82
K0554			RECEIVER (MONITOR), DEDICATED,	NA	$171.52
K0606			AUTOMATIC EXTERNAL DEFIBRILLAT	$14,689.92	$1,762.79
K0672			ADDITION TO LOWER EXTREMITY OR	NA	$57.51

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DME/P&O				**PURCHASE**	**RENTAL**
K0733			POWER WHEELCHAIR ASSESS 12-24A	$18.61	$3.72
K0738			PORTABLE GASEOUS OXYGEN SYS, R	$0.00	$0.00
K0739			REPAIR/SERVICE DME NON-OXYGEN	$10.00	$2.00
K0800			POWER OPERATED VEH,GROUP 1 STA	$547.04	$65.64
K0801			POWER OPERATED VEH, GROUP 1 HE	$1,001.88	$120.23
K0802			POWER OPERATED VEH, GRP 1 VERY	$1,347.50	$161.70
K0806			POWER OPERATED VEH,GROUP 2 STA	$929.03	$111.48
K0807			POWER OPERATED VEH,GROUP 2 HEA	$1,439.77	$172.77
K0808			POWER OPERATED VEH,GROUP 2 VER	$2,225.64	$267.08
K0812			POWER OPERATED VEHICLE, NOS	BY REPORT	BY REPORT
K0813			POWER WHEELCHAIR,GROUP 1 STD P	BY REPORT	BY REPORT
K0814			POWER WHEELCHAIR,GROUP 1 STD	BY REPORT	BY REPORT
K0815			POWER WHEELCHAIR GRP 1 STD SEA	BY REPORT	BY REPORT
K0816			POWER WHEELCHAIR GRP 1 STD CAP	BY REPORT	BY REPORT
K0820			POWER WHEELCHAIR,GRP 2 STD POR	BY REPORT	BY REPORT
K0821			POWER WHEELCHAIR,GRP 2 STD POR	BY REPORT	BY REPORT
K0822			POWER WHEELCHAIR,GRP 2 STD SEA	BY REPORT	BY REPORT
K0823			POWER WHEELCHAIR,GRP 2 STD CAP	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
K0824			POWER WHEELCHAIR,GRP 2 HD SEAT	BY REPORT	BY REPORT
K0825			POWER WHEELCHAIR,GRP 2 HD CAP	BY REPORT	BY REPORT
K0826			POWER WHEELCHAIR.GRP2 VHD SEAT	BY REPORT	BY REPORT
K0827			POWER WHEELCHAIR.GRP 2 VHD CAP	BY REPORT	BY REPORT
K0828			POWER WHEELCHAIR,GRP 2 XTRA HD	BY REPORT	BY REPORT
K0829			POWER WHEELCHAIR,GRP2 XTRA HD	BY REPORT	BY REPORT
K0830			POWER WHEELCHAIR,GRP2 STD SEAT	BY REPORT	BY REPORT
K0831			POWER WHEELCHAIR,GRP2 STD SEAT	BY REPORT	BY REPORT
K0835			POWER WHEELCHAIR,GRP2 STD,SING	BY REPORT	BY REPORT
K0836			POWER WHEELCHAIR,GRP2 STD SING	BY REPORT	BY REPORT
K0837			POWER WHEELCHAIR, GRP2 HD SING	BY REPORT	BY REPORT
K0838			POWER WHEELCHAIR,GRP2 HD SING	BY REPORT	BY REPORT
K0839			POWER WHEELCHAIR.GRP2 VHD SING	BY REPORT	BY REPORT
K0840			POWER WHEELCHAIR.GP2 XHD SING	BY REPORT	BY REPORT
K0841			POWER WHEELCHAIR.GP2 STD MULT	BY REPORT	BY REPORT
K0842			POWER WHEELCHAIR.GP2 STD,MULT	BY REPORT	BY REPORT
K0843			POWER WHEELCHAIR.GP2 HD,MULT P	BY REPORT	BY REPORT
K0848			POWER WHEELCHAIR.GP2 STD SEAT/	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
K0849			POWER WHEELCHAIR.GP3,STD,CAP C	BY REPORT	BY REPORT
K0850			POWER WHEELCHAIR.GP3 HD SEAT/B	BY REPORT	BY REPORT
K0851			POWER WHEELCHAIR,GP3 HD SEAT/B	BY REPORT	BY REPORT
K0852			POWER WHEELCHAIR,GP3 VHD,SEAT/	BY REPORT	BY REPORT
K0853			POWER WHEELCHAIR,GP3,VHD,CAP C	BY REPORT	BY REPORT
K0854			POWER WHEELCHAIR,GP3 XHD,SEAT/	BY REPORT	BY REPORT
K0855			POWER WHEELCHAIR,GP3 XHD,CAP C	BY REPORT	BY REPORT
K0856			POWER WHEELCHAIR,GP3 STD,SING	BY REPORT	BY REPORT
K0857			POWER WHEELCHAIR,GP3 STD,CAP C	BY REPORT	BY REPORT
K0858			POWER WHEELCHAIR,GP3 HD,SING S	BY REPORT	BY REPORT
K0859			POWER WHEELCHAIR,GP3 HD SING C	BY REPORT	BY REPORT
K0860			POWER WHEELCHAIR,GP3 VHD,SING	BY REPORT	BY REPORT
K0861			POWER WHEELCHAIR,GP3 STD,MULT	BY REPORT	BY REPORT
K0862			POWER WHEELCHAIR,GP3 HD,MULT S	BY REPORT	BY REPORT
K0863			POWER WHEELCHAIR,GP3 VHD,MULT	BY REPORT	BY REPORT
K0864			POWER WHEELCHAIR,GP3XHD,MULT S	BY REPORT	BY REPORT
K0868			POWER WHEELCHAIR,GP4 STD,SEAT/	BY REPORT	BY REPORT
K0869			POWER WHEELCHAIR,GP4 STD,CAP C	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
K0870			POWER WHEELCHAIR,GP4 HD, SEAT/	BY REPORT	BY REPORT
K0871			POWER WHEELCHAIR,GP4 VHD, SEAT	BY REPORT	BY REPORT
K0877			POWER WHEELCHAIR,GP4 STD SING	BY REPORT	BY REPORT
K0878			POWER WHEELCHAIR,GP4 STD,SING	BY REPORT	BY REPORT
K0879			POWER WHEELCHAIR,GP4 HD SING S	BY REPORT	BY REPORT
K0880			POWER WHEELCHAIR.GP4 VHD,SING	BY REPORT	BY REPORT
K0884			POWER WHEELCHAIR,GP4 STD,MULT	BY REPORT	BY REPORT
K0885			POWER WHEELCHAIR,GP4 STD MULT	BY REPORT	BY REPORT
K0886			POWER WHEELCHAIR,GP4 HD MULT S	BY REPORT	BY REPORT
K0890			POWER WHEELCHAIR,GP5 PED SING	BY REPORT	BY REPORT
K0891			POWER WHEELCHAIR,GP5 PED,MULT	BY REPORT	BY REPORT
K0898			POWER WHEELCHAIR NOT OTHERWISE	BY REPORT	BY REPORT
K0900			CUSTOMIZED DURABLE MEDICAL EQU	BY REPORT	BY REPORT
L0112			CRANIAL CERVICAL ORTHOSIS, CON	NA	$879.82
L0113			CRANIAL CERVICAL ORTHOSIS, TOR	NA	$193.45
L0120			CERVICAL, FLEXIBLE, NON-ADJUST	NA	$13.04
L0130			CERVICAL, FLEXIBLE, THERMOPLAS	NA	$54.40
L0140			CERV.SEMI-RIDIG/ADJ.PLASTIC CO	NA	$24.40

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DME/P&O				**PURCHASE**	**RENTAL**
L0150			CERVICAL, SEMI-RIGID, ADJUSTAB	NA	$75.20
L0160			CERVICAL, SEMI-RIGID, WIRE FRA	NA	$100.00
L0170			CERVICAL, COLLAR, MOLDED TO PA	NA	$300.00
L0172			CERVICAL, COLLAR, SEMI-RIGID T	NA	$68.34
L0174			CERVICAL, COLLAR, SEMI-RIGID,	NA	$113.90
L0180			NECK BR FORRESTER - NON SWIVEL	NA	$163.80
L0190			CERVICAL, MULTIPLE POST COLLAR	NA	$240.00
L0200			CERVICAL, MULTIPLE POST COLLAR	NA	$175.00
L0220			THORACIC, RIB BELT, CUSTOM FAB	NA	$24.40
L0450			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$122.58
L0452			TLSO FLEX UPPER THOR SUPPORT C	NA	$264.68
L0454			TLSO FLEXIBLE, PROVIDES TRUNK	NA	$220.09
L0455			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$235.27
L0456			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$220.96
L0457			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$674.68
L0458			TLSO TRIPLANAR CONTROL PREFABR	NA	$440.57
L0460			TLSO, TRIPLANAR CONTROL, MODUL	NA	$440.57
L0462			TLSO TRIPLAN CONT 3 RIG PLAST	NA	$440.57

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DME/P&O				**PURCHASE**	**RENTAL**
L0464			TLSO TRIPLAN CONT 4 RIG PLAST	NA	$437.70
L0466			TLSO, SAGITTAL CONTROL, RIGID	NA	$224.99
L0467			TLSO, SAGITTAL CONTROL, RIGID	NA	$242.80
L0468			TLSO, SAGITTAL-CORONAL CONTROL	NA	$276.04
L0469			TLSO, SAGITTAL-CORONAL CONTROL	NA	$297.89
L0470			TLSO TRIPLAN CONT RIGED POST F	NA	$447.64
L0472			TLSO TRIPLANAR CONT HYPEREXTEN	NA	$291.60
L0474			TLSO TRIPLAN CONT RIG POST FRA	NA	$499.65
L0480			TLSO TRIPLAN CONT CUSTOM FABRI	NA	$1,035.33
L0482			TLSO TRIPLAN CONT INCL CAD-CAM	NA	$1,153.79
L0484			TLSO TRIPLAN CONT CUSTOM FABRI	NA	$1,146.26
L0486			TKLSO TRIPLAN CONT CUST FAB CA	NA	$1,218.72
L0488			TLSO TRIPLAN CONT 1 PIECE SHEL	NA	$631.00
L0490			TLSO SAG COR CONT PREFAB FIT &	NA	$177.82
L0491			TLSO, SAGITTAL-CORONAL CONTROL	NA	$520.98
L0492			TLSO, SAGITTAL-CORONAL CONTROL	NA	$342.24
L0621			SACROILIAC ORTHOSIS, FLEXIBLE,	NA	$62.86
L0622			SACROILIAC ORTHOSIS, FLEXIBLE,	NA	$167.89

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DME/P&O				**PURCHASE**	**RENTAL**
L0623			SACROILIAC ORTHOSIS, PROVIDES	BY REPORT	BY REPORT
L0624			SACROILIAC ORTHOSIS, PROVIDES	BY REPORT	BY REPORT
L0625			LUMBAR ORTHOSIS, FLEXIBLE, PRO	NA	$37.36
L0626			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$52.87
L0627			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$278.85
L0628			LUMBAR-SACRAL ORTHOSIS, FLEXIB	NA	$56.92
L0629			LUMBAR-SACRAL ORTHOSIS, FLEXIB	BY REPORT	BY REPORT
L0630			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$109.87
L0631			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$696.39
L0632			LUMBAR-SACRAL ORTHOSIS, SAGITT	BY REPORT	BY REPORT
L0633			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$184.75
L0634			LUMBAR-SACRAL ORTHOSIS, SAGITT	BY REPORT	BY REPORT
L0635			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$661.29
L0636			LUMBAR SACRAL ORTHOSIS, SAGITT	NA	$980.74
L0637			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$728.75
L0638			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$894.69
L0639			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$728.75
L0640			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$709.85

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DME/P&O				**PURCHASE**	**RENTAL**
L0641			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$52.87
L0642			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$278.85
L0643			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$109.87
L0648			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$696.39
L0649			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$194.53
L0650			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$728.75
L0651			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$728.75
L0700			CERVICAL-THORACIC-LUMBAR-SACRA	NA	$1,160.00
L0710			CTLSO, ANTERIOR-POSTERIOR-LATE	NA	$1,280.00
L0810			HALO PROCEDURES, CERVICAL HALO	NA	$1,677.11
L0820			HALO PROCEDURES, CERVICAL HALO	NA	$1,200.00
L0830			SPINAL BR MILW SCOL BR W/HALO	NA	$2,053.61
L0859			ADDITION TO HALO PROCEDURE, MA	NA	$791.69
L0861			ADDITION TO HALO PROCEDURE, RE	NA	$135.48
L0970			TLSO, CORSET FRONT	NA	$33.60
L0972			LSO, CORSET FRONT	NA	$69.20
L0974			TLSO, FULL CORSET	NA	$88.20
L0976			LSO, FULL CORSET	NA	$103.88

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DME/P&O				**PURCHASE**	**RENTAL**
L0978			AXILLARY CRUTCH EXTENSION	NA	$35.00
L0980			PERONEAL STRAPS, PREFABRICATED	NA	$11.33
L0982			STOCKING SUPPORTER GRIPS, PREF	NA	$9.60
L0984			PROTECTIVE BODY SOCK, PREFABRI	NA	$34.12
L0999			ADDITION TO SPINAL ORTHOSIS NO	BY REPORT	BY REPORT
L1000			CERVICAL-THORACIC-LUMBAR-SACRA	NA	$1,134.00
L1001			CERVICAL THORACIC LUMBAR SACRA	BY REPORT	BY REPORT
L1005			TENSION BASED SCOLIOSIS ORTH/A	NA	$1,990.05
L1010			ADDITIONS TO CERVICAL-THORACIC	NA	$44.88
L1020			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$25.00
L1025			ADDITION TO CTLSO/SCOLIOSIS OR	NA	$77.29
L1030			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$40.83
L1040			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$39.00
L1050			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$39.00
L1060			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$39.00
L1070			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$51.00
L1080			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$35.42
L1085			ADDIT.TO CTLSO/SCOLIOSIS ORTHO	NA	$108.45

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DME/P&O				**PURCHASE**	**RENTAL**
L1090			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$51.00
L1100			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$66.00
L1110			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$90.00
L1120			ADDITIONS TO CTLSO OR SIO, SCO	NA	$26.05
L1200			THORACIC-LUMBAR-SACAL-ORTHOSES	NA	$1,037.53
L1210			ADDITIONS TO TLSO, (LOW PROFIL	NA	$175.00
L1220			ADDITIONS TO TLSO, (LOW PROFIL	NA	$175.00
L1230			ADDITIONS TO TLSO, (LOW PROFIL	NA	$340.00
L1240			ADDIT.TO TLSO LUMBAR DEROTATIO	NA	$44.75
L1250			ADDIT.TO TLSO ANTERIOR ASIS PA	NA	$44.75
L1260			ADDIT TO TLSO,ANTERIOR THORAC	NA	$44.75
L1270			ADDIT TO TLSO,ABDOMINAL PAD(LO	NA	$44.75
L1280			ADDIT TO TLSO,RIB GUSSET(ELAST	NA	$61.02
L1290			ADDIT TO TLSO,LATERAL TROCHANT	NA	$40.68
L1300			OTHER SCOLIOSIS PROCEDURES, BO	NA	$1,200.00
L1310			OTHER SCOLIOSIS PROCEDURES, PO	NA	$1,200.00
L1499			UNLISTED PROCEDURE SPINAL ORTH	BY REPORT	BY REPORT
L1600			HIP ORTHOSIS, ABDUCTION CONTRO	NA	$40.32

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DME/P&O				**PURCHASE**	**RENTAL**
L1610			HIP ORTHOSIS, ABDUCTION CONTRO	NA	$25.00
L1620			HIP ORTHOSIS, ABDUCTION CONTRO	NA	$75.00
L1630			HO, ABDUCTION CONTROL OF HIP J	NA	$111.31
L1640			HO, ABDUCTION CONTROL OF HIP J	NA	$250.00
L1650			HO, ABDUCTION CONTROL OF HIP J	NA	$150.00
L1652			HIP ORTHOSIS ADULT PREFAB ANY	NA	$224.08
L1660			HO, ABDUCTION CONTROL OF HIP J	NA	$109.07
L1680			HO, ABDUCTION CONTROL OF HIP J	NA	$802.72
L1685			HO ABDUCTION CONTROL OF HIP JO	NA	$610.20
L1686			HO, ABDUCTION CONTROL OF HIP J	NA	$600.00
L1690			BILAT LUMBO-SAC HIP FEMUR ORTH	NA	$1,040.29
L1700			LEGG PERTHES ORTHOSIS, TORONTO	NA	$996.07
L1710			LEGG PERTHES ORTHOSIS, NEWINGT	NA	$1,159.26
L1720			LEGG PERTHES ORTHOSIS, TRILATE	NA	$852.85
L1730			LEGG PERTHES ORTHOSIS, SCOTTIS	NA	$739.21
L1755			LEG PERTHES ORTHOSIS,PATTEN BO	NA	$854.40
L1810			KNEE ORTHOSIS, ELASTIC WITH JO	NA	$61.04
L1812			KNEE ORTHOSIS, ELASTIC WITH JO	NA	$69.81

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DME/P&O				**PURCHASE**	**RENTAL**
L1820			KNEE ORTHOSIS, ELASTIC WITH CO	NA	$72.40
L1830			KNEE ORTHOSIS, IMMOBILIZER, CA	NA	$52.88
L1831			KNEE ORTHOSIS, LOCKING KNEE JO	NA	$185.00
L1832			KNEE ORTHOSIS, ADJUSTABLE KNEE	NA	$320.00
L1833			KNEE ORTHOSIS, ADJUSTABLE KNEE	NA	$526.80
L1834			KO WITHOUT KNEE JOINT RIGID MO	NA	$388.00
L1836			KNEE ORTHOSIS, RIGID, WITHOUT	NA	$83.87
L1840			KO, DEROTATION, FABRICATED TO	NA	$520.00
L1843			KNEE ORTHOSIS, SINGLE UPRIGHT,	NA	$392.81
L1844			KNEE ORTHOSIS, SINGLE UPRIGHT,	NA	$852.38
L1845			KNEE ORTHOSIS, DOUBLE UPRIGHT,	NA	$468.00
L1846			KNEE ORTHOSIS, DOUBLE UPRIGHT,	NA	$528.80
L1847			KNEE ORTHOSIS, DOUBLE UPRIGHT	NA	$309.42
L1848			KNEE ORTHOSIS, DOUBLE UPRIGHT	NA	$390.17
L1850			KNEE ORTHOSIS, SWEDISH TYPE, P	NA	$148.00
L1851			KNEE ORTHOSIS (KO), SINGLE UPR	NA	$588.51
L1852			KNEE ORTHOSIS (KO), DOUBLE UPR	NA	$667.61
L1860			KO, MODIFICATION OF SUPRACONDY	NA	$555.68

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DME/P&O				**PURCHASE**	**RENTAL**
L1900			SHORT LEG BRACE, SPRING WIRE	NA	$158.64
L1902			ANKLE ORTHOSIS, ANKLE GAUNTLET	NA	$48.81
L1904			ANKLE ORTHOSIS, ANKLE GAUNTLET	NA	$284.76
L1906			ANKLE FOOT ORTHOSIS, MULTILIGA	NA	$75.00
L1907			ANKLE ORTHOSIS, SUPRAMALLEOLAR	NA	$353.71
L1910			SHORT LEG BRACE, SINGLE UPRIGH	NA	$192.99
L1920			AFO, SINGLE UPRIGHT WITH STATI	NA	$200.00
L1930			AFO, CUSTOM FITTED, PLASTIC	NA	$156.80
L1932			AFO, RIGID ANTERIOR TIBIAL SEC	NA	$605.34
L1940			AFO, MOLDED TO PATIENT MODEL,	NA	$387.94
L1945			AFO MOLDED TO PATIENT FLOOR RE	NA	$540.00
L1950			AFO, SPIRAL, MOLDED TO PATIENT	NA	$593.22
L1951			ANKLE FOOT ORTHOSIS, SPIRAL, (	NA	$527.61
L1960			AFO, POSTERIOR SOLID ANKLE, MO	NA	$421.60
L1970			AFO, PLASTIC MOLDED TO PATIENT	NA	$513.35
L1971			ANKLE FOOT ORTHOSIS, PLASTIC O	NA	$294.64
L1980			AFO, SINGLE UPRIGHT FREE PLANT	NA	$229.60
L1990			SHT LEG BR 2 BAR UP-RIGHT LOWE	NA	$287.20

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DME/P&O				**PURCHASE**	**RENTAL**
L2000			KNEE-ANKLE-FOOT-ORTHOSES (KAFO	NA	$760.00
L2005			KNEE ANKLE FOOT ORTHOSIS, ANY	NA	$2,779.73
L2010			KAFO, SINGLE UPRIGHT, FREE KNE	NA	$568.68
L2020			KAFO, DOUBLE UPRIGHT, FREE KNE	NA	$786.13
L2030			LONG LEG BRACE, FULL-LENGTH W/	NA	$571.20
L2034			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$1,414.09
L2035			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$115.56
L2036			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$1,000.00
L2037			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$900.00
L2038			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$900.00
L2040			HIP-KNEE-ANKLE-FOOT, ORTHOSES	NA	$131.05
L2050			HKAFO, TORSION CONTROL, BILATE	NA	$223.44
L2060			HKAFO, TORSION CONTROL, BILATE	NA	$250.00
L2070			HKAFO, TORSION CONTROL, UNILAT	NA	$90.76
L2080			HKAFO, TORSION CONTROL, UNILAT	NA	$200.00
L2090			HKAFO, TORSION CONTROL, UNILAT	NA	$200.00
L2106			AFO FRACTURE ORTHOSIS TIBIAL T	NA	$284.76
L2108			AFO,FRACTURE ORTHOSIS,TICIAL M	NA	$569.60

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DME/P&O				**PURCHASE**	**RENTAL**
L2112			AFO TIBIAL FRACTURE ORTHOSIS-S	NA	$244.08
L2114			AFO FRACTURE ORTHOSIS TIBIAL S	NA	$321.37
L2116			AFO,TIBIAL FRACTURE ORTHO.RIGI	NA	$366.00
L2126			KAFO FRACTURE ORTHOSIS MOLDED	NA	$651.20
L2128			KAFO,FEMORAL FRACTURE CAST ORT	NA	$895.20
L2132			SOFT CUST.FIT,KAFO-FEMORAL FRA	NA	$488.16
L2134			KAFO FRACTURE ORTHOSIS FEMORAL	NA	$528.81
L2136			KAFO,FEMORAL FRACTURE CAST RIG	NA	$630.40
L2180			AFO FRACTURE ORTHOSIS TIBIAL F	NA	$53.69
L2182			ADD TO LOW EXTREMITY FX ORTH D	NA	$48.80
L2184			LIMITED MOTION KNEE JOINT,ADDI	NA	$69.16
L2186			ADJ.MOTION KNEE JOINT,ADDIT.TO	NA	$101.70
L2188			QUADRILATERAL BRIM-ADDIT.TO LO	NA	$203.40
L2190			WAIST BELT-ADDIT.TO LOWER ESTR	NA	$48.81
L2192			HIP JOINT,PELVIC BAND.FLANGE,P	NA	$203.40
L2200			ADDITIONS TO LOWER EXTREMITY,	NA	$30.80
L2210			ADDITIONS TO LOWER EXTREMITY,	NA	$48.00
L2220			ADDITIONS TO LOWER EXTREMITY,	NA	$59.65

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DME/P&O				**PURCHASE**	**RENTAL**
L2230			ADDITIONS TO LOWER EXTREMITY,	NA	$49.95
L2232			ADDITION TO LOWER EXTREMITY OR	NA	$67.52
L2240			ADDITIONS TO LOWER EXTREMITY,	NA	$54.10
L2250			ADDITIONS TO LOWER EXTREMITY,	NA	$234.08
L2260			ADDITIONS TO LOWER EXTREMITY,	NA	$169.83
L2265			ADD TO LOWER EXTR LONG TONGUE	NA	$32.00
L2270			ADDITIONS TO LOWER EXTREMITY,	NA	$35.03
L2275			ADD.LOWER EXT.VARUS/VALGUS COR	NA	$65.71
L2280			ADDITIONS TO LOWER EXTREMITY,	NA	$105.76
L2300			ADDITIONS TO LOWER EXTREMITY,	NA	$175.00
L2310			ADDITIONS TO LOWER EXTREMITY,	NA	$80.01
L2320			ADDITION TO LOWER EXTREMITY, N	NA	$96.00
L2330			ADDITION TO LOWER EXTREMITY, L	NA	$190.00
L2335			ANTERIOR SWING BAND-ADDIT.TO L	NA	$122.04
L2340			ADDITIONS TO LOWER EXTREMITY,	NA	$284.80
L2350			ADDITIONS TO LOWER EXTREMITY,	NA	$447.52
L2360			ADDIT.TO LOWER EXTREM.EXT.STEE	NA	$41.16
L2370			PATTEM BOTTOM-ADDIT TO LOWER E	NA	$164.00

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DME/P&O				**PURCHASE**	**RENTAL**
L2375			TORSON CTRL,ANKLE JOINT/HALF S	NA	$75.80
L2380			TORSION CTRL,STRAIGHT KNEE JOI	NA	$32.00
L2385			ADDITION TO LOWER EXTREMITY ST	NA	$52.88
L2387			ADDITION TO LOWER EXTREMITY, P	NA	$105.13
L2390			ADDITION TO LOWER EXTREMITY OF	NA	$52.88
L2395			ADDITION TO LOWER EXTREMITY OF	NA	$73.60
L2397			ADD LOWER EXTR ORTH SUSP SLEEV	NA	$61.53
L2405			ADDITION TO KNEE JOINT, DROP L	NA	$24.80
L2415			ADD.TO KNEE JOINT,CAM LOCK,EA.	NA	$76.34
L2425			ADD.TO KNEE JOINT,DISC/DIAL LO	NA	$90.11
L2492			ADDITION TO LOWER EXTREMITY OF	NA	$68.80
L2500			ADDITIONS LOWER EXTREMITY BRAC	NA	$117.60
L2510			ADDITIONS TO LOWER EXTREMITY,	NA	$508.81
L2520			ADDITIONS TO LOWER EXTREMITY,	NA	$336.00
L2525			ADD LOWER EXTR,THIGH/WEIGHT BE	NA	$660.00
L2526			ADD LOWER EXTR. THIGH/WEIGHT B	NA	$380.00
L2530			ADDITION/LOWER EXTREMITY BRACE	NA	$146.48
L2540			ADDITIONS TO LOWER EXTREMITY,	NA	$196.00

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DME/P&O				**PURCHASE**	**RENTAL**
L2550			ADDITIONS TO LOWER EXTREMITY,	NA	$61.04
L2570			ADDITIONS TO LOWER EXTREMITY,	NA	$280.00
L2580			ADDS TO LOWER EXT.BRACE PELVIC	NA	$240.00
L2600			ADDITIONS TO LOWER EXTREMITY,	NA	$108.00
L2610			ADDITIONS TO LOWER EXTREMITY,	NA	$132.00
L2620			LONG LEG BRACE: PELVIC BAND, R	NA	$160.00
L2622			PELVIC CTRL,HIP JOINT,ADJ.FLEX	NA	$170.85
L2624			PELVIC CTRL,HIP JOINT,ADJ.FLEX	NA	$102.40
L2627			ADD LOWER EXTR PELVIC CONTR PL	NA	$840.00
L2628			ADD LOWER EXTR PELVIC CONTROL	NA	$840.00
L2630			ADDITIONS TO LOWER EXTREMITY,	NA	$166.88
L2640			BRACE: PELVIC BAND W/ BALL-BEA	NA	$201.60
L2650			COVERED ATTACHMENTS TO BRACES:	NA	$86.80
L2660			ADDITIONS TO LOWER EXTREMITY,	NA	$18.00
L2670			ATTACHMENT TO BRACE: SHOULDER	NA	$32.00
L2680			ADDITIONS TO LOWER EXTREMITY,	NA	$32.00
L2750			ADDITION TO LOWER EXTREMITY OR	NA	$52.00
L2755			ADDITION TO LOWER EXTREMITY OR	NA	$82.12

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DME/P&O				**PURCHASE**	**RENTAL**
L2760			ADDITIONS TO LOWER EXTREMITY O	NA	$32.00
L2768			ORTHOTIC SIDE BAR DISCONNECT D	NA	$81.01
L2780			ADDITIONS TO LOWER EXTREMITY,	NA	$40.00
L2785			ADD.TO LOWER EXTREM.ORTH,DROP	NA	$16.27
L2795			ADD TO LOWER EXTREMITY FULL KN	NA	$62.21
L2800			ADDITION TO LOWER EXTREMITY OR	NA	$64.80
L2810			KNEE CTRL,CONDYLAR PAD-ADD.TO	NA	$54.57
L2820			SOFT INTERFACE FOR MOLD PLASTI	NA	$40.68
L2830			ADDIT TO LOWER EXTREMITY-SOFT	NA	$40.68
L2840			ADD.LOWER EXTR.ORTH,TIBAL LENG	NA	$28.00
L2850			ADD.LOWER EXTR.ORTH,FEMORAL LE	NA	$33.60
L2861			ADDITION TO LOWER EXTREMITY JO	BY REPORT	BY REPORT
L2999			UNLISTED PROC.FOR LOWER EXTREM	BY REPORT	BY REPORT
L3000			FT.INSERT/REMOVE/MOLD.BERKLEY,	NA	$140.00
L3001			FT.INSERT/REMOVE/MOLD/SPENCO,	NA	$76.00
L3002			FT.INSERT/REMOVE/MOLD/PLASTAZO	NA	$76.00
L3003			FT.INSERT/REMOVE/MOLD/SILICONE	NA	$76.00
L3010			FT.INSERT/REMOVE/MOLD/LONGIT.A	NA	$76.00

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DME/P&O				**PURCHASE**	**RENTAL**
L3020			FT.INSERT.REMOVE/MOLD/LONGIT/M	NA	$88.00
L3030			FT.INSERT/REMOVE/FORMED TO PT.	NA	$48.00
L3031			FOOT, INSERT/PLATE, REMOVABLE,	NA	$80.34
L3040			FT.ARCH SUPP,REMOVE/PREMOLD,LO	NA	$29.60
L3050			FT.,ARCH SUPP/REMOVE/PREMOLD/M	NA	$32.00
L3060			FT.ARCH SUPP.REMOVE/PREM.LONG/	NA	$48.00
L3070			FT.ARCH SUPP.NON-REMOVE ATT.SH	NA	$16.00
L3080			FT.ARCH SUP.NON-REM/META ATT.S	NA	$20.00
L3090			FT.ARCH SUPP.NON-REMOV.SHOE/L&	NA	$24.00
L3100			HALLUS-VALGUS NIGHT DYNAMIC SP	NA	$20.00
L3140			FT.,ADDUC.ROTATE BARS ATT.SHOE	NA	$56.00
L3150			FT.ABDUCT.ROTAT.BARS,CLAMP(D.B	NA	$60.00
L3160			FOOT,ADJ.SHOE-STYLE POSITIONIN	BY REPORT	BY REPORT
L3170			FOOT, PLASTIC, SILICONE OR EQU	NA	$31.99
L3201			ORTH.SHOE,OXFORD W/SUP/PRONAT.	NA	$48.00
L3202			ORTH.SHOE,OXFORD W/SUP/PRONAT.	NA	$48.00
L3203			ORTH.SHOE,OXFORD W/SUP/PRON.,J	NA	$48.00
L3204			ORTH.SHOE,HIGHTOP W/SUP/PRO,IN	NA	$48.00

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DME/P&O				**PURCHASE**	**RENTAL**
L3206			ORTH.SHOE,HIGHTOP W/SUP/PRO, C	NA	$48.00
L3207			ORTHO SHOE,HIGHTOP W/SUP/PRO,	NA	$48.00
L3208			SURGICAL BOOT, EACH, INFANT	NA	$24.00
L3209			SURGICAL BOOT, EACH, CHILD	NA	$24.00
L3211			SURGICAL BOOT, EACH, JUNIOR	NA	$24.00
L3212			BENESCH BOOT, PAIR, INFANT	NA	$48.00
L3213			BENESCH BOOT, PAIR, CHILD	NA	$48.00
L3214			BENESCH BOOT, PAIR, JUNIOR	NA	$48.00
L3215			ORTHOPEDIC FOOTWEAR, LADIES SH	NA	$38.00
L3216			ORTHOPEDIC FOOTWEAR, LADIES SH	NA	$50.00
L3217			ORTHOPEDIC FOOTWEAR, LADIES SH	NA	$58.00
L3219			ORTHOPEDIC FOOTWEAR, MENS SHOE	NA	$38.00
L3221			ORTHOPEDIC FOOTWEAR, MENS SHOE	NA	$50.00
L3222			ORTHOPEDIC FOOTWEAR, MENS SHOE	NA	$58.00
L3224			ORTH.FOOTWEAR,WOMAN'S SHOE,OXF	NA	$40.70
L3225			ORTH.FOOTWEAR,MAN'S SHOE OXFOR	NA	$45.70
L3230			ORTHOPEDIC FOOTWEAR, CUSTOM SH	NA	$190.00
L3250			ORTH.FTWEAR.CUSTOM MOLD/REMOV/	NA	$250.00

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DME/P&O				**PURCHASE**	**RENTAL**
L3251			FT.SHOE/MOLD TO PATIENT,SILICO	NA	$280.00
L3252			FT.SHOE,MOLD/PLASTIZ.CUSTOM MO	NA	$256.00
L3253			FT.MOLD SHOE/PLASTAZ.CUSTOM FI	NA	$112.00
L3254			ORTHO.FOOTWEAR,NON-STAND.SIZE	NA	$20.00
L3255			ORTHO.FTWEAR/NON-STAND.SZ.OR L	NA	$20.00
L3257			ORTHO FOOTWEAR,ADDIT CHARGE/SP	NA	$50.00
L3260			AMBULATORY SURGICAL BOOT, EAC	NA	$88.00
L3265			PLASTAZOTE SANDAL, EACH	NA	$56.00
L3300			LIFTS,ELEV/HEEL/TAPER TO META.	NA	$32.78
L3310			LIFT ELEV.HEEL&SOLE/NEOPRENE P	NA	$51.17
L3320			LEFT, ELEV.HEEL&SOLE, CORK PER	NA	$100.00
L3330			LIFT.ELEVATION/METAL EXTENSION	NA	$316.00
L3332			LIFT,ELEV.INSIDE SHOE UP TO 1/	NA	$44.00
L3334			LIFTS, ELEVATION, HEEL, PER IN	NA	$23.98
L3340			HEEL WEDGE, SACH	NA	$10.40
L3350			HEEL WEDGE	NA	$12.00
L3360			SOLE WEDGE, OUTSIDE SOLE	NA	$12.00
L3370			SOLE WEDGE, BETWEEN SOLE	NA	$14.40

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DME/P&O				**PURCHASE**	**RENTAL**
L3380			CLUBFOOT WEDGE	NA	$12.00
L3390			OUTFLARE WEDGE	NA	$16.00
L3400			METATARSAL BAR WEDGE, ROCKER	NA	$16.00
L3410			METATARSAL BAR WEDGE, BETWEEN	NA	$16.00
L3420			FULL SOLE & HEEL WEDGE, BETWEE	NA	$24.00
L3430			HEEL, COUNTER, PLASTIC REINFOR	NA	$24.00
L3440			HEEL, COUNTER, LEATHER REINFOR	NA	$24.00
L3450			HEEL, SACH CUSHION TYPE	NA	$64.00
L3455			HEEL, NEW LEATHER, STANDARD	NA	$8.00
L3460			HEEL, NEW RUBBER, STANDARD	NA	$8.00
L3465			HEEL, THOMAS WITH WEDGE	NA	$20.00
L3470			HEEL, THOMAS EXTENDED TO BALL	NA	$24.00
L3480			HEEL, PAD AND DEPRESSION FOR S	NA	$16.00
L3485			HEEL, PAD, REMOVABLE FOR SPUR	NA	$32.00
L3500			MISCELL.SHOE ADDIT.,LEATHER,IN	NA	$4.00
L3510			MISCELL.SHOE ADDIT.,RUBBER, IN	NA	$8.00
L3520			MISC.SHOE ADD.FELT W/LEATHER,	NA	$8.00
L3530			MISC.SHOE ADDITIONS,SOLE,HALF	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
L3540			MISC.SHOE ADDITIONS,SOLE, FULL	NA	$36.00
L3550			MISC.SHOE ADDITIONS,TOE-TAP,ST	NA	$4.00
L3560			MISC.SHOE ADDIT.TOE-TAP HORSES	NA	$6.40
L3570			MISC.SHOE ADD.SPEC.EXT.LTHR/EY	NA	$53.57
L3580			VELCRO STRAPS USED W/ ORTHOSIS	NA	$13.60
L3580	52		VELCRO STRAPS ATTACHED TO SHOE	NA	$14.00
L3590			MISC.SHOE ADD.CONV.FIRM TO SOF	NA	$28.00
L3595			MISC.SHOE ADDITIONS, MARCH BAR	NA	$12.00
L3600			TRANS.ORTH.TO NEW SHOE/EXIST.C	NA	$48.00
L3610			TRANSFER ORTH.TO NEW SHOE/NEW	NA	$76.00
L3620			TRANS.ORTH.TO NEW SHOE/EXISTIN	NA	$39.04
L3630			TRANS.ORTH.TO NEW SHOE/NEW STI	NA	$76.00
L3640			TRANS.ORTH.TO NEW SHOES(D.BROW	NA	$28.00
L3649			ORTHOPEDIC SHOE, MOD,ADD,TRANS	NA	$28.00
L3649	22		CASTING, FOOT, ANKLE	NA	$65.00
L3649	52		CASTING, FOOT	NA	$50.00
L3650			SHOULDER ORTHOSIS, FIGURE OF E	NA	$32.00
L3660			SHOULDER ORTHOSIS, FIGURE OF E	NA	$60.00

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DME/P&O				**PURCHASE**	**RENTAL**
L3670			SHOULDER ORTHOSIS, ACROMIO/CLA	NA	$88.62
L3671			SHOULDER ORTHOSIS, SHOULDER JO	NA	$556.30
L3674			SHOULDER ORTHOSIS, ABDUCTION P	NA	$729.76
L3675			SHOULDER ORTHOSIS, VEST TYPE A	NA	$85.92
L3677			SHOULDER ORTHOSIS, SHOULDER JO	BY REPORT	BY REPORT
L3678			SHOULDER ORTHOSIS, SHOULDER JO	BY REPORT	BY REPORT
L3702			ELBOW ORTHOSIS, WITHOUT JOINTS	NA	$178.27
L3710			ELBOW ORTHOSIS, ELASTIC WITH M	NA	$60.00
L3720			EO, DOUBLE UPRIGHT WITH FOREAR	NA	$520.00
L3730			EO, DOUBLE UPRIGHT WITH FOREAR	NA	$617.71
L3740			EO, DOUBLE UPRIGHT WITH FOREAR	NA	$692.08
L3760			ELBOW ORTHOSIS (EO), WITH ADJU	NA	$272.89
L3761			ELBOW ORTHOSIS (EO), WITH ADJU	NA	$617.48
L3762			ELBOW ORTHOSIS, RIGID, WITHOUT	NA	$61.51
L3763			ELBOW WRIST HAND ORTHOSIS, RIG	NA	$475.72
L3764			ELBOW WRIST HAND ORTHOSIS, INC	NA	$598.70
L3765			ELBOW WRIST HAND FINGER ORTHOS	NA	$791.62
L3766			ELBOW WRIST HAND FINGER ORTHOS	NA	$838.26

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DME/P&O				**PURCHASE**	**RENTAL**
L3806			WRIST HAND FINGER ORTHOSIS, IN	NA	$280.44
L3807			WRIST HAND FINGER ORTHOSIS, WI	NA	$135.08
L3808			WRIST HAND FINGER ORTHOSIS, RI	NA	$250.50
L3809			WRIST HAND FINGER ORTHOSIS, WI	NA	$154.38
L3891			ADDITION TO UPPER EXTREMITY JO	BY REPORT	BY REPORT
L3900			HAND SPLINT	NA	$800.00
L3901			WHFO, DYNAMIC FLEXOR HINGE, RE	NA	$884.00
L3904			WHFO, EXTERNAL POWERED, ELECTR	NA	$369.00
L3905			WRIST HAND ORTHOSIS, INCLUDES	NA	$612.25
L3906			WRIST HAND ORTHOSIS, WITHOUT J	NA	$267.41
L3908			WRIST HAND ORTHOSIS, WRIST EXT	NA	$50.13
L3912			HAND FINGER ORTHOSIS (HFO), FL	NA	$67.25
L3913			HAND FINGER ORTHOSIS, WITHOUT	NA	$167.21
L3915			WRIST HAND ORTHOSIS, INCLUDES	NA	$328.17
L3916			WRIST HAND ORTHOSIS PRE-FAB OF	NA	$328.17
L3917			HAND ORTHOSIS, METACARPAL FRAC	NA	$22.26
L3918			HAND ORTHOSIS,METACARP FX,PRE-	NA	$65.24
L3919			HAND ORTHOSIS, WITHOUT JOINTS,	NA	$167.21

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DME/P&O				**PURCHASE**	**RENTAL**
L3921			HAND FINGER ORTHOSIS, INCLUDES	NA	$198.30
L3923			HAND FINGER ORTHOSIS, WITHOUT	NA	$21.23
L3924			HAND FINGER ORTH,W/O JOINTS PR	NA	$55.31
L3925			FINGER ORTHOSIS, PROXIMAL INTE	NA	$31.39
L3927			FINGER ORTHOSIS, PROXIMAL INTE	NA	$21.57
L3929			HAND FINGER ORTHOSIS, INCLUDES	NA	$49.71
L3930			HAND FINGER ORTHOSIS PRE-FABRI	NA	$49.71
L3931			WRIST HAND FINGER ORTHOSIS, IN	NA	$121.44
L3933			FINGER ORTHOSIS, WITHOUT JOINT	NA	$131.71
L3935			FINGER ORTHOSIS, NONTORSION JO	NA	$136.38
L3960			SHOULDER-ELBOW-WRIST-HAND ORTH	NA	$460.00
L3961			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,037.25
L3962			ERBS PALSY SPLINT	NA	$420.00
L3967			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,224.64
L3971			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,162.48
L3973			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,224.64
L3975			SHOULDER ELBOW WRIST HAND FING	NA	$1,037.25
L3976			SHOULDER ELBOW WRIST HAND FING	NA	$1,037.25

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DME/P&O				**PURCHASE**	**RENTAL**
L3977			SHOULDER ELBOW WRIST HAND FING	NA	$1,162.48
L3978			SHOULDER ELBOW WRIST HAND FING	NA	$1,224.64
L3980			UPPER EXTR FRACT ORTHOSIS HUME	NA	$163.17
L3981			UPPER EXTREMITY FRACTURE ORTHO	NA	$621.43
L3982			UP.EXTR.FRACT.ORTH.RADIUS/ULNE	NA	$172.00
L3984			UP.EXTR.FRACT.ORTHOSIS, WRIST	NA	$122.40
L3995			ADDUP.EXTR.ORTH,SOCK,FRACT.OR	NA	$14.80
L3999			UNLISTED PROCEDURES	BY REPORT	BY REPORT
L4000			REPLACE GIRDLE FOR MILWAUKEE O	NA	$696.00
L4002			REPLACEMENT STRAP, ANY ORTHOSI	NA	$18.00
L4010			REPLACE TRILATERAL SOCKET BRIM	NA	$444.59
L4020			REPLACE QUADRILATERAL SOCKET B	NA	$532.00
L4030			REPLACE QUADRILATERAL SOCKET B	NA	$373.06
L4040			REPLACE MOLDED THIGH LACER, FO	NA	$272.53
L4045			REPLACE NON-MOLDED THIGH LACER	NA	$140.00
L4050			REPLACE MOLDED CALF LACER, FOR	NA	$331.80
L4055			REPLACE NON-MOLDED CALF LACER,	NA	$61.02
L4060			REPLACE HIGH ROLL CUFF	NA	$136.00

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DME/P&O				**PURCHASE**	**RENTAL**
L4070			REPLACE PROXIMAL AND DISTAL UP	NA	$168.00
L4080			METAL THIGH BAND	NA	$72.00
L4090			BR REPAIR METAL CALF BAND	NA	$60.00
L4100			BR REPAIR LEATHER THIGH BAND	NA	$80.00
L4110			BR REPAIR LEATHER CALF BAND	NA	$52.00
L4130			REPLACE PRETIBIAL SHELL	NA	$331.45
L4205			REPAIR OF ORTHOTIC DEVICE, LAB	NA	$10.60
L4210			REPAIR OF ORTHOTIC DEVICE, REP	NA	$69.00
L4350			ANKLE CONTROL ORTHOSIS, STIRRU	NA	$52.00
L4360			WALKING BOOT, PNEUMATIC AND/OR	NA	$160.00
L4361			WALKING BOOT, PNEUMATIC AND/OR	NA	$186.68
L4370			PNEUMATIC FULL LEG SPLINT, PRE	NA	$88.00
L4386			WALKING BOOT, NON-PNEUMATIC, W	NA	$99.66
L4387			WALKING BOOT, NON-PNEUMATIC, W	NA	$107.55
L4392			REPLACE INTERFACE MAT ANKLE CO	NA	$13.56
L4394			REPLACE INTERFACE MAT FOOT DRO	NA	$9.90
L4396			STATIC OR DYNAMIC ANKLE FOOT O	NA	$96.67
L4397			STATIC OR DYNAMIC ANKLE FOOT O	NA	$113.83

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DME/P&O				**PURCHASE**	**RENTAL**
L4398			FOOT DROP SPLINT, RECUMBENT PO	NA	$44.52
L4631			ANKLE FOOT ORTHOSIS, WALKING B	NA	$1,221.83
L5000			PARTIAL FOOT, SHOE INSERT WITH	NA	$339.53
L5010			PARTIAL FOOT, MOLDED SOCKET, A	NA	$680.00
L5020			PARTIAL FOOT, MOLDED SOCKET, T	NA	$1,040.00
L5050			ANKLE, SYMES, MOLDED SOCKET, S	NA	$1,360.00
L5060			ANKLE, SYMES, METAL FRAME, MOL	NA	$2,000.00
L5100			BELOW KNEE, MOLDED SOCKET, SHI	NA	$1,036.56
L5105			BELOW KNEE,PLAST.SOCK.JOINTS&T	NA	$2,000.00
L5150			KNEE DISARTICULATION (OR THROU	NA	$2,500.00
L5160			KNEE DISARTICULATION (OR THROU	NA	$2,683.30
L5200			ABOVE KNEE, MOLDED SOCKET, SIN	NA	$1,301.76
L5210			ABOVE KNEE, SHORT PROSTHESIS,	NA	$1,360.00
L5220			ABOVE KNEE, SHORT PROSTHESIS,	NA	$1,680.00
L5230			ABOVE KNEE, FOR PROXIMAL FEMOR	NA	$1,607.20
L5250			HIP DISARTICULATION, CANADIAN	NA	$3,040.00
L5270			HIP DISARTICULATION, TILT TABL	NA	$3,040.00
L5280			HEMIPELVECTOMY, CANADIAN TYPE:	NA	$3,440.00

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DME/P&O				**PURCHASE**	**RENTAL**
L5301			BELOW KNEE MOLD SOCK SHIN SACH	NA	$1,379.04
L5312			KNEE DISARTICULATION (OR THROU	NA	$2,323.28
L5321			ABOVE KNEE MOLDED SOCKET OPEN	NA	$2,085.72
L5331			HIP DISARTIC CAN TYPE MOLDED S	NA	$2,951.37
L5341			HEMIPELV MOLD SOCK HIP JOINT C	NA	$3,231.24
L5400			IMMEDIATE POST SURGICAL OR EAR	NA	$844.78
L5410			IMMEDIATE POST SURGICAL OR EAR	NA	$328.42
L5420			IMMEDIATE POST SURGICAL OR EAR	NA	$1,070.47
L5430			IMMEDIATE POST SURGICAL OR EAR	NA	$461.40
L5450			IMMEDIATE POST SURGICAL OR EAR	NA	$200.00
L5460			IMMEDIATE POST SURGICAL OR EAR	NA	$240.00
L5500			PREPARATORY, BELOW KNEE ("PTB"	NA	$726.60
L5505			PREPARATORY, ABOVE KNEE DISART	NA	$980.00
L5510			PREPARATORY, BELOW KNEE ("PTB"	NA	$726.60
L5520			PREPARATORY, BELOW KNEE, ("PTB	NA	$960.00
L5530			PREPARATORY, BELOW KNEE ("PTB"	NA	$1,120.00
L5535			PREP.BEL.KNEE"PTB"SOCK.USMC OR	NA	$1,000.00
L5540			PREPARATORY, BELOW KNEE ("PTB"	NA	$1,146.60

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DME/P&O				**PURCHASE**	**RENTAL**
L5560			PREPARATORY, ABOVE KNEE, DISAR	NA	$1,120.00
L5570			PREPARATORY, ABOVE KNEE, DISAR	NA	$1,200.00
L5580			PREPARATORY, ABOVE KNEE DISART	NA	$1,320.00
L5585			KNEE DISART SACH FOOT ISCHIAL	NA	$1,248.88
L5590			PREPARATORY, ABOVE KNEE DISART	NA	$1,499.40
L5595			PREP.HIP DIS.HEM.PYLON MOLD.PA	NA	$2,120.00
L5600			PREP.HIP DIS.HEM.PYLONLAMINATE	NA	$2,240.00
L5610			ADDITIONS TO LOWER EXTREMITY,	NA	$1,454.31
L5611			ADD.LOW.EXTR.ABOVE KNEE,FRICTI	NA	$768.00
L5613			ADD.LOW.EXTR.HYDRAULIC SWING P	NA	$1,240.00
L5614			ADD LW EXTR ABOVE KNEE DIS 4BA	NA	$1,062.81
L5616			ADDITIONS TO LOWER EXTREMITY,	NA	$720.00
L5617			ADD TO LOW EXTREM ABOVE/BELOW	NA	$320.52
L5618			ADDITIONS TO LOWER EXTREMITY,	NA	$160.00
L5620			BELOW KNEE ADD TEST SOCKETS	NA	$208.63
L5622			ADDITIONS TO LOWER EXTREMITY,	NA	$264.00
L5624			OPEN-END SOCKET FOR TEMP. A/K	NA	$240.00
L5626			ADDITIONS TO LOWER EXTREMITY,	NA	$300.00

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DME/P&O				**PURCHASE**	**RENTAL**
L5628			ADDITIONS TO LOWER EXTREMITY,	NA	$340.00
L5629			ADD LOW EXTR BELOW KNEE ACRYLI	NA	$289.07
L5630			ADDITIONS TO LOWER EXTREMITY,	NA	$280.00
L5631			ADD.LOW.EXTR.ACRYLIC SOCKET	NA	$320.00
L5632			PLASTIC HARD SOCKET FOR PTB EN	NA	$180.02
L5634			ADDITIONS TO LOWER EXTREMITY,	NA	$231.74
L5636			ADDITIONS TO LOWER EXTREMITY,	NA	$196.85
L5637			ADD LOW EXTR BELOW KNEE TOTAL	NA	$160.00
L5638			ADDITIONS TO LOWER EXTREMITY,	NA	$320.00
L5639			ADD.LOW.EXTR.BEL.KNEE,WOOD SOC	NA	$600.00
L5640			ADDITIONS TO LOWER EXTREMITY,	NA	$400.00
L5642			SOCKET/THIGH: MOLDED GLUTEAL C	NA	$400.00
L5643			ADD TO LOW EXT HIP DISARTIC FL	NA	$691.20
L5644			SOCKET/THIGH: WOOD, OPEN-END (	NA	$400.00
L5645			ADD TO LOW EXT BELOW KNEE FLEX	NA	$325.44
L5646			AIR-CUSHION PTB SOCKET FOR END	NA	$260.00
L5647			ADD TO LOW EXT BELOW KNEE SUCT	NA	$223.74
L5648			SOCKET/THIGH: PLASTIC, A/K, TO	NA	$300.00

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DME/P&O				**PURCHASE**	**RENTAL**
L5649			ADD TO LOW EXT CAT-CAM SOCKET	NA	$1,354.99
L5650			PLASTIC TOTAL CONTACT STD A/K	NA	$354.91
L5651			ADD TO LOW EXT ABOVE KNEE FLEX	NA	$528.84
L5652			ADDITIONS TO LOWER EXTREMITY,	NA	$310.53
L5653			ADDITIONS TO LOWER EXTREMITY,	NA	$408.96
L5654			ADDITIONS TO LOWER EXTREMITY,	NA	$231.71
L5655			ADDITIONS TO LOWER EXTREMITY,	NA	$184.80
L5656			ADDITIONS TO LOWER EXTREMITY,	NA	$273.00
L5658			ADDITIONS TO LOWER EXTREMITY,	NA	$259.38
L5661			ADD TO LOW EXT SOCKET INSERT M	NA	$438.84
L5665			ADD TO LOW EXT BELOW KNEE SOCK	NA	$223.74
L5666			ADDITIONS TO LOWER EXTREMITY,	NA	$40.72
L5668			ADDITIONS TO LOWER EXTREMITY,	NA	$77.53
L5670			ADDITIONS TO LOWER EXTREMITY,	NA	$199.00
L5671			ADD TO LOW EXTREM BELOW/ABOVE	NA	$315.64
L5672			ADDITIONS TO LOWER EXTREMITY,	NA	$220.00
L5673			ADDITION TO LOWER EXTREMITY, B	NA	$506.15
L5676			ADDITIONS TO LOWER EXTREMITY,	NA	$178.96

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DME/P&O				**PURCHASE**	**RENTAL**
L5677			ADD TO LOW EXT BELOW KNEE,KNEE	NA	$203.40
L5678			ADDITIONS TO LOWER EXTREMITY,	NA	$20.00
L5679			ADDITION TO LOWER EXTREMITY, B	NA	$421.77
L5680			ADD.LOW.EXTR.BEL.KNEE,THIGH LA	NA	$172.88
L5681			ADDITION TO LOWER EXTREMITY, B	NA	$828.47
L5682			THIGH CORSET: GLUTEAL, MOLDED	NA	$420.00
L5683			ADDITION TO LOWER EXTREMITY, B	NA	$828.47
L5684			ADDITIONS TO LOWER EXTREMITY,	NA	$32.56
L5685			ADDITION TO LOWER EXTREMITY PR	NA	$87.06
L5686			ADDITIONS TO LOWER EXTREMITY,	NA	$32.00
L5688			ADDITIONS TO LOWER EXTREMITY,	NA	$40.72
L5690			HVY. DUTY UNILATERAL B/K BELT	NA	$71.62
L5692			ADDITIONS TO LOWER EXTREMITY,	NA	$69.20
L5694			ADDITIONS TO LOWER EXTREMITY,	NA	$125.53
L5695			ADD.LOW.EXTR.SLEEVE SUSP.NEOPR	NA	$100.00
L5696			ADDITIONS TO LOWER EXTREMITY,	NA	$140.00
L5697			ADDITIONS TO LOWER EXTREMITY,	NA	$32.56
L5698			STD. SILESION BANDAGE	NA	$72.40

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DME/P&O				**PURCHASE**	**RENTAL**
L5699			ALL LOWER EXTREMITY PROSTHESIS	NA	$113.40
L5700			REPL,SOCKET,BEL.KNEE,MOLDED TO	NA	$1,549.30
L5701			REPL.SOCKET,ABOVE KNEE DIART.I	NA	$1,922.04
L5702			REPL,SOCKET,HIP DIS,INCL.HIP J	NA	$2,422.44
L5703			ANKLE,SYMES,MOLDED TO PT MODEL	NA	$1,610.47
L5704			REPL.CUSTOM SH.PROT COVER,BELO	NA	$315.89
L5705			REPL.CUST.SH.PROT.COVER,ABOVE	NA	$579.14
L5706			REPL,CUST.SH.PROT.COV.KNEE DIS	NA	$564.88
L5707			REPL,CUST.SH.PROT.COV,HIP DISA	NA	$758.92
L5710			KNEE, ARTIFICIAL: BOCK, 3P4 W/	NA	$174.96
L5711			ADD EXOSKEL KNEE-SHIN SYSTEM S	NA	$284.80
L5712			BOCK 3P23 KNEE ASSEMBLY	NA	$252.00
L5714			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$280.00
L5716			ADDITIONS, KNEE-SHIN SYSTEM, P	NA	$420.00
L5718			ADDITIONS, KNEE-SHIN SYSTEM, P	NA	$420.00
L5722			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$633.19
L5724			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$880.00
L5726			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$1,000.00

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DME/P&O				**PURCHASE**	**RENTAL**
L5728			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$1,540.00
L5780			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$600.00
L5781			ADDIT TO LOW LIMB PROSTH VACUU	NA	$2,520.06
L5782			ADD LOW LIMB PROSTH HEAVY DUTY	NA	$2,772.04
L5785			ADD TO EXOSKEL SYS BELOW KNEE	NA	$203.40
L5790			ABOVE KNEE ADD TO EXOSKEL SYS	NA	$305.10
L5795			HIP DISARTICULATION ULTRA-LIGH	NA	$406.80
L5810			ENDOSKEL KNEE-SHIN SYS SINGLE	NA	$264.42
L5811			ULTRA-LIGHT ADD TO ENDOSKEL KN	NA	$325.44
L5812			ENDOSKELETAL SINGLE AXIS VARIF	NA	$284.80
L5814			ADD TO ENDOSKEL KNEE-SHIN POLY	NA	$400.00
L5816			ADD TO ENDOSKEL KNEE-SHIN POLY	NA	$386.46
L5818			POLYCENTRIC KNEE	NA	$552.00
L5822			ADD ENDOSKEL KNEE-SHIN SINGLE	NA	$1,120.00
L5824			ADD ENDOSKEL KNEE-SHIN FLUID S	NA	$610.20
L5826			ADDITION ENDOSKEL KNEE-SHIN SY	NA	$2,087.20
L5828			ENDOSKEL KNEE-SHIN SYS-SGL AXI	NA	$1,440.00
L5830			PNEUMATIC/HYDRAPNEU SWING CTRL	NA	$1,076.00

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DME/P&O				**PURCHASE**	**RENTAL**
L5840			ADD END KNEE/SHIN MULT PNEUM S	NA	$1,262.08
L5845			ADDITION ENDOSKEL KNEE SHIN SY	NA	$1,128.89
L5848			ADDIT TO ENDOSKEL KNEE SHIN SY	NA	$677.28
L5850			ABOVE KNEE/HIP DISARTICULATE K	NA	$64.80
L5855			ADD.END.SYSTEM,HIP DIS.MECH.HI	NA	$171.52
L5856			ADDITION TO LOWER EXTREMITY PR	NA	$16,390.33
L5857			ADDITION TO LOWER EXTREMITY PR	NA	$5,863.63
L5858			ADDITION TO LOWER EXTREMITY PR	NA	$12,632.05
L5859			ADDITION TO LOWER EXTREMITY PR	NA	$9,861.74
L5910			ADD ENDOSKEL SYS BELOW KNEE AL	NA	$280.25
L5920			ABOVE KNEE OR HIP DIS ALIGNABL	NA	$252.00
L5925			ADD END ST ABOVE KNEE DIS HIP	NA	$186.61
L5930			ADD ENDOSKEL SYS HI ACT KNEE C	NA	$1,928.18
L5940			ULTRA-LIGHT ADD ENDOSKEL SYS B	NA	$224.00
L5950			ULTRA-LIGHT ABOVE KNEE ADD END	NA	$500.00
L5960			ULTRA-LIGHT MATERIAL FOR HIP D	NA	$467.82
L5961			ADDITION, ENDOSKELETAL SYSTEM,	NA	$2,997.11
L5962			ADD END ST BEL KNEE FL PROT SU	NA	$326.45

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DME/P&O				**PURCHASE**	**RENTAL**
L5964			ADD END ST AB KNEE FL PR OUT C	NA	$566.20
L5966			ADD END ST SP DIS FL PROT OUTE	NA	$729.36
L5968			ALL LOW EXTREM PROSTH ANKLE SH	NA	$1,958.73
L5969			ADDITION, ENDOSKELETAL ANKLE-F	NA	$9,366.38
L5970			ALL LOW.EXTR.PROSTH. SACH FOOT	NA	$78.40
L5971			ALL LOWER EXTREMITY PROSTHESIS	NA	$140.61
L5972			ALL LOWER EXTREMITY PROSTHESES	NA	$122.40
L5974			ALL LOW.EXTR.PROSTH. SINGLE AX	NA	$109.60
L5975			ALL LOW EXTREM PROSTH ANKLE/FO	NA	$249.89
L5976			ALL LOW. EXTR.PROSTH.ENERG.STO	NA	$284.80
L5978			ALL LOW.EXTR.PROSTH.FOOT,MULT.	NA	$135.20
L5979			ALL LW EXTR PROTH MULT ANKLE/F	NA	$1,267.27
L5980			ALL LOW.EXTR.PROSTH.FLEX FOOT	NA	$2,033.60
L5981			ALL LW EXTR PROSTH FL-WK SYST	NA	$1,723.48
L5982			ALL EXOSK.LOW.EXTR.PROSTH.AXIA	NA	$406.40
L5984			ALL END.LOW.EXTR.PROSTH.AXIAL	NA	$304.80
L5985			ALL ENDOSKEL LOW EXTREM PROSTH	NA	$181.42
L5986			ALL LOW.EXTR.PROSTH.MULTI-AXIA	NA	$304.80

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DME/P&O				**PURCHASE**	**RENTAL**
L5987			ALL LOWER EXTREM PROSTHESIS SH	NA	$4,152.19
L5988			ALL LOW EXTREM PROSTH VERT SHO	NA	$1,076.78
L5990			ADDITION TO LOWER EXTREM PROST	NA	$1,130.21
L5999			UNLISTED PROCEDURES FOR LOWER	BY REPORT	BY REPORT
L6000			PARTIAL HAND, THUMB REMAINING	NA	$924.32
L6010			PARTIAL HAND, LITTLE AND/OR RI	NA	$1,000.00
L6020			PARTIAL HAND, NO FINGER REMAIN	NA	$953.27
L6026			TRANSCARPAL/METACARPAL OR PART	NA	$2,725.25
L6050			WRIST DISARTICULATION, MOLDED	NA	$1,120.00
L6055			WRIST DISARTICULATION MOLDED S	NA	$1,587.00
L6100			BELOW ELBOW, MOLDED SOCKET, FL	NA	$1,120.00
L6110			BELOW ELBOW, MOLDED SOCKET, (M	NA	$1,420.00
L6120			BELOW ELBOW, MOLDED DOUBLE WAL	NA	$1,520.00
L6130			BELOW ELBOW, MOLDED DOUBLE WAL	NA	$1,975.33
L6200			ELBOW DISARTICULATION, MOLDED	NA	$1,504.00
L6205			ELBOW DISARTICULATION MOLDED S	NA	$2,522.40
L6250			ABOVE ELBOW, MOLDED DOUBLE WAL	NA	$1,760.00
L6300			SHOULDER DISARTICULATION, MOLD	NA	$2,120.00

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DME/P&O				**PURCHASE**	**RENTAL**
L6310			SHOULDER DISARTICULATION, PASS	NA	$1,840.00
L6320			SHOULDER DISARTICULATION, PASS	NA	$1,200.00
L6350			INTERSCAPULAR THORACIC, MOLDED	NA	$2,380.00
L6360			INTERSACPULAR THORACIC, PASSIV	NA	$1,545.84
L6370			INTERSCAPULAR THORACIC, PASSIV	NA	$1,400.00
L6380			IMMED POST SURGICAL EARLY FITT	NA	$691.56
L6382			ELBOW/ABOVE KNEE IMMED POST SU	NA	$813.60
L6384			SHOULDER/INTRASCAPULAR-IMMED P	NA	$976.00
L6386			EA ADD CAST CHANGE REALIGNMENT	NA	$223.74
L6388			APPLICATION OF RIGID DRESSING	NA	$203.40
L6400			BELOW ELBOW, MOLDED SOCKET, EN	NA	$1,204.00
L6450			ELBOW DISARTICULATION, MOLDED	NA	$1,301.60
L6500			ABOVE ELBOW, MOLDED SOCKET, EN	NA	$1,512.00
L6550			SHOULDER DISARTICULATION, MOLD	NA	$1,760.00
L6570			INTERSCAPULAR THORACIC, MOLDED	NA	$2,160.00
L6580			PREP WRIST DISARTIC/BELOW ELBO	NA	$813.60
L6582			DIRECT FORMED PREP WRIST DISAR	NA	$691.56
L6584			MOLDED/PREP ELBOW DISARTICULAT	NA	$1,159.38

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DME/P&O				**PURCHASE**	**RENTAL**
L6586			DIRECT FORMED PREP ELBOW/ABOVE	NA	$996.66
L6588			PREP SHOULDER DISARTICULATE/IN	NA	$1,732.80
L6590			DIRECT FORMED PREP SHOULDER/IN	NA	$1,586.40
L6600			HOSMER POLYCENTRIC HINGE	NA	$52.00
L6605			HOSMER ELBOW HINGES FOR WD OR	NA	$116.00
L6610			FLEXIBLE METAL HINGES FOR WD O	NA	$46.00
L6611			ADDITION TO UPPER EXTREMITY PR	NA	$279.85
L6615			FM WRIST DISCONNECT,FM-100	NA	$60.00
L6616			UPP.EXTR.ADD.DISC.INSERT LOCK.	NA	$59.89
L6620			HOSMER FLEXION WRIST,FW-500	NA	$211.56
L6621			UPPER EXTREMITY PROSTHESIS ADD	NA	$1,554.64
L6623			UPPER EXTREMITY SPRING ASSISTE	NA	$386.40
L6624			UPPER EXTREMITY ADDITION, FLEX	NA	$2,559.77
L6625			ECONOMY FRICTION WRIST,WE-500	NA	$160.00
L6628			UPPER EXTREMITY QUICK RELEASE	NA	$284.76
L6629			UPPER EXTREMITY QUICK DISCONNE	NA	$73.22
L6630			OVAL FRICTION WRIST,OW-100N	NA	$68.00
L6632			UPPER EXTREMITY LATEX SUSP SLE	NA	$32.54

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DME/P&O				**PURCHASE**	**RENTAL**
L6635			HOSMER FOREARM LIFT ASSIST ELB	NA	$152.48
L6637			UPPER EXTREMITY NUDGE CONTROL	NA	$251.68
L6638			UPPER EXTREM ADDITION TO PROST	NA	$1,575.48
L6640			HOSMER SHOULDER ABDUCTION JOIN	NA	$130.40
L6641			UPPER EXTREMITY EXCURSION AMPL	NA	$97.60
L6642			LEVER TYPE EXCURSION AMP UPPER	NA	$138.40
L6645			HOSMER FLEXION-ABDUCTION JOINT	NA	$65.00
L6646			UPPER EXTREM ADDITION SHLDER J	NA	$1,986.49
L6647			UPPER EXTREM ADD SHLODER LOCK	NA	$327.03
L6648			UPPER EXTREM ADD SHLDER LOCK M	NA	$2,048.78
L6650			UPPER EXTREMITY ADDS,UNIVERSAL	NA	$200.00
L6655			UPPER EXTREMITY ADDITIONS, STA	NA	$35.00
L6660			UPPER EXTREMITY ADDITIONS, HEA	NA	$56.00
L6665			UPPER EXTREMITY ADDITIONS, TEF	NA	$24.00
L6670			UPPER EXTREMITY ADDITIONS, HOO	NA	$43.40
L6672			UPPER EXTREMITY ADDITIONS, HAR	NA	$108.00
L6675			UNI. SWTCH CNTRL-RING/FIG.8 HA	NA	$80.42
L6676			UNILATERAL FIG.& HARNESS FOR W	NA	$86.32

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DME/P&O				**PURCHASE**	**RENTAL**
L6677			UPPER EXTREMITY ADDITION, HARN	NA	$201.63
L6680			SOCKET & FOREARM FOR BE, PLAST	NA	$160.00
L6682			SOCKET&UPPER ARM FORED,AE W,W/	NA	$180.00
L6684			ADJUSTABLE-FRICTION BULKHEAD J	NA	$148.00
L6686			UPPER EXTREMITY ADDIT SUCTION	NA	$406.80
L6687			FRAME TYPE SOCKET BELOW UPPER	NA	$244.08
L6688			FRAME TYPE SOCKET ABOVE ELBOW	NA	$284.76
L6689			FRAME TYPE SOCKET SHOULDER DIS	NA	$325.60
L6690			FRAME TYPE SOCKET INTERSCAPULA	NA	$366.40
L6691			UPPER EXTREMITY ADDIT REMOVABL	NA	$244.08
L6692			UP.EXTR.ADD.SIL.GEL INSERT OR	NA	$240.00
L6693			UP EXTR ADD EXT LOCK ELB/FOREA	NA	$1,530.26
L6694			ADDITION TO UPPER EXTREMITY PR	NA	$462.64
L6695			ADDITION TO UPPER EXTREMITY PR	NA	$385.53
L6696			ADDITION TO UPPER EXTREMITY PR	NA	$894.05
L6697			ADDITION TO UPPER EXTREMITY PR	NA	$894.05
L6698			ADDITION TO UPPER EXTREMITY PR	NA	$344.39
L6703			TERMINAL DEVICE, PASSIVE HAND/	NA	$300.10

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DME/P&O				**PURCHASE**	**RENTAL**
L6704			TERMINAL DEVICE, SPORT/RECREAT	NA	$406.24
L6706			TERMINAL DEVICE, HOOK, MECHANI	NA	$241.58
L6707			TERMINAL DEVICE, HOOK, MECHANI	NA	$949.11
L6708			TERMINAL DEVICE, HAND, MECHANI	NA	$636.03
L6709			TERMINAL DEVICE, HAND, MECHANI	NA	$851.49
L6711			TERMINAL DEVICE, HOOK, MECHANI	NA	$456.95
L6712			TERMINAL DEVICE, HOOK, MECHANI	NA	$841.34
L6713			TERMINAL DEVICE, HAND, MECHANI	NA	$1,061.89
L6714			TERMINAL DEVICE, HAND, MECHANI	NA	$899.40
L6721			TERMINAL DEVICE, HOOK OR HAND,	NA	$1,598.58
L6722			TERMINAL DEVICE, HOOK OR HAND,	NA	$1,378.10
L6805			TERMINAL DEVICE, MODIFIER WRIS	NA	$248.00
L6810			TERMINAL DEVICE PINCHER TOOL O	NA	$104.24
L6881			AUTOMATIC GRASP FEATURE ADD UP	NA	$2,546.90
L6882			MICROPROCESSOR CONT FEATURE AD	NA	$1,931.94
L6883			REPLACEMENT SOCKET, BELOW ELBO	NA	$1,464.91
L6884			REPLACEMENT SOCKET, ABOVE ELBO	NA	$1,610.99
L6885			REPLACEMENT SOCKET, SHOULDER D	NA	$2,205.27

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DME/P&O				**PURCHASE**	**RENTAL**
L6890			ADDITION TO UPPER EXTREMITY PR	NA	$84.00
L6895			ADDITION TO UPPER EXTREMITY PR	NA	$296.00
L6900			HAND RESTORATION (CASTS, SHADI	NA	$1,000.00
L6905			HAND RESTORATION (CASTS, SHADI	NA	$1,000.00
L6910			HAND RESTORATION (CASTS, SHADI	NA	$1,000.00
L6915			HAND RESTORATION (SHADING, AND	NA	$320.00
L6920			WRIST DISARTICULATION EXTERNAL	NA	$3,789.90
L6925			WRIST DISARTICULATION EXT POWE	NA	$4,350.58
L6930			BELOW ELBOW EXTERNAL POWER	NA	$3,807.50
L6935			BELOW ELBOW ETT PWR SELF-SUSP	NA	$4,384.65
L6940			ELBOW DISARTIC EXT PWR MOLDED	NA	$5,210.69
L6945			ELBOW DISARTIC EXT MOLDED INNE	NA	$5,780.01
L6950			ABOVE ELBOW EXTERNAL POWER	NA	$5,761.18
L6955			ABOVE ELBOW EXTERNAL POWER	NA	$6,850.89
L6960			SHOU PROSTH EXTERNAL POWER	NA	$6,950.69
L6965			SHOU PROST EXT POWER MOLDED MY	NA	$7,934.50
L6970			INTERSCAPULAR-THORACIC EXT PWR	NA	$8,475.55
L6975			INTERSCAPULAR-THORACIC EXT PWR	NA	$9,418.54

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DME/P&O				**PURCHASE**	**RENTAL**
L7008			ELECTRIC HAND, SWITCH OR MYOEL	NA	$4,254.75
L7009			ELECTRIC HOOK, SWITCH OR MYOEL	NA	$2,575.15
L7040			PREHENSILE ACTUATOR HOSMER/EQU	NA	$1,616.36
L7045			ELEC HOOK CHILD MICH OR EQUAL	NA	$854.01
L7170			SWITCH CTRL ELEC ELBOW HOSMER/	NA	$3,238.90
L7180			ELECTRONIC ELBOW, MICROPROCESS	NA	$24,064.29
L7181			ELECTRONIC ELBOW, MICROPROCESS	NA	$27,233.61
L7185			SWITCH CTRL ELEC ELBOW VARIETY	NA	$3,625.58
L7186			ELECTR.ELB.CHILD VAR.VILL.OR =	NA	$4,800.00
L7190			MYOELEC CTRL ELBOW VARIETY VIL	NA	$5,177.71
L7191			ELECTR.ELBOW CHILD VAR. OR = M	NA	$5,072.00
L7259			ELECTRONIC WRIST ROTATOR, ANY	NA	$2,212.71
L7360			SIX VOLT BATTERY, EACH	NA	$167.90
L7362			BATTERY CHARGER, SIX VOLT, EAC	NA	$150.23
L7364			TWELVE VOLT BATTERY, EACH	NA	$296.74
L7366			BATTERY CHARGER, TWELVE VOLT,	NA	$398.67
L7367			LITHIUM ION BATTERY, RECHARGEA	NA	$245.20
L7368			LITHIUM ION BATTERY CHARGER, R	NA	$317.88

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DME/P&O				**PURCHASE**	**RENTAL**
L7400			ADDITION TO UPPER EXTREMITY PR	NA	$208.32
L7401			ADDITION TO UPPER EXTREMITY PR	NA	$233.21
L7402			ADDITION TO UPPER EXTREMITY PR	NA	$251.85
L7403			ADDITION TO UPPER EXTREMITY PR	NA	$250.29
L7404			ADDITION TO UPPER EXTREMITY PR	NA	$377.78
L7405			ADDITION TO UPPER EXTREMITY PR	NA	$494.09
L7499			UNLISTED PROCEDURES FOR UPPER	BY REPORT	BY REPORT
L7510			REPAIR PROSTHETIC DEVICE, REPA	BY REPORT	BY REPORT
L7600			PROSTHETIC DONNING SLEEVE, ANY	BY REPORT	BY REPORT
L7700			GASKET OR SEAL, FOR USE WITH P	NA	$94.47
L7902			TENSION RING, FOR VACUUM ERECT	BY REPORT	BY REPORT
L8000			BREAST PROSTHESIS, MASTECTOMY	NA	$26.58
L8001			BREAST PROSTHESIS, MASTECTOMY	NA	$82.43
L8002			BREAST PROSTHESIS, MASTECTOMY	NA	$102.72
L8010			BREAST PROSTHESES, MASTECTOMY	NA	$40.56
L8015			EXT BRST PROSTH GARM W/MASTEC	NA	$30.58
L8020			BREAST PROSTHESES, MASTECTOMY	NA	$132.00
L8030			BREAST PROSTHESIS, SILICONE OR	NA	$216.51

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DME/P&O				**PURCHASE**	**RENTAL**
L8035			CUST BRST PROSTH MOLD TO PT MO	NA	$1,974.74
L8039			BREAST PROSTHESIS NOS	BY REPORT	BY REPORT
L8300			TRUSS, SINGLE WITH STANDARD	NA	$51.28
L8310			TRUSS, DOUBLE WITH STANDARD	NA	$101.68
L8320			TRUSS,ADD.TO STAND.PAD-WATER P	NA	$24.00
L8330			TRUSS,ADDIT.TO STAND.PAD,SCROT	NA	$33.65
L8400			PROSTHETIC SHEATH, BELOW KNEE,	NA	$12.00
L8410			PROSTHETIC SHEATH, ABOVE KNEE,	NA	$12.00
L8415			PROSTHETIC SHEATH UPPER LIMB E	NA	$11.20
L8417			PROSTHETIC SHEATH BELOW/ABOVE	NA	$59.09
L8420			PROSTHETIC SOCK, WOOL,BELOW KN	NA	$14.94
L8430			PROSTHETIC SOCK WOOL ABOVE KNE	NA	$18.40
L8435			PROSTHETIC SOCK WOOL UPPER LIM	NA	$8.14
L8440			PROSTHETIC SHRINKER,BELOW KNEE	NA	$33.60
L8460			PROSTHETIC SHRINKER,ABOVE KNEE	NA	$41.60
L8465			PROSTHETIC SHRINKER UPPER LIMB	NA	$33.60
L8470			STUMP SOCK/SINGLE PLY/FIT.<KNE	NA	$2.52
L8480			STUMP SOCK SINGLE PLY FIT.>KNE	NA	$2.52

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DME/P&O				**PURCHASE**	**RENTAL**
L8485			ST SK SING PLY FIT UP LIMB,EAC	NA	$6.21
L8499			UNLISTED PROCEDURE FOR MISCELL	BY REPORT	BY REPORT
L8500			ARTIFICIAL LARYNX, ANY TYPE	NA	$548.39
L8501			TRACHEOSTOMY SPEAKING VALVE	NA	$87.17
L8605			INJ BULKING AGENT DEXTRAN/HYAL	NA	$486.82
L8607			INJECTABLE BULKING AGENT FOR V	NA	$28.18
L8615			REPLACE HEADSET FOR COCH IMPL	NA	$306.55
L8616			REPLACE MICROPHONE FOR COCH IM	NA	$71.40
L8617			REPLACE TRANSMIT COIL FOR COCH	NA	$62.36
L8618			TRANSMITTER CABLE FOR USE WITH	NA	$17.82
L8619			COCHLEAR IMPLANT, EXTERNAL SPE	NA	$5,194.15
L8621			ZINC AIR BATTERY FOR USE WITH	NA	$0.42
L8622			REPLACE ALK BATTERY COCH IMPL	NA	$0.22
L8623			LITHIUM ION BATTERY FOR COCHLE	NA	$43.96
L8624			LITHIUM ION BATTERY FOR USE WI	NA	$109.61
L8625			EXTERNAL/RECHARGING, SYSTEM FO	NA	$128.36
L8627			COCHLEAR IMPLANT, EXTERNAL SPE	NA	$4,854.83
L8628			COCHLEAR IMPLANT, EXTERN CONTR	NA	$840.83

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DME/P&O				**PURCHASE**	**RENTAL**
L8629			TRANSMITTING COIL & CABLE, INT	NA	$121.70
L8679			IMPLANTABLE NEUROSTIMULATOR, P	NA	$5,671.29
L8690			AUDITORY OSSEOINTEGRATED DEVIC	NA	$3,233.38
L8691			AUDITORY OSSEOINTEGRATED DEVIC	NA	$1,170.51
L8692			AUDITORY OSSEOINTEGRATED DEVIC	BY REPORT	BY REPORT
L8693			AUDITORY OSSEOINTEGRATED DEVIC	NA	$1,030.62
L8694			AUDITORY OSSEOINTEGRATED DEVIC	NA	$641.87
L8696			ANTENNA (EXTERNAL) FOR USE WIT	NA	$147.32
L8699			PROSTHETIC IMPLANT NOS	BY REPORT	BY REPORT
L9900			O&P SUPPLY ACCESSORY + SERV CO	BY REPORT	BY REPORT
P3000			SCREENING PAP SMEAR,CERV OR VA	NA	$6.00
P9031			PLATELATS LEVK, REDUCED EACH U	NA	$8.00
P9032			PLATELETS IRRADIATED EACH UNIT	NA	$8.00
P9033			PLATELETS LEUKOCYTES IRRADIATE	NA	$16.00
P9034			PLATELETS,PHERESIS,EACH UNIT	NA	$25.00
P9035			PLATELETS-PHERESIS LEUKOCYTES	NA	$16.00
P9036			PLATELETS,PHERESIS,IRRADIATED	NA	$8.00
P9037			PLATELETS,PHERESIS,LEUK.RE.IRR	NA	$8.00

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DME/P&O				**PURCHASE**	**RENTAL**
P9038			RED BL. CELL,IRRADIATED EA UNI	NA	$8.00
P9039			RED BL CELL DEGLYCEROLIZED EA	NA	$8.00
P9040			RED BL,CELLS,LEUK,RE IRR,EA UN	NA	$8.00
P9041			INFUSION,ALBUMIN,5%,50ML	NA	$10.00
P9043			INFUSION,PLASMA PROTEIN FRACTI	NA	$10.00
P9044			PLASMA,CRYOPRECIPITATE REDUCED	NA	$20.00
P9046			INFUSION, ALBUMIN (HUMAN), 25%	NA	$10.00
P9073			PLATELETS, PHERESIS, PATHOGEN-	BY REPORT	BY REPORT
Q0111			WET MOUNT,PREP OF VAG.CERVICAL	NA	$2.40
Q0111	FP		WET MOUNT,PREP OF VAG.CERVICAL	NA	$2.40
Q0112			ALL POTASSIUM HYDROXIDE PREPAR	NA	$0.10
Q0113			PINWORM EXAMINATION	NA	$5.10
Q0114			FERN TEST	NA	$9.60
Q0115			POST-COITAL DIRECT,QUAL EX VAG	NA	$12.33
Q0138			INJECTION, FERUMOXYTOL, FOR TR	$0.78	$0.78
Q0139			INJECTION, FERUMOXYTOL, FOR TR	$0.78	$0.78
Q0161			CHLORPROMAZINE HYDROCHLORIDE O	NA	$8.65
Q0163			DIPHENHYDRAMINE HCL 50 MG ORAL	NA	$0.15

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DME/P&O				**PURCHASE**	**RENTAL**
Q0164			PROCHLORPERAZINE MALEATE 5 MG	NA	$0.54
Q0166			KYTRIL 1 MGM ORAL	NA	$57.37
Q0167			MARINOL 2.5 MG ORAL	NA	$5.73
Q0169			PROMETHAZINE HCL 12.5 MG ORAL	NA	$0.43
Q0173			TRIMETHOBENZAMIDE HCL 250 MG O	NA	$0.60
Q0174			THIETHYLPERAZINE MALEATE 10 MG	NA	$0.71
Q0175			PERPHENAZINE 4 MG ORAL	NA	$0.78
Q0177			HYDROXYZINE PAMOATE 25 MG ORAL	NA	$0.31
Q0180			DOLASETRON MESYLATE 100 MG ORA	NA	$66.71
Q0477			POWER MODULE PATIENT CABLE FOR	NA	$527.30
Q2009			INJECTION, FOSPHENYTOIN, 50 MG	NA	$10.19
Q2043			SIPULEUCEL-T, MINIMUM OF 50 MI	NA	$31,273.11
Q2049			INJECTION, DOXORUBICIN HYDROCH	NA	$474.85
Q2050			INJECTION, DOXORUBICIN HYDROCH	NA	$533.56
Q3027			INJECTION, INTERFERON BETA-1A,	NA	$37.50
Q3028			INJECTION, INTERFERON BETA-1A,	NA	$13.61
Q4081			INJECTION, EPOETIN ALFA, 100 U	NA	$1.33
Q4101			APLIGRAF, PER SQUARE CENTIMETE	NA	$30.94

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DME/P&O				**PURCHASE**	**RENTAL**
Q4102			OASIS WOUND MATRIX, PER SQUARE	BY REPORT	BY REPORT
Q4105			INTEGRA DERMAL REGENERATION TE	BY REPORT	BY REPORT
Q4121			THERASKIN, PER SQUARE CENTIMET	NA	$32.69
Q4132			GRAFIX CORE AND GRAFIXPL CORE,	BY REPORT	BY REPORT
Q4133			GRAFIX PRIME, GRAFIXPL PRIME,	BY REPORT	BY REPORT
Q5101			INJECTION, FILGRASTIM-SNDZ, BI	NA	$0.91
Q5103			INJECTION, INFLIXIMAB-DYYB, BI	NA	$93.68
Q5104			INJECTION, INFLIXIMAB-ABDA, BI	NA	$74.59
Q9953			INJ, IRON-BASED MAG RES CONT A	NA	$32.02
Q9957			INJ, PERFLUTREN LIPID MICROSPH	NA	$46.33
Q9958			HIGH OSMOLAR CONTRAST MAT UP T	NA	$0.17
Q9960			HIGH OSMOLAR CONTRAST MAT 200-	NA	$0.15
Q9961			HIGH OSMOLAR CONTRAST MAT 250-	NA	$0.27
Q9963			HIGH OSMOLAR CONTRAST MAT 350-	NA	$0.23
Q9964			HIGH OSMOLAR CONTRAST MAT 400	NA	$0.33
Q9965			LOW OSMOLAR CONTRAST MATERIAL,	NA	$2.45
Q9966			LOW OSMOLAR CONTRAST MATERIAL,	NA	$0.83
Q9967			LOW OSMOLAR CONTRAST MATERIAL,	NA	$0.99

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DME/P&O				**PURCHASE**	**RENTAL**
Q9969			TC-99M FROM NON-HIGHLY ENRICHE	BY REPORT	BY REPORT
Q9979			INJECTION ALEMTUZUMAB 1 MG	$0.00	$0.00
R0070			TRANSPORTATION OF PORTABLE X-R	$26.00	$26.00
S0023			INJECTION, TAGAMET 300 MG	NA	$2.44
S0104			ZIDOVUDINE, ORAL, 100 MG	NA	$1.68
S0140			SAQUINAVIR, 200 MG	NA	$3.81
S0190	UD		MIFEPRISTONE, ORAL 200 MG	NA	$89.10
S0191	UD		MISOPROSTOL, ORAL, 200 MCG	NA	$1.57
S0215	HA		NON-EMERG TRANSPORT(NON-MED WH	NA	$8.50
S0215	HA	22	NON-EMERG TRANSPORT(AMBULANCE)	NA	$25.00
S0215	HA	52	NON-MEDICAID TRANSPORT WC/LIVE	NA	$12.00
S0220	HH		MED CONF BY MD W/ INTERDISP TE	$0.00	$0.00
S0221	HH		MEDICAL CONFERENCE, 60 MINS	$0.00	$0.00
S5101	ST		TBI-STRUCTURED DAY PROGRAM HAL	NA	$44.00
S5102			MEDICAL DAY CARE VISIT	CONTRACT PRICING	NA
S5102	ST		TBI-STRUCTURED DAY PROG. FULL	NA	$87.00
S5105	HA	52	DAY CARE SERVICES	BY REPORT	BY REPORT
S5109			HOME CARE TRAINING TO HOME CAR	NA	$40.00

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DME/P&O				**PURCHASE**	**RENTAL**
S5110	HA		HOME CARE TRAINING(NATURAL SUP	BY REPORT	BY REPORT
S5110	HA	52	HOME CARE TRAINING(NATURAL SUP	BY REPORT	BY REPORT
S5110	HI		HME CARE TRAINING,FAMILY:PER 1	BY REPORT	BY REPORT
S5111	SE		PPP-PARTICIPANT/CARE GIVER TRA	$0.00	$0.00
S5115			HOME CARE TRAINING, NON-FAM PE	BY REPORT	BY REPORT
S5120	SE		PPP-CHORE SERVICES	$0.00	$0.00
S5120	ST		TBI-CHORE SERVICE PER HOUR	NA	$10.00
S5120	22		INITIAL CHORE SERVICE PER HOUR	NA	$30.75
S5120	52		CHORE SERVICE PER HOUR	NA	$15.00
S5125	TJ		INDIV BEHAV ASSIST SERV NON TI	NA	$9.75
S5125	TJ	UN	GRP BEHAV ASSIST SERV NON TITL	NA	$5.62
S5125	TJ	UP	GRP BEHAV ASSIST SERV NON TITL	NA	$4.25
S5125	22		INITIAL ATTENDENT CARE HOURLY	NA	$32.75
S5125	52		ATTENDANT CARE PER HOUR	NA	$17.00
S5130	HA	22	HOMEMAKER ASSISTANCE	BY REPORT	BY REPORT
S5130	TV	22	HOMEMAKER SERVICE WEEKEND GLOB	NA	$17.00
S5130	22		HOMEMAKER SERVICE WEEKDAY GLOB	NA	$15.50
S5150	HA		UNSKILLED RESPITE (1:1 AIDE)	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
S5160			PERSONAL EMERGENCY RESPONSE SY	NA	$78.00
S5160	HI		EMERG RESPONSE SYS/MO W/INST/T	BY REPORT	BY REPORT
S5160	22		PERS EMERG RESP SYS W/PILL DIS	NA	$78.00
S5161			PERSONAL EMERGENCY RESPONSE SY	NA	$48.00
S5161	HI		EMERG RESPONSE SYS/MO NO INST/	BY REPORT	BY REPORT
S5161	22		PERONAL EMERG RESP SYS W/PILL	NA	$75.00
S5165			HOME MODIFICATIONS: PER MONTH	NA	$5,000.00
S5165	HA		HOME MODIFICATIONS(ASSIST TECH	BY REPORT	BY REPORT
S5165	HI		HOME MODIFICATIONS PER SERVICE	BY REPORT	BY REPORT
S5165	SE		PPP-HOME MODIFICATIONS	$0.00	$0.00
S5165	52		HOME MOD TRANS FEE - MO	CONTRACT PRICING	NA
S5170			HOME MEALS PER MEAL	NA	$15.00
S5170	SE		PPP-MEAL SERVICE & SUPPORTS	$0.00	$0.00
S5170	22		INITIAL HOME MEAL PER MEAL	NA	$18.00
S5199	HI		ONE TIME CLOTHING MFP	NA	$500.00
S8990	HI		MAINTENANCE PHYSICAL THERAPY	NA	$27.58
S8990	HI	UN	MAINTENANCE PHYSICAL THERAPY	NA	$7.88
S8990	HI	UP	MAINTENANCE PHYSICAL THERAPY	NA	$9.20

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DME/P&O				**PURCHASE**	**RENTAL**
S8990	HI	UQ	MAINTENANCE PHYSICAL THERAPYY	NA	$6.90
S8990	HI	UR	MAINTENANCE PHYSICAL THERAPY	NA	$5.52
S8990	ST		TBI-PHSICAL THERAPY PER VISIT(	NA	$73.00
S8990	22		PHYSICAL THERAPY PER DAY CCPED	NA	$98.29
S9122			HOME HEALTH AIDE OR CERTIFIED	NA	$19.00
S9122	HA		HOME HEALTH AIDE	BY REPORT	BY REPORT
S9122	SE	22	PPP-GROUP-AGENCY DIRECTED	$0.00	$0.00
S9122	SE	52	PPP-GROUP-SELF-DIRECTED	$0.00	$0.00
S9122	TV		HOME HEALTH AIDE OR CERTIFIED	NA	$16.00
S9123			NURSING CARE, IN THE HOME: BY	BY REPORT	BY REPORT
S9123	TD	52	SPECIALTY RN PER 15 MIN/WEEKDA	NA	$10.00
S9123	TV	52	RN SPEC/15 MIN WEEKEND/EVE/HOL	NA	$10.00
S9123	52		PRIVATE DUTY NURSING RN/15 MIN	NA	$8.75
S9124	TE	52	SPECIALTY LPN PER 15 MIN/WEEKD	NA	$7.00
S9124	TV	52	LPN SPEC/15 MIN WEEKEND/EVE/HO	NA	$7.00
S9124	52		PRIVATE DUTY NURSING LPN/15 MI	NA	$5.75
S9125			RESPITE, DAILY,	NA	$250.00
S9125	HA		RESPITE CARE IN HOME(OVERNIGHT	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
S9125	HA	52	RESPITE CARE IN HOME (PER 15 M	NA	$6.25
S9125	HI		RESPITE CARE,HOME,PER DIEM	NA	$149.11
S9125	HI	22	CONTRACTED GROUP HOME RESPITE	NA	$526.71
S9128	HQ	ST	TBI SPEECH GROUP THERAPY	NA	$48.00
S9129			OCCUPATIONAL THERAPY DAILY CCP	NA	$101.42
S9129	HQ	ST	TBI OCCUPATIONAL GROUP THERAPY	NA	$48.00
S9131	HQ	ST	TBI PHYSICAL GROUP THERAPY	NA	$48.00
S9140	TH		DIABETIC MANAGEMENT PROGRAM, E	CONTRACT PRICING	NA
S9142	SE	22	PPP-GROUP-AGENCY DIRECTED	$0.00	$0.00
S9208	TH		PRETERM LABOR MANAGE/MULT GEST	CONTRACT PRICING	NA
S9211	TH		HOME MANAGEMENT OF GESTATIONAL	CONTRACT PRICING	NA
S9213	TH		HOME MANAGEMENT OF PREECLAMPSI	CONTRACT PRICING	NA
S9214	TH		OBSTETRICAL DIAB MANAGE,INSULI	CONTRACT PRICING	NA
S9336	TH		CONTINUOUS HEPARIN INFUSION TH	CONTRACT PRICING	NA
S9349	TH		SUBCUTANEOUS TOCOLYTIC THERAPY	CONTRACT PRICING	NA
S9351	TH		CONTINUOUS ONDANSETRON INFUS T	CONTRACT PRICING	NA
S9353	TH		OBSTET DIABETES,CONT SUBCU INS	CONTRACT PRICING	NA
S9374	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA

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DME/P&O				**PURCHASE**	**RENTAL**
S9375	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA
S9376	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA
S9377	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA
S9379	TH		CONTINUOUS METOCLOPRAMIDE INFU	CONTRACT PRICING	NA
S9445	HH		PT EDUC NOT OTHERWISE CLASS IN	$0.00	$0.00
S9475	HA		AMBULATORY SUBST ABUSE TX(IOP)	NA	$71.00
S9480			INTENSIVE OUTPATIENT PSYCHIATR	NA	$820.80
S9480	HH		INTENSIVE OUTPATIENT PSYCHIATR	$0.00	$0.00
S9482	HH		FAMILY STABILIZATION, PER 15 M	$0.00	$0.00
S9484			CRISIS INTERVENTION MENTAL HEA	NA	$27.23
S9484	HH		CRISIS INTERVENTION MENTAL HEA	$0.00	$0.00
S9485	HH		MOBILE RESPONSE INITIAL	$0.00	$0.00
S9485	TJ		MOBILE RESPONSE - INITIAL	NA	$1,320.00
S9529			ROUTINE VENIPUNCTURE FOR COLLE	NA	$1.80
S9529	22		HOUSE CALL TO HOMEBOUND PT BY	NA	$10.00
S9560	TH		17 ALPHA-HYDROXYPROGESTERONE C	CONTRACT PRICING	NA
S9970	HA		HEALTH CLUB MEMBERSHIP(RECREAT	BY REPORT	BY REPORT
S9977	HI		ONE TIME GROCERIES MFP	NA	$400.00

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DME/P&O				**PURCHASE**	**RENTAL**
T1001			NURSING ASSESSMENT / EVALUATIO	NA	$35.00
T1001	76		NURSING REASSESSMENT/EVALUATIO	NA	$35.00
T1004	22		HOME HEALTH AIDE/HOUR GLOBAL O	NA	$25.76
T1005	HA	22	RESPITE CARE SERVICE (PER 15 M	NA	$4.00
T1005	HI		RESPITE CARE SERVICES,UP TO 15	NA	$5.11
T1005	HI	UN	RESPITE/DAY OOH OVNGT TIER F	NA	$484.64
T1005	HI	UP	RESPITE/DAY OOH OVNGT TIER E	NA	$363.86
T1005	HI	UQ	RESPITE/DAY OOH OVNGT TIER D	NA	$283.00
T1005	HI	UR	RESPITE/DAY OOH OVNGT TIER C	NA	$202.15
T1005	HI	US	RESPITE/DAY OOH OVNGT TIER B	NA	$121.28
T1005	HI	U1	RESPITE/DAY OOH OVNGT TIER A A	NA	$121.28
T1005	HI	U2	RESPITE/DAY OOH OVNGT TIER B A	NA	$242.58
T1005	HI	U3	RESPITE/DAY OVNGT TIER C AC DI	NA	$404.29
T1005	HI	U4	RESPITE/DAY OOH OVNGT TIER D A	NA	$566.00
T1005	HI	U5	RESPITE/DAY OOH OVNGT TIER E A	NA	$727.72
T1005	HI	U7	RESPITE/DAY OOH OVNGT TIER F A	NA	$969.28
T1005	HI	U8	RESPITE SELF DIRECTED EMPLOYEE	BY REPORT	BY REPORT
T1005	HI	52	RESPITE/DAY-OUT OF HME OVNG TI	NA	$60.65

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DME/P&O				**PURCHASE**	**RENTAL**
T1005	22		RESPITE, HOURLY, DDD&#65533;CCW	NA	$35.00
T1006	HA		FAMILY COUNSELING/EDUCATION AM	NA	$24.50
T1006	HH		ALCOHOL AND/OR SUBSTANCE ABUSE	$0.00	$0.00
T1007	HH		ALCOHOL AND/OR SUBSTANCE ABUSE	$0.00	$0.00
T1012	HH		ALCOHOL AND/OR SUBSTANCE ABUSE	$0.00	$0.00
T1013	HA		INTERPRETER SERV OTH SPOKE LNG	NA	$6.09
T1013	HA	22	SIGN LANGUAGE/INTERPRETER SERV	NA	$16.25
T1013	HA	52	INTERPRETER SERV SELF DIRECTED	BY REPORT	BY REPORT
T1013	HI		SIGN LGE OR ORAL INTERP SERV/1	NA	$6.09
T1013	HI	22	SIGN LGE OR ORAL INTERP SERV P	NA	$16.25
T1013	HI	52	SIGN LGE OR ORAL INTERP SERV/1	BY REPORT	BY REPORT
T1015	EP	HU	CHEC SERVICES ENCOUNTER (FQHC)	CONTRACT PRICING	NA
T1015	HD		OB/GYN ENCOUNTER	CONTRACT PRICING	NA
T1015	HE		MENTAL HEALTH ENCOUNTER (FQHC)	CONTRACT PRICING	NA
T1015	HH		CLINIC SERVICE/ENCOUNT, ALL-IN	$0.00	$0.00
T1016	TJ		CASE MANAGEMENT PER 15 MIN CBH	CONTRACT PRICING	NA
T1017	HE		TARGETED CASE MANAGEMENT PER 1	NA	$31.50
T1017	HH		TARGETED CASE MGT, 15 MINS	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
T1017	TJ		YOUTH CASE MANAGEMENT SERV PER	NA	$20.50
T1017	52		CLINICAL CASE MANAGEMENT SVC	NA	$38.12
T1020			PERSONAL CARE SERVICES, PER DI	NA	$67.00
T1021			HOME HEALTH AIDE UP TO 4HR CCP	NA	$66.66
T1021	22		HOME HEALTH AIDE 5HR-8HR CCPE	NA	$133.32
T1023	HH		SCREEN TO DETERMINE THE APPROP	$0.00	$0.00
T1028	HA		NON-LICENSED ASSESSMENT/15MINS	NA	$7.50
T1028	HA	22	LICENSED ASSESSMENT/15MINS	NA	$7.50
T1028	HI		ENVIRONMENTAL ASSESSMENT INDIV	NA	$750.00
T1041	HE	HH	SMI (MENTAL HEALTH)	CONTRACT PRICING	NA
T1041	HF	HH	SUD (SUBSTANCE USE DISORDER) P	CONTRACT PRICING	NA
T1041	HH		GENERAL	CONTRACT PRICING	NA
T1041	HH	HK	VETERANS WITH PTSD	CONTRACT PRICING	NA
T1502	HH		ADMINISTRATION OF ORAL, IM MED	$0.00	$0.00
T1999	HI		INDIVIDUAL GOODS & SERVICES MF	NA	$438.00
T1999	HI	22	MISC THER ITEM PURCHASES NOC	BY REPORT	BY REPORT
T1999	SE		PPP-EMERGENCY CASH	$0.00	$0.00
T1999	SE	22	PPP-ROUTINE CASH	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
T2001			NON-EMERG TRANSP 1 WAY(REPLACE	NA	$10.00
T2002	HI		TRANSPORTATION NON-MEDICAL MFP	NA	$5.00
T2003	SE		PPP-TRANSPORTATION	$0.00	$0.00
T2012	HQ	ST	TBI COGNITIVE REHAB THERAPY	NA	$48.00
T2013	HA	UG	HABILITATION EDUC(AFTER SCHOOL	NA	$3.50
T2013	HA	22	HABILITATION EDUC(AFTER SCHOOL	NA	$6.25
T2015	HI		HABILITATION HOURLY MFP	NA	$20.36
T2015	HI	UN	HABILITATION,PREVOC,WAIVER PER	NA	$8.91
T2015	HI	UP	HABILITATION,PREVOC,WAIVER PER	NA	$6.72
T2015	HI	UQ	HABILITATION,PREVOC,WAIVER PER	NA	$4.53
T2015	HI	UR	HABILITATION,PREVOC,,WAIVER PE	NA	$3.66
T2015	HI	US	HABILITATION,PREVOC,WAIVER PER	NA	$2.87
T2015	HI	22	HABILITATION,PREVOC,WAIVER PER	NA	$13.37
T2015	SE		PPP-MILEAGE	NA	$0.54
T2016	HA	U1	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2016	HA	U2	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2016	HA	U3	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2016	HA	U4	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA

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DME/P&O				**PURCHASE**	**RENTAL**
T2016	HA	U5	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2018			HABILITATION SUPPORTED EMPLOYM	NA	$36.59
T2018	HI		JOB DEVELOPMENT SPECIALIST MFP	BY REPORT	BY REPORT
T2019	HI		HABILITATION,SUPEMPLOY,WAIVER,	NA	$13.90
T2019	HI	UN	HABILITATION,SUP EMPLOY,WAIVER	NA	$9.27
T2019	HI	UP	HABILITATION,SUP EMPLOY,WAIVER	NA	$6.98
T2019	HI	UQ	HABILITATION,SUP,EMPLOY WAIVER	NA	$4.71
T2019	HI	UR	HABILITATION,SUP EMPLOY,WAIVER	NA	$3.81
T2019	HI	US	HABILITATION,SUP EMPLOY,WAIVER	NA	$2.99
T2020			DAY HABILITATION, WAIVER: PER	NA	$71.63
T2021	HA	HN	COMM BASED WRAP AROUND(II HABI	NA	$18.75
T2021	HA	HO	COMM BASED WRAP AROUND SERV(II	NA	$21.25
T2021	HA	22	COMMUN BASED WRAP AROUND SERV(	NA	$28.25
T2021	HI	UN	DAY HABILITATION WAIVER/ 15 MI	NA	$7.87
T2021	HI	UP	DAY HABILITATION WAIVER/ 15 MI	NA	$5.93
T2021	HI	UQ	DAY HABILITATION WAIVER/ 15 MI	NA	$4.00
T2021	HI	UR	DAY HABILITATION WAIVER/15 MIN	NA	$3.23
T2021	HI	US	DAY HABILITATION WAIVER PER 15	NA	$2.54

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DME/P&O				**PURCHASE**	**RENTAL**
T2021	HI	U1	DAY HABILITATION WAIVER/ 15 MI	NA	$3.67
T2021	HI	U2	DAY HABILITATION WAIVER PER/15	NA	$4.67
T2021	HI	U3	DAY HABILITATION WAIVER/15 MIN	NA	$5.78
T2021	HI	U4	DAY HABILITATION WAIVER/15 MIN	NA	$8.56
T2021	HI	U5	DAY HABILITATION WAIVER/15 MIN	NA	$11.36
T2021	HI	U7	DAY HABILITATION WAIVER/15 MIN	NA	$17.04
T2021	HI	22	DAY HABILITATION WAIVER PER 15	NA	$11.80
T2021	HO	52	COMM BASED WRAP AROUND SERV(II	NA	$21.25
T2022	AJ		GO/SOC WORKER MANAGEMENT INIT	NA	$122.00
T2022	HA		CARE MANAGEMENT	NA	$775.00
T2022	HC		GO/RN MANAGEMENT INITIAL MONTH	NA	$200.00
T2024			SERVICE ASSESSMENT/PLAN OF CAR	NA	$122.00
T2024	HC		GLOBAL OPTIONS TRANSIT CARE MN	NA	$840.00
T2024	HI		SERV ASSESS/POC,DVLP,WAIVER	NA	$239.81
T2024	HI	52	SERV ASSESS/POC,DVLP,WAIVER	NA	$8.00
T2025	SE		PPP-INITIAL CASE MGT PLAN (CMP	NA	$125.00
T2025	SE	22	PPP-FINANCIAL COUNSELING	NA	$81.00
T2025	SE	26	PPP-PCA-AGENCY DIRECTED	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
T2025	SE	52	PPP-PCA-SELF DIRECTED	$0.00	$0.00
T2025	ST		TBI SERVICE PROVIDER RETENTION	NA	$100.00
T2028	HA		SPECIALIZED SUPPLY(ASSIST TECH	BY REPORT	BY REPORT
T2028	HA	22	SPECIALIZED SUPPLY(ASSESS FOR	BY REPORT	BY REPORT
T2028	HI		SPECIALIZED SUPPLY NOC WAIVER	BY REPORT	BY REPORT
T2028	HI	22	SPECIALIZED SUPPLY NOC WAIVER	BY REPORT	BY REPORT
T2028	SE		PPP-ADAPTIVE EQUIPMENT	$0.00	$0.00
T2029	HA		SPEC MED EQUIPMENT(ASSIST TECH	BY REPORT	BY REPORT
T2029	HI		SPEC MED EQUIP NOC WAIVER	BY REPORT	BY REPORT
T2031			ASSISTED LIVING: WAIVER, PER D	NA	$77.00
T2033	HA	U1	RES CARE NOS(DD OUT OF HOME SE	CONTRACT PRICING	NA
T2033	HA	U2	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2033	HA	U3	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2033	HA	U4	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2033	HA	U5	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2034			CRISIS INTERVENTION, WAIVER: P	NA	$862.19
T2034	HH		CRISIS INTERVENTION, WAIVER: P	$0.00	$0.00
T2035	SE		PPP-TECHNOLOGY	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
T2036	HA		THERAPEUTIC CAMPING OVERNIGHT	NA	$133.00
T2036	HI		RESPITE DAY OVERNIGHT CAMP	NA	$242.32
T2036	HI	22	DAY CAMP ONLY UP TO 6 HRS PER	NA	$121.28
T2037	HA		THERAPEUTIC CAMPING PER DAY	NA	$80.00
T2038			COMMUNITY TRANSITION, WAIVER:	NA	$5,000.00
T2038	HA		COMMUN TRANSIT(YOUTH SUPP/TRAI	NA	$9.75
T2038	HA	22	COMM TRANSIT(YOUTH LIFE SKILL	NA	$9.75
T2038	HC		GLOBAL OPTIONS TRANSITION SERV	NA	$5,000.00
T2038	HI		COMMUNITY TRANSITION SERVICES	NA	$4,000.00
T2038	HI	22	COMMUNITY TRANSITION WAIVER/SE	BY REPORT	BY REPORT
T2039	HA		VEHICLE MODIFICATION(ASSIST TE	BY REPORT	BY REPORT
T2039	HI		VEHICLE MOD,WAIVER:PER SERVICE	BY REPORT	BY REPORT
T2039	SE		PPP-VEHICAL MODIFICATIONS	$0.00	$0.00
T2040	HI	22	FINANCIAL MGT SELF-DIRECTED WA	BY REPORT	BY REPORT
T2041	HI		SUPPORT COORDINATION MFP	NA	$167.00
T2041	HI	U7	SUPPORTS BROKE,SELF-DIR,WVR,15	BY REPORT	BY REPORT
T2041	HI	22	SUPPORTS BROKE,SELF-DIR,WVR,15	NA	$6.09
T2041	HI	52	PEER & FAMILY MENTOR MFP	NA	$10.00

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DME/P&O				**PURCHASE**	**RENTAL**
T2041	SE		PPP-ADMINISTRATIVE/PERSONNEL F	$0.00	$0.00
T2041	SE	22	PPP-ADMINISTRATIVE/PERSONNEL F	$0.00	$0.00
T2042	1		ROUTINE HOME CARE (REGION 01)	NA	$165.69
T2042	1	22	ROUTINE HOME CARE DAY1-60 (REG	NA	$209.64
T2042	2		ROUTINE HOME CARE (REGION 02)	NA	$182.95
T2042	2	22	ROUTINE HOME DAY1-60 REG02	NA	$231.48
T2042	3		ROUTINE HOME CARE (REGION 03)	NA	$154.88
T2042	3	22	ROUTINE HOME DAY1-60 (REG03)	NA	$195.97
T2042	4		ROUTINE HOME CARE (REGION 04)	NA	$148.31
T2042	4	22	ROUTINE HOME DAY1-60 REG04	NA	$187.66
T2042	5		ROUTINE HOME CARE (REGION 05)	NA	$175.79
T2042	5	22	ROUTINE HOME DAY1-60 REG05	NA	$222.42
T2042	6		ROUTINE HOME CARE (REGION 06)	NA	$160.57
T2042	6	22	ROUTINE HOME DAY1-60 (REG06)	NA	$203.71
T2042	7		ROUTINE HOME CARE (REGION 07)	NA	$178.83
T2042	7	22	ROUTINE HOME DAY1-60 (REG07)	NA	$210.10
T2042	8		ROUTINE HOME CARE (REGION 08)	NA	$167.45
T2042	8	22	ROUTINE HOME DAY1-60 (REG08)	NA	$211.86

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DME/P&O				**PURCHASE**	**RENTAL**
T2042	9		ROUTINE HOME CARE (09)	NA	$163.18
T2042	9	22	ROUTINE HOME DAY1-60 (REG09)	NA	$206.47
T2046			ROOM/BOARD FOR HOSPICE PATIENT	NA	$125.00
T4521			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4522			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4523			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4524			ADULT SIZED DISPOSABLE INCONTI	NA	$0.81
T4525			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4526			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4527			ADULT SIZED DISPOSABLE INCONTI	NA	$0.81
T4528			ADULT SIZED DISPOSABLE INCONTI	NA	$0.81
T4529			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45
T4530			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45
T4531			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45
T4532			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45
T4533			YOUTH SIZED DISPOSABLE INCONTI	NA	$0.63
T4534			YOUTH SIZED PROTECT UNDERWEAR/	NA	$0.63
T4535			DISPOSABLE LINER/SHIELD/GUARD/	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
T5999	SE		PPP-HOUSEHOLD APPLIANCES	$0.00	$0.00
T5999	52		HOSPICE DRUG BIO CO-PAY	NA	$5.00
V2020			FRAMES,PURCHASE	$8.00	$8.00
V2100			SPHERE, SINGLE VISION, PLANO T	NA	$5.80
V2101			SPHERE, SINGLE VISION, PLUS OR	NA	$6.00
V2102			SPHERE, SINGLE VISION, PLUS OR	NA	$14.25
V2103			SPHEROCYLINDER, SINGLE VISION,	NA	$8.50
V2104			SPHEROCYLINDER, SINGLE VISION,	NA	$9.50
V2105			SPHEROCYLINDER, SINGLE VISION,	NA	$10.50
V2106			SPHEROCYLINDER SIN VIS PL TO T	NA	$40.43
V2107			SPHEROCYLINDER, SINGLE VISION,	NA	$10.50
V2108			SPHEROCYLINDER, SINGLE VISION,	NA	$11.50
V2109			SPHEROCYLINDER, SINGLE VISION,	NA	$12.50
V2110			SPHEROCYLINDER SINGLE VISION P	NA	$43.67
V2111			SPHEROCYLINDER, SINGLE VISION,	NA	$13.50
V2112			SPHEROCYLINDER, SINGLE VISION,	NA	$14.50
V2113			SPHEROCYLINDER, SINGLE VISION,	NA	$15.50
V2114			SPHEROCYLINDER, SINGLE VISION,	NA	$19.50

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DME/P&O				**PURCHASE**	**RENTAL**
V2115			LENTICULAR MYODISC PER LENS SI	NA	$25.00
V2118			ANISEIKONIA LENS SINGLE VISION	NA	$56.10
V2121			LENTICULAR LENS, PER LENS, SIN	NA	$40.00
V2199			NOT OTHERWISE CLASSIFIED SINGL	BY REPORT	BY REPORT
V2200			SPHERE, BIFOCAL, PLANO TO PLUS	NA	$12.00
V2200	52		SPHERE, BIFOCAL, PLANO TO PLUS	NA	$7.00
V2201			SPHERE, BIFOCAL, PLUS OR MINUS	NA	$14.25
V2201	52		SPHERE, BIFOCAL, PLUS OR MINUS	NA	$7.00
V2202			SPHERE, BIFOCAL, PLUS OR MINUS	NA	$18.85
V2203			SPHEROCYLINDER,BIFOCAL,PLANO T	NA	$13.50
V2204			SPHEROCYLINDER, BIFOCAL, PLANO	NA	$14.50
V2205			SPHEROCYLINDER, BIFOCAL, PLANO	NA	$15.50
V2206			SPHEROCYLINDER, BIFOCAL, PLANO	NA	$52.20
V2207			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$18.60
V2208			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$20.65
V2209			SPHEROCYLINDER,BIFOCAL, PLUS O	NA	$21.65
V2210			SPHEROCYLINDER BIFOCAL PLUS OR	NA	$53.89
V2211			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$23.60

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DME/P&O				**PURCHASE**	**RENTAL**
V2212			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$25.60
V2213			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$25.60
V2214			SPHEROCYLINDER, BIFOCAL, SPHER	NA	$25.60
V2215			LENTICULAR MYODISC PER LENS BI	NA	$40.00
V2218			ANISEKONIA PER LENS BIFOCAL	NA	$86.88
V2219			BIFOCAL SEG WIDTH OVER 28MM	NA	$37.40
V2220			BIFOCAL ADD OVER 3.25D	NA	$15.00
V2221			LENTICULAR LENS, PER LENS, BIF	NA	$60.00
V2299			SPECIALTY BIFOCAL	BY REPORT	BY REPORT
V2300			SPHERE, TRIFOCAL, PLANO TO PLU	NA	$19.50
V2301			SPHERE, TRIFOCAL, PLUS OR MINU	NA	$21.75
V2302			SPHERE, TRIFOCAL, PLUS OR MINU	NA	$26.35
V2303			SPHEROCYLINDER, TRIFOCAL, PLAN	NA	$21.00
V2304			SPHEROCYLINDER, TRIFOCAL, PLA	NA	$22.00
V2305			SPHEROCYLINDER, TRIFOCAL, PLAN	NA	$23.00
V2306			SHEROCYLINDER TRIFOCAL PIANO T	NA	$30.00
V2307			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$59.29
V2308			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$59.38

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DME/P&O				**PURCHASE**	**RENTAL**
V2309			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$61.09
V2310			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$62.12
V2311			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$59.86
V2312			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$60.25
V2313			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$67.85
V2314			SPHEROCYLINDER, TRIFOCAL, SPHE	NA	$77.36
V2315			LENTICULAR MYODISC PER LENS TR	NA	$96.38
V2318			ANISEIKONIA PER LENS TRIFOCAL	NA	$130.93
V2319			TRIFOCAL SEG WIDTH OVER 28MM	NA	$38.09
V2320			TRIFOCAL ADD OVER 325D	NA	$15.00
V2321			LENTICULAR LENS, PER LENS, TRI	NA	$95.22
V2399			SPECIALTY TRIFOCAL	BY REPORT	BY REPORT
V2410			VARIABLE SPHERICITY LENS SINGL	NA	$74.03
V2430			VARIABLE SPHERICITY LENS BIFOC	NA	$96.45
V2499			VARIABLE SPHERICITY LENS OTHER	BY REPORT	BY REPORT
V2500			CONTACT LENS, PMMA, SPHERICAL,	NA	$72.55
V2501			CONTACT LENS, PMMA, TORIC OR P	NA	$110.51
V2502			CONTACT LENS PMMA, BIFOCAL, PE	NA	$136.14

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DME/P&O				**PURCHASE**	**RENTAL**
V2503			CONTACT LENS PMMA, COLOR VISIO	NA	$125.38
V2510			CONTACT LENS, GAS PERMEABLE, S	NA	$81.05
V2511			CONTACT LENS, GAS PERMEABLE, T	NA	$142.30
V2512			CONTACT LENS, GAS PERMEABLE, B	NA	$168.14
V2513			CONTACT LENS, GAS PERMEABLE, E	NA	$120.00
V2520			CONTACT LENS HYDROPHILIC, SPHE	NA	$100.00
V2521			CONTACT LENS HYDROPHILIC, TORI	NA	$162.06
V2522			CONTACT LENS HYDROPHILLIC, BI	NA	$163.12
V2523			CONTACT LENS HYDROPHILIC, EXTE	NA	$100.00
V2530			CONTACT LENS, SCLERAL, PER LEN	NA	$149.30
V2599			NOT OTHERWISE CLASSIFIED, CONT	BY REPORT	BY REPORT
V2600			HAND HELD LOW VISION AIDS AND	NA	$75.00
V2610			SINGLE LENS SPECTACLE MOUNTED	NA	$150.00
V2615			TELESCOPIC AND OTHER COMPOUND	BY REPORT	BY REPORT
V2623			PROSTHETIC EYE, PLASTIC, CUSTO	NA	$743.57
V2624			POLISHING/RESURFACING OCULAR P	NA	$39.06
V2625			ENLARGEMENT OF OCULAR PROSTHES	NA	$237.46
V2626			REDUCTION OF OCULAR PROSTHESIS	NA	$128.00

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DME/P&O				**PURCHASE**	**RENTAL**
V2627			SCLERAL COVERED SHELL	NA	$1,014.30
V2628			FABRICATION OF FITTING OF CONF	NA	$198.28
V2629			PROSTHETIC EYE,INTRAOCULAR LEN	BY REPORT	BY REPORT
V2630			ANTERIOR CHAMBER INTRAOCULAR L	NA	$90.79
V2631			IRIS SUPPORTED INTRAOCULAR LEN	NA	$90.79
V2632			POSTERIOR CHAMBER INTRAOCULAR	NA	$90.79
V2700			BALANCE LENS SINGLE VISION PER	$5.00	$5.00
V2700	22		BALANCE LENS BIFOCAL PER LENS	$10.00	$10.00
V2710			SLAB OFF PRISM, GLASS OR PLAST	NA	$57.23
V2715			PRISM, PER LENS	NA	$7.00
V2718			PRESS ON LENS FRESNELL PRISM P	NA	$23.67
V2730			SPECIAL BASE CURVE GLASS OR PL	NA	$12.12
V2744			TINT, PHOTOCHROMATIC, PER LENS	NA	$11.12
V2745			ADDITION TO LENS: TINT, ANY CO	NA	$1.75
V2755			UV LENS PER PAIR	NA	$10.00
V2770			OCCLUDER LENS, PER LENS	$10.00	$10.00
V2781			PROGRESSIVE LENS, PER LENS	BY REPORT	BY REPORT
V2784			LENS, POLYCARBONATE OR EQUAL,	NA	$10.00

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DME/P&O				**PURCHASE**	**RENTAL**
V2785			PROCESSING PRESERUING AND TRAN	NA	$500.00
V2799			VISION ITEM OR SERVICE, MISCEL	BY REPORT	BY REPORT
V5014			REPAIR/MODIFICATION OF A HEARI	BY REPORT	BY REPORT
V5014	52		HEARING AID REPAIR, DISP.'S SE	NA	$50.00
V5030			HEARING AID, MONAURAL, BODY WO	BY REPORT	BY REPORT
V5040			HEARING AID, MONAURAL, BODY WO	BY REPORT	BY REPORT
V5050			HEARING AID, MONAURAL, IN THE	BY REPORT	BY REPORT
V5050	52		RETURNED HEARING AID	NA	$30.00
V5060			HEARING AID, MONAURAL, BEHIND	BY REPORT	BY REPORT
V5070			GLASSES, AIR CONDUCTION	BY REPORT	BY REPORT
V5080			GLASSES, BONE CONDUCTION	BY REPORT	BY REPORT
V5090			DISPENSING FEE, UNSPEC. HEARIN	NA	$175.00
V5100			HEARING AID, BIL. BODY WORN, 1	BY REPORT	BY REPORT
V5110			DISPENSING FEE, BILATERAL	NA	$175.00
V5120			BINAURAL, BODY	BY REPORT	BY REPORT
V5130			BINAURAL IN THE EAR	BY REPORT	BY REPORT
V5140			BINAURAL, BEHIND THE EAR	BY REPORT	BY REPORT
V5150			BINAURAL, GLASSES	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
V5160			DIPENSING FEE, BINAURAL	NA	$280.00
V5190			HEARING AID, CONTRALATERAL ROU	BY REPORT	BY REPORT
V5200			DISPENSING FEE, CONTRALATERAL,	NA	$175.00
V5230			HEARING AID, CONTRALATERAL ROU	BY REPORT	BY REPORT
V5240			DISPENSING FEE, CONTRALATERAL	NA	$175.00
V5265			EARMOLD, LABORATORY INVOICE CO	NA	$35.00
V5265	52		EARMOLD, DISPENSING'S SERVICE	NA	$10.00
V5266			BATTERIES FOR HEARING AIDS (PE	NA	$0.80
V5267			HEARING AID OR ASSISTIVE LISTE	BY REPORT	BY REPORT
V5299			HEARING AID, NOT OTHERWISE CLA	BY REPORT	BY REPORT
W9025			(HEALTHSTART) INITIAL ANTEPART	$72.00	$69.00
W9025	SB		(HEALTHSTART) INITIAL ANTEPART	NA	$67.00
W9026			(HEALTHSTART) SUBSEQUENT ANTEP	$22.00	$21.00
W9026	SB		(HEALTHSTART) SUBSEQUENT ANTEP	NA	$19.00
W9027			(HEALTHSTART) REGULAR DELIVERY	$465.00	$418.00
W9027	SB		(HEALTHSTART) REG DELIVERY BY	NA	$371.00
W9028			(HEALTHSTART) POSTPARTUM CARE	$22.00	$21.00
W9028	SB		(HEALTHSTART) POSTPARTUM CARE	NA	$19.00

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DME/P&O				**PURCHASE**	**RENTAL**
W9029			(HEALTHSTART) REGULAR DELIVERY	$487.00	$439.00
W9029	SB		(HEALTHSTART) REGULAR DELIVERY	NA	$390.00
W9030			(HEALTHSTART) TOTAL OBSTETRICA	$867.00	$802.00
W9030	SB		(HEALTHSTART) TOTAL OBSTETRLIC	NA	$723.00
W9031			(HEALTHSTART) CESAREAN SECTION	$595.00	$531.00
W9040			(HEALTHSTART) ENROLLMENT PROCE	$30.00	$30.00
W9041			(HEALTHSTART) DEVELOPMENT OF M	$120.00	$120.00
W9042			(HEALTHSTART) SUBSEQUENT MATER	$50.00	$50.00
W9043			(HEALTHSTART) POSTPARTUM MATER	$100.00	$100.00
W9840			MEDICAL ENCOUNTER	CONTRACT PRICING	NA
X8334			PARENTERAL INFUSION BY GRAVITY	NA	$39.00
X8335			PARENTERAL INFUSION-DISPOSABLE	NA	$39.00
X8337			PARENTERAL LINE MAINTENANCE	NA	$8.00
Y0010			WAITING TIME- MAV - ONE WAY ON	NA	$1.25
Y3534			DAY TRAINING - TRANS (ROUND TR	NA	$96.12
Y4620			USE OF ELECTRIC TEST BOX TO TE	NA	$10.00
Y4630			HEARING AID, MONAURAL, IN THE	BY REPORT	BY REPORT
Y4640			HEARING AID, BINAURAL, IN THE	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
Y5100			LENS SERVICE (CATARACT BIFOCAL	NA	$40.00
Y5105			LENS SERVICE (CATARACT OVER +	NA	$20.00
Y5110			LENS SERVICE (SINGLE VISION LE	$12.00	$12.00
Y5112			LENS SERVICE (BIFOCAL LENS)	$15.00	$15.00
Y5114			LENS SERVICE (TRIFOCAL LENS)	NA	$17.00
Y5165			FRAMES, (DISPENSING FEE)	$8.00	$8.00
Y7433			TBI-CASE MANAGEMENT-INITAL MON	NA	$200.00
Y7434			TBI-CASE MANAGEMENT-CONTINUING	NA	$135.00
Y7437			TBI-COMMUNITY RESID'HIGH LEVEL	NA	$220.00
Y7443			TBI-SUPPORTED DAY PROGRAM	NA	$30.00
Y7456			TBI-RESPITE 8 HR. DAY	NA	$88.00
Y7458			TBI-RESPITE OVER 8 TO 12 DAY	NA	$128.00
Y7463			TBI-RESPITE OVER 12 TO 24 DAY	NA	$160.00
Y7556			TBI-SPEECH THERAPY PER 1/2 HOU	NA	$73.00
Y7559			TBI-COUNSELING (INDIV'L FAMILY	NA	$65.00
Y7564			TBI-BEHAVIOR PROGRAM(ASSESSMEN	NA	$75.00
Y7566			TBI-BEHAVIOR SPECIALIST	NA	$35.00
Y7568			TBI-ENVIRONMENTAL MODIFICATION	NA	$5,000.00

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DME/P&O				**PURCHASE**	**RENTAL**
Y7573			ALTERNATE FAMILY CARE	NA	$50.00
Y7633	FP		INIT/ANNUAL TEEN-DIRECTED FP S	NA	$95.00
Y7634	FP		FOLLOW-UP TEEN-DIRECTED FP SER	NA	$47.50
Y8363			TO AND/OR FROM A CLINIC,	NA	$4.50
Y8370			LOAD CHARGE-LIVERY SERVICE	NA	$3.00
Y9333			EARLY INTERVENTION: MULTI REHA	NA	$299.43
Y9334			EARLY INTERVENTION: REHAB W/EV	NA	$1,010.35
Y9433			SCHOOL-BASED REHAB: EVALUATION	NA	$1,788.55
Y9434			SCHOOL-BASED REHAB: IN-DISTRIC	NA	$92.97
Y9436			SCHOOL-BASED: NON-PUBLIC	NA	$68.09
Y9438			SCHOOL REHAB- SPECIAL TRANS RO	NA	$29.31
Y9439			SCHOOL REHAB - STATE FACILITY	NA	$172.00
Y9533			PSYCH EVAL CHLD PROT/PERM BY P	NA	$17.50
Y9534			PSYCH/COUN CHLD PROT/PERM BY P	NA	$17.50
Y9535			GRP PSYCH/COUNS CHLD PROT/PERM	NA	$6.67
Y9536			PROF CONSULT CHLD PROT/PERM BY	NA	$17.50
Y9537			PSYCH INTER ASSESS/EVAL CHD PR	NA	$21.25
Y9538			PSY/COUN CHLD PRO/PERM BY PHYS	NA	$21.25

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DME/P&O				**PURCHASE**	**RENTAL**
Y9539			GRP PSY/COUN CHD PRO/PER BY PH	NA	$8.34
Y9543			PROF CONSULT CHLD PROT/PERM BY	NA	$21.25
Y9733			ENVIRONMENTAL LEAD INSPECTION/	NA	$130.00
Y9734			ENVIRONMENTAL LEAD INSPEC/REIN	NA	$50.00
Y9735			SCHOOL BASED REHABILITATION	NA	$4,132.96
Y9787			REPAIR OF FRAMES	NA	$15.00
Y9792			RESPITE CARE AL FACILITY 24 HR	NA	$100.00
Y9793			RESPITE CARE 8HR DAY	NA	$250.00
Y9794			RESPITE CARE HRLY RATE	NA	$6.00
Y9795			ENVIRONMENTAL MODIFICATIONS PE	NA	$10,000.00
Y9833			PPP MONTHLY CASH GRANT	$0.00	$0.00
Y9835			TRANSPORTATION OTHER	NA	$53.00
Y9836			SPECIAL MEDICAL EQUIP	NA	$15,000.00
Y9837			CHORE PER JOB	NA	$153.00
Y9845			HOME BASED CARE PER HOUR CEP	NA	$16.00
Y9846			HOME BASED CARE PER HOUR-AGENC	NA	$15.40
Y9848			CAREGIVER RECIPIENT TRAINING	NA	$103.00
Y9849			CAREGIVER-RECIPIENT TRAINING	NA	$103.00

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DME/P&O				**PURCHASE**	**RENTAL**
Y9853			SOC ADULT DAY CARE	NA	$31.12
Y9854			ENVIRONMENTAL ACCESS EVAL	NA	$103.00
Y9855			SPEC MED EQUIP EVALUATION	NA	$103.00
Y9856			ATTENDANT CARE EVALUATION	NA	$103.00
Y9898			ECO CASE MANAGEMENT INITIAL MO	NA	$200.00
Y9931			MEN HLTH REHAB TEEN ADOL PREG	CONTRACT PRICING	NA
Y9932			MH RHAB IN TREATMENT HOMES / D	CONTRACT PRICING	NA
Y9933			MH RHAB NON-RTC COMM PSYCH RES	CONTRACT PRICING	NA
Y9935			MEN HLTH REHAB GROUP HOME/DYFS	CONTRACT PRICING	NA
Y9936			MH RHAB TRANSITIONAL LIVNG HOM	CONTRACT PRICING	NA
Y9938			MEN HLTH REHAB TREATMENT HOME/	CONTRACT PRICING	NA
Y9943			MH RHB NON-RTC RESIDENTIAL CAR	CONTRACT PRICING	NA
Y9944			MEN HLTH REHAB ROOM&BOARD/DYFS	CONTRACT PRICING	NA
Y9945			MEN HLTH REHAB ROOM&BOARD/DMHS	CONTRACT PRICING	NA
Y9946			MEN HLTH REHAB ROOM&BRD / ALL	CONTRACT PRICING	NA
Y9947			MEN HLTH REHAB JCAHO RTC/DMHS	CONTRACT PRICING	NA
Y9948			MEN HLTH REHAB JCAHO RTC/DYFS	CONTRACT PRICING	NA
Y9949			THERAPEUTIC LVE JCAHO RTC/DMHS	CONTRACT PRICING	NA

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DME/P&O				**PURCHASE**	**RENTAL**
Y9950			HOSPITAL LEAVE JCAHO RTC/DMHS/	CONTRACT PRICING	NA
Y9951			THERAPEUTIC LEAVE JCAHO RTC/DY	CONTRACT PRICING	NA
Y9952			HOSPITAL LEAVE JCAHO RTC/DYFS	CONTRACT PRICING	NA
Y9992			THERAPEUT LEAVE REHAB NON-JCAH	CONTRACT PRICING	NA
Y9993			THERAPEUT LEAVE RM&BD NON-JCAH	CONTRACT PRICING	NA
Y9994			HOSPITAL LEAVE REHAB NON-JCAHO	CONTRACT PRICING	NA
Y9995			HOSPITAL LEAVE RM&BD NON-JCAHO	CONTRACT PRICING	NA
Y9996			THERAPEUT LEAVE REHAB NON-JCAH	CONTRACT PRICING	NA
Y9997			THERAPEUT LEAVE RM&BD NON-JCAH	CONTRACT PRICING	NA
Y9998			HOSPITAL LEAVE REHAB NON-JCAHO	CONTRACT PRICING	NA
Y9999			HOSPITAL LEAVE RM&BD NON-JCAHO	CONTRACT PRICING	NA
Z0330			TRANSPORTATION, ONE WAY	NA	$4.50
Z1205			INITIAL NURSING ASSESSMENT VIS	NA	$35.00
Z1210			RESPITE CARE 8 HOUR DAY CCPED/	NA	$55.00
Z1215			RESPITE CARE 8 HOUR NIGHT CCPE	NA	$65.00
Z1220			RESPITE CARE 8 TO 12 HOUR CCPE	NA	$80.00
Z1225			RESPTIE CARE 8-12HR/NIGHT CCPE	NA	$90.00
Z1230			RESPITE CARE 12-24 HOURS CCPED	NA	$100.00

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DME/P&O				**PURCHASE**	**RENTAL**
Z1235			SOCIAL ADULT DAY CARE, CCPED/D	NA	$31.12
Z1240			CASE MANAGEMENT PER MONTH CCPE	NA	$95.00
Z1243			CCPED CASE MANAGEMENT INITIAL	NA	$200.00
Z1260			SPEECH THERAPY DAILY CCPED/HC	NA	$109.44
Z1270			MEDICAL SOCIAL SERVICES/DAT CC	NA	$80.00
Z1275			SKILLED NURSING CARE DAILY CCP	NA	$106.00
Z1280			MEDICAL SUPPLIES CCPED/HCEP	$50.00	$50.00
Z1285			RESPITE CARE IN NF UNDER CCPED	NA	$560.95
Z1290			HOME BASED SUPPORT CARE NURSE	NA	$35.00
Z1400			CASE MANAGEMENT DDD\CCW	NA	$72.00
Z1405			HABILITATION, AA DDD&#65533;CCW	NA	$69.00
Z1410			PERSONAL CARE, GROUP HOME, DDD	NA	$111.00
Z1413			PERSONAL CARE INDEPENDENT LIVI	NA	$40.10
Z1435			PERSONAL CARE, SD HOME, DDD&#65533;CC	$24.09	$24.09
Z1435	22		PERSONAL CARE, SD HOME, DDD&#65533;CC	$24.09	$24.09
Z1467			HABILITATION, NON-AA, DDD&#65533;CCW	NA	$72.00
Z1520			PERSONAL CARE, SSD HOME, DDD&#65533;C	NA	$102.00
Z1535			INTEGRATED THERAPEUTIC NETWORK	NA	$18.24

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DME/P&O				**PURCHASE**	**RENTAL**
Z1541			INDIVIDUAL HABILITATION KEYSTO	$52.72	$52.72
Z1600	UC		INDIVIDUAL RATE PER HOUR PCA/D	NA	$13.02
Z1605			PCA PER HOUR/WEEKDAY/GROUP	NA	$11.76
Z1605	UC		GROUP RATE PER HOUR PCA/DMHH	NA	$10.23
Z1610	UC		INITIAL NURSING ASSESSMENT PCA	NA	$35.00
Z1611			PCA PER 1/2 HR/WEEKDAY/INDIVID	NA	$9.00
Z1611	UC		INDIVIDUAL RATE BY 1/2 HOUR PC	NA	$9.00
Z1612			PCA PER 1/2 HR/WEEKDAY/GROUP	NA	$5.88
Z1612	UC		GROUP RATE PER 1/2 HOUR PC/DMH	NA	$9.00
Z1613	UC		NURSING REASSESSMENT PCA/DMHH	NA	$35.00
Z1616			PCA PER HOUR/WEEKEND/HOLIDAY/G	NA	$12.00
Z1617			PCA PER 1/2 HR/WEEKEND/HOLIDAY	NA	$6.00
Z1710			RN/HR/PDN	NA	$45.00
Z1715			LPN/HR WEEKDAY	NA	$33.00
Z1720			RN/HR WEEKEND/EVENING/HOLIDAY	NA	$45.00
Z1725			LPN/HR WEEKEND/EVENING/HOLIDAY	NA	$33.00
Z1730			SPECIALTY RN PER HOUR/WEEKDAY	NA	$50.00
Z1735			SPECIALTY LPN PER HOUR/WEEKDAY	NA	$38.00

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DME/P&O				**PURCHASE**	**RENTAL**
Z1740			RN/HR SPECIALTY WEEKEND/EVE/HO	NA	$50.00
Z1745			LPN/HR SPECIALTY WEEKEND/EVE/H	NA	$38.00
Z1800			CASE MANAGEMENT/MONTH ACCAP	NA	$125.00
Z1801			CASE MANAGEMENT/INITIAL MONTH	$200.00	$200.00
Z1810			HOSPICE PER DAY ACCAP	NA	$57.20
Z1820			PCA INDIVIDUAL HOUR WEEKDAYS A	NA	$18.00
Z1821			PCA PER 1/2 HR/WEEKDAY/INDIV A	NA	$9.00
Z1824			PERSONAL CARE ASSISTANT SERVIC	NA	$18.00
Z1825			PCA PER 1/2 HR/WEEKDAY/GROUP A	NA	$9.00
Z1828			PCA INITIAL NURSING ASSESSMENT	$35.00	$35.00
Z1829			PCA NURSING REASSESSMENT VISIT	$35.00	$35.00
Z2001			FAMILY CONFERENCE RENDERED IN	NA	$22.91
Z2004			GROUP THERAPY RENDERED IN A NA	$27.50	$27.50
Z2005			PSYCHOLOGICAL TESTING RENDERED	$37.00	$37.00
Z3333			COMPREHENSIVE INTAKE EVALUATIO	NA	$157.94
Z3334			SUB ACUTE RESIDENTIAL DETOXIFI	NA	$408.80
Z3335			SHORT TERM RESIDENTIAL SA TREA	NA	$201.60
Z3336			SHORT TERM RESIDENT SA - CHILD	NA	$30.00

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DME/P&O				**PURCHASE**	**RENTAL**
Z3337			THERAPEUTIC COMMUNITY SA TREAT	NA	$84.40
Z3338			THERAPEUTIC COMMUNITY SA - CHI	NA	$30.00
Z3339			SA HALFWAY HOUSE	NA	$67.90
Z3343			SA HALFWAY HOUSE - CHILD	NA	$30.00
Z3344			SA PARTIAL CARE	NA	$78.31
Z3345			SA PARTIAL CARE - CHILD	NA	$20.00
Z3346			INTENSIVE OUTPATIENT SA	NA	$109.48
Z3347			INTENSIVE OUTPATIENT SA - CHIL	NA	$10.00
Z3348			FAMILY THERAPY IN SA CENTER	NA	$113.94
Z3349			FAMILY CONFERENCE IN SA CENTER	NA	$23.00
Z3355			GROUP THERAPY IN SA CENTER / P	NA	$27.50
Z3356			PSYCH TEST IN DRUG CENTER	NA	$15.80
Z3357			METHADONE TREATMENT IN DRUG CE	NA	$4.25
Z3359			URINALYSIS FOR DRUG ADDICTION	NA	$4.50
Z3363			CASE MANAGEMENT SERVICES	NA	$25.00
Z4334			PLAN B CONTRACEPTIVE KIT	NA	$15.09
Z5005			INITIAL EVALUATION SERVICES	NA	$19.92
Z5006			CLINICAL CASE MANAGEMENT SERVI	NA	$38.12

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DME/P&O				**PURCHASE**	**RENTAL**
Z5007			LIAISON CASE MANAGEMENT SERVIC	NA	$19.25
Z5008			CSOCI CARE MANAGEMENT (CMO) SE	NA	$1,004.00
Z6001			AMB SURG CENTER - GROUP 1	NA	$195.00
Z6002			AMB SURG CENTER - GROUP 2	NA	$261.00
Z6003			AMB SURG CENTER - GROUP 3	NA	$300.00
Z6004			AMB SURG CENTER -GROUP 4	NA	$369.00
Z6005			AMB SURG CENTER - GROUP 5	NA	$421.00
Z6006			AMB SURG CENTER - GROUP 6	NA	$541.00
Z6007			AMB SRG CENTER - GROUP 7	NA	$585.00
Z6008			AMB SURG CENTER - GROUP 8	NA	$627.00
Z6009			AMBULATORY SURGICAL CENTER - G	NA	$794.00
10021			FINE NEEDLE ASPIRATION OF FIRS	$49.00	$45.00
10021	TC		FINE NEEDLE ASPIRATION WO IMAG	NA	$19.00
10021	26		FINE NEEDLE ASPIRATION WO IMAG	$30.00	$26.00
10030			FLUID COLLECTION DRAINAGE BY C	$307.33	$261.23
10030	26		FLUID COLLECTION DRAINAGE BY C	$70.87	$60.24
10035			PLACEMENT OF SOFT TISSUE LOCAL	$259.41	$220.49
10035	26		PLACEMENT OF SOFT TISSUE LOCAL	$44.29	$37.65

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DME/P&O				**PURCHASE**	**RENTAL**
10036			PLACEMENT OF SOFT TISSUE LOCAL	$224.93	$191.19
10036	26		PLACEMENT OF SOFT TISSUE LOCAL	$22.31	$18.96
10040			ACNE SURGERY	$18.00	$16.00
10040	SA		ACNE SURGERY BY APN	NA	$15.20
10060			DRAINAGE OF SKIN ABSCESS	$13.00	$11.00
10060	SA		DRAINAGE OF SKIN ABSCESS	NA	$10.50
10061			DRAIN SKIN ABSCESS COMPLICATED	$48.00	$42.00
10080			I & D OF SIMPLE PILONIDAL CYST	$30.00	$26.00
10081			I & D COMPLICATED PILONIDAL CY	$45.00	$38.00
10120			REMOVAL OF FOREIGN BODY FROM T	$18.00	$16.00
10120	SA		SIMPLE REMOVAL FOREIGN BODY	NA	$15.20
10121			REMOVAL OF FOREIGN BODY FROM T	$34.00	$29.00
10140			DRAINAGE HEMATOMA SIMPLE	$18.00	$16.00
10140	SA		DRAINAGE HEMATOMA SIMPLE	NA	$15.20
10160			ASPIRATION OF ABSCESS, BLOOD A	$13.00	$11.00
10160	SA		PUNCTURE DRAINAGE OF LESION	NA	$10.50
10180			INCISE/DRAIN COMPLEX POSTOP WO	$100.00	$85.00
11000			REMOVAL OF INFLAMED OR INFECTE	$13.00	$11.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11000	SA		DEBRIDEMENT INFECT SKIN UP TO	NA	$10.45
11001			DEBRIDE INFECTED SKIN EACH ADD	$6.00	$5.00
11004			REMOVAL OF INFECTED SKIN, TISS	$296.28	$251.83
11005			REMOVAL OF INFECTED SKIN, TISS	$400.94	$340.80
11006			REMOVAL OF INFECTED SKIN, TISS	$362.57	$308.18
11008			REMOVAL OF PROSTHETIC MATERIAL	$140.94	$119.80
11010			DEBRIDEMENT SKIN & SUBCU W/OPE	$141.00	$120.00
11011			REMOVAL OF FOREIGN MATERIAL FR	$168.00	$143.00
11012			REMOVAL OF FOREIGN MATERIAL FR	$234.00	$199.00
11042			DEBRIDE SKIN,SUBCUTANEOUS TISS	$16.00	$14.00
11044			DEBRIDE:SKIN,SUBC TISS,MUSCL &	$48.00	$42.00
11045			DEBRIDEMENT, SUBCUTANEOUS TISS	$21.59	$18.35
11045	26		DEBRIDEMENT, SUBCUTANEOUS TISS	$13.51	$11.48
11046			DEBRIDEMENT, MUSCLE AND/OR FAS	$37.86	$32.18
11046	26		DEBRIDEMENT, MUSCLE &/OR FASCI	$28.64	$24.34
11047			DEBRIDEMENT, BONE (INCLUDES EP	$63.74	$54.17
11047	26		DEBRIDEMENT, BONE (INCLUDES EP	$50.67	$43.07
11055			PARING BENIGN HYPERKER LESION	$13.00	$11.00

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DME/P&O				**PURCHASE**	**RENTAL**
11055	SA		PARING BENIGN HYPERKER LESION	NA	$10.45
11056			PARING 2-4 BENIGN HYPERKERATOT	$18.00	$15.00
11056	SA		PARING 2-4 BENIGN HYPERKERATOT	NA	$13.30
11057			PARING >4 BENIGN HYPERKERATOTI	$23.00	$20.00
11057	SA		PARING>4 BENIGN HYPERKERATOTIC	NA	$13.30
11200			EXCISION UP TO 15 SKIN TAGS	$18.00	$14.00
11201			EXCISION,SKIN TAGS,EACH ADD10	$9.00	$7.00
11300			SHAVING OF 0.5 CENTIMETERS OR	$18.00	$16.00
11300	SA		SHAVING EPID, LESION 0.6 TO 1	NA	$15.20
11301			SHAVING OF 0.6 CENTIMETERS TO	$22.00	$20.00
11301	SA		SHAVING EPID, LESION 0.6 TO 1	NA	$19.00
11302			SHAVING OF 1.1 TO 2.0 CENTIMET	$27.00	$24.00
11302	SA		SHAVING EPID, LESION 1.1 TO 3	NA	$22.80
11303			SHAVING OF OVER 2.0 CENTIMETER	$32.00	$27.00
11305			SHAVING OF 0.5 CENTIMETERS OR	$18.00	$16.00
11305	SA		SHAVING LESION UP TO 0.5 CM	NA	$15.20
11306			SHAVING OF 0.6 CENTIMETERS TO	$22.00	$20.00
11307			SHAVING OF 1.1 TO 2.0 CENTIMET	$27.00	$24.00

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DME/P&O				**PURCHASE**	**RENTAL**
11308			SHAVING OF OVER 2.0 CENTIMETER	$32.00	$27.00
11310			SHAVING OF 0.5 CENTIMETERS OR	$18.00	$16.00
11310	SA		SHAVING LESION UP TO 0.5 CM	NA	$15.20
11311			SHAVING OF 0.6 CENTIMETERS TO	$22.00	$20.00
11311	SA		SHAVING EPID LESION 0.6 TO 1 C	NA	$19.00
11312			SHAVING OF 1.1 TO 2.0 CENTIMET	$27.00	$24.00
11313			SHAVING OF OVER 2.0 CENTIMETER	$32.00	$27.00
11400			REMOVAL OF GROWTH (0.5 CENTIME	$18.00	$16.00
11400	SA		EXCISE BENIGN LESION TO 0.5 CM	NA	$15.20
11401			REMOVAL OF GROWTH (0.6 TO 1.0	$22.00	$20.00
11401	SA		EXCISE BENIGN LESION 0.6 TO 1	NA	$19.00
11402			REMOVAL OF GROWTH (1.1 TO 2.0	$27.00	$24.00
11403			REMOVAL OF GROWTH (2.1 TO 3.0	$32.00	$27.00
11404			REMOVAL OF GROWTH (3.1 TO 4.0	$32.00	$27.00
11406			REMOVAL OF GROWTH (4.0 CENTIME	$32.00	$27.00
11420			REMOVAL OF GROWTH (0.5 CENTIME	$18.00	$16.00
11421			REMOVAL OF GROWTH (0.6 TO 1.0	$22.00	$20.00
11422			REMOVAL OF GROWTH (1.1 TO 2.0	$27.00	$24.00

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DME/P&O				**PURCHASE**	**RENTAL**
11422	SA		EXCISE BENIGN LESION 1.1 TO 2	NA	$22.80
11423			REMOVAL OF GROWTH (2.1 TO 3.0	$32.00	$27.00
11424			REMOVAL OF GROWTH (3.1 TO 4.0	$32.00	$27.00
11426			REMOVAL OF GROWTH (OVER 4.0 CE	$32.00	$27.00
11440			REMOVAL OF GROWTH (0.5 CENTIME	$18.00	$16.00
11441			REMOVAL OF GROWTH (0.6 TO 1.0	$22.00	$20.00
11442			REMOVAL OF GROWTH (1.1 TO 2.0	$27.00	$24.00
11443			REMOVAL OF GROWTH (2.1 TO 3.0	$32.00	$27.00
11443	SA		EXCISE BENIGN LESION 2.1 TO 3	NA	$25.65
11444			REMOVAL (3.1 TO 4.0 CENTIMETER	$32.00	$27.00
11450			EXCISE/HIDRADENITIS/PRIMARY SU	$91.00	$78.00
11451			EXCISE/HIDRADENTIS/W/OTHER CLO	$136.00	$115.00
11462			EXCISE/HIDRADEBTIS/PRIMARY SUT	$91.00	$78.00
11463			EXCISE/HIDRADENITIS/OTHER CLOS	$136.00	$115.00
11470			EXCISE/HIDRADENTIS/PRIMARY CLO	$91.00	$78.00
11471			EXCISE/HIDRADENITIS/OTHER CLOS	$136.00	$115.00
11600			REMOVAL OF MALIGNANT GROWTH (0	$37.00	$32.00
11600	SA		EXCISE MALIGNANT LESION TO 0.5	NA	$30.40

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DME/P&O				**PURCHASE**	**RENTAL**
11601			REMOVAL OF MALIGNANT GROWTH (0	$47.00	$42.00
11602			REMOVAL OF MALIGNANT GROWTH (1	$61.00	$53.00
11602	SA		ESCISE MALIGNANT LESION 1.1 TO	NA	$50.35
11603			REMOVAL OF MALIGNANT GROWTH (2	$70.00	$61.00
11604			REMOVAL OF MALIGNANT GROWTH (3	$80.00	$70.00
11606			REMOVAL OF MALIGNANT GROWTH (O	$92.00	$80.00
11620			REMOVAL OF MALIGNANT GROWTH (0	$61.00	$53.00
11621			REMOVAL OF MALIGNANT GROWTH (0	$90.00	$79.00
11622			REMOVAL OF MALIGNANT GROWTH (1	$121.00	$105.00
11623			REMOVAL OF MALIGNANT GROWTH (2	$140.00	$121.00
11624			REMOVAL OF MALIGNANT GROWTH (3	$162.00	$139.00
11626			REMOVAL OF MALIGNANT GROWTH (O	$186.00	$160.00
11640			REMOVAL OF MALIGNANT GROWTH (0	$90.00	$79.00
11641			REMOVAL OF MALIGNANT GROWTH (0	$121.00	$105.00
11642			REMOVAL OF MALIGNANT GROWTH (1	$150.00	$131.00
11643			REMOVAL OF MALIGNANT GROWTH (2	$175.00	$152.00
11644			REMOVAL OF MALIGNANT GROWTH (3	$201.00	$175.00
11646			REMOVAL OF MALIGNANT GROWTH (O	$228.00	$198.00

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DME/P&O				**PURCHASE**	**RENTAL**
11719			TRIMMING NONDYSTROPHIC NAILS	$5.00	$5.00
11719	SA		TRIMMING NONDYSTROPHIC NAILS	NA	$4.75
11720			DEBRIDEMENT OF NAILS ANY METHO	$13.00	$11.00
11721			DEBRIDEMENT OF NAILS ANY METH	$21.00	$18.00
11740			EVACUATE HEMATOMA UNDER NAIL	$16.00	$14.00
11750			EXCISION NAIL & NAIL MATRIX	$42.00	$37.00
11755			BIOPSY OF NAIL UNITS,ANY METHO	$25.00	$20.00
11760			SIMPLE RECONSTRUCTION NAIL BED	$42.00	$37.00
11762			RECONSTRUCT NAIL BED WITH GRAF	$69.00	$59.00
11765			EWEDGE EXCISION OF SKIN OF NAI	$21.00	$18.00
11770			SIMPLE EXCISION PILONIDAL CYST	$151.00	$131.00
11771			EXCISE PILONIDAL CYST: EXTENSI	$151.00	$131.00
11772			PILONIDAL CYST: COMPLICATED	$151.00	$131.00
11900			INTRALESIONAL INJECTION: UP TO	$16.00	$14.00
11900	SA		INTRALESIONAL INJECTION UP TO	NA	$13.30
11901			INTRALESIONAL INJECTION: OVER	$16.00	$14.00
11960			INSERTION OF TISSUE EXPANDER	$250.00	$213.00
11970			REPLACE EXPANDER-PERM. PROSTHE	$250.00	$213.00

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DME/P&O				**PURCHASE**	**RENTAL**
11971			REMOVE TISS EXP-NO PROSTHETIC	$250.00	$213.00
11976			REMOVE WO REINSERT,IMPL.CONTRA	$100.00	$85.00
11976	FP		REMOVE WO REINSERT.IMPL.CONTRA	$190.00	$190.00
11976	SA		REMOVE WO REINSERT,IMPL.CONTRA	NA	$80.70
11980			SUBCUTANEOUS HORMONE PELLET IM	$55.46	$47.14
11980	26		SUBCUTANEOUS HORMONE PELLET IM	$42.06	$35.76
11981			INSERTION, NON-BIODEGRAD DRUG	$100.00	$85.00
11981	FP		INSERTION, NON-BIOGRAD DRUG DE	NA	$100.00
11982			REMOVAL NON-BIODEGRAD DRUG DEL	$100.00	$85.00
11982	FP		REMOVAL NON-BIODEGRAD DRUG DEL	$100.00	$100.00
11983			REM W/INSERT NON-BIOGRAD DRUG	$180.00	$153.00
11983	FP		REM W/INSERT NON-BIOGRAD DRUG	$180.00	$180.00
12001			REPAIR OF WOUND (2.5 CENTIMETE	$18.00	$16.00
12001	SA		SIMPLE WOUND REPAIR TO 2.5 CM	NA	$15.20
12002			REPAIR OF WOUND (2.6 TO 7.5 CE	$24.00	$21.00
12002	SA		SIMPLE WOUND REPAIR 2.6 TO 7.5	NA	$20.00
12004			REPAIR OF WOUND (7.6 TO 12.5 C	$30.00	$26.00
12005			REPAIR OF WOUND (12.6 TO 20.0	$46.00	$39.00

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DME/P&O				**PURCHASE**	**RENTAL**
12006			REPAIR OF WOUND (20.1 TO 30.0	$57.00	$48.00
12007			REPAIR OF WOUND (OVER 30.0 CEN	$82.50	$70.00
12011			REPAIR OF WOUND (2.5 CENTIMETE	$18.00	$16.00
12013			REPAIR OF WOUND (2.6 TO 5.0 CE	$24.00	$21.00
12014			REPAIR OF WOUND (5.1 TO 7.5 CE	$30.00	$26.00
12015			REPAIR OF WOUND (7.6 TO 12.5 C	$46.75	$40.00
12016			REPAIR OF WOUND (12.6 TO 20.0	$82.50	$70.00
12017			REPAIR OF WOUND (20.1 TO 30.0	$99.00	$84.00
12018			REPAIR OF WOUND (OVER 30.0 CEN	$143.00	$122.00
12020			TREAT SUPER.DEHISCIENCE:SIMPLE	$57.00	$48.00
12021			TREAT SUPER.DEHISCIENCE:W/PACK	$57.00	$48.00
12031			REPAIR OF WOUND (2.5 CENTIMETE	$30.00	$26.00
12031	SA		LAYER CLOSURE WOUND TO 2.5 CM	NA	$24.70
12032			REPAIR OF WOUND (2.6 TO 7.5 CE	$48.00	$42.00
12032	SA		LAYER CLOSURE 2.6 TO 7.5 CM	NA	$39.90
12034			REPAIR OF WOUND (7.6 TO 12.5 C	$57.00	$48.00
12035			REPAIR OF WOUND (12.6 TO 20.0	$66.00	$56.00
12036			REPAIR OF WOUND (20.1 TO 30.0	$99.00	$84.00

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DME/P&O				**PURCHASE**	**RENTAL**
12037			REPAIR OF WOUND (OVER 30.0 CEN	$175.00	$149.00
12041			REPAIR OF WOUND (2.5 CENTIMETE	$30.00	$26.00
12042			REPAIR OF WOUND (2.6 TO 7.5 CE	$67.00	$59.00
12044			REPAIR OF WOUND (7.6 TO 12.5 C	$82.50	$70.00
12045			REPAIR OF WOUND (12.6 TO 20.0	$99.00	$84.00
12046			REPAIR OF WOUND (20.1 TO 30.0	$110.00	$94.00
12047			REPAIR OF WOUND (OVER 30.0 CEN	$143.00	$120.00
12051			REPAIR OF WOUND (2.5 CENTIMETE	$38.00	$33.00
12052			REPAIR OF WOUND (2.6 TO 5.0 CE	$67.00	$59.00
12053			REPAIR OF WOUND (5.1 TO 7.5 CE	$110.00	$94.00
12054			REPAIR OF WOUND (7.6 TO 12.5 C	$121.00	$103.00
12055			REPAIR OF WOUND (12.6 TO 20.0	$143.00	$122.00
12056			REPAIR OF WOUND (20.1 TO 30.0	$171.00	$145.00
12057			REPAIR OF WOUND (OVER 30.0 CEN	$200.00	$170.00
13101			COMPLEX REPAIR 2.6 TO 7.5CM	$68.00	$63.00
13102			REPAIR COMPLEX TRUNK EACH ADD	$34.00	$29.00
13120			REPAIR OF WOUND (1.1 TO 2.5 CE	$48.00	$42.00
13121			REPAIR OF WOUND (2.6 TO 7.5 CE	$106.00	$92.00

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DME/P&O				**PURCHASE**	**RENTAL**
13122			REPAIR OF WOUND OF SCALP, ARMS	$40.00	$34.00
13131			REPAIR OF WOUND (1.1 TO 2.5 CE	$67.00	$59.00
13132			REPAIR OF WOUND (2.6 TO 7.5 CE	$145.00	$126.00
13133			REPAIR OF WOUND OF FOREHEAD, C	$50.00	$43.00
13151			REPAIR OF WOUND (1.1 TO 2.5 CE	$82.00	$71.00
13152			REPAIR OF WOUND (2.6 TO 7.5 CE	$193.00	$168.00
13153			REPAIR OF WOUND OF EYELIDS, NO	$50.00	$43.00
13160			EXT/COMP SECONDARY CLOSE/DEHIS	$121.00	$103.00
14000			TISSUE TRANSFER: DEFECT TO 10	$97.00	$84.00
14001			TISSUE TRANSFER- 10.1 TO 30 SQ	$145.00	$126.00
14020			TISSUE TRANSFER REPAIR OF WOUN	$145.00	$126.00
14021			TISSUE TRANSFER REPAIR OF WOUN	$193.00	$168.00
14040			TISSUE TRANSFER REPAIR OF WOUN	$193.00	$168.00
14041			TISSUE TRANSFER REPAIR OF WOUN	$242.00	$210.00
14060			TISSUE TRANSFER REPAIR OF WOUN	$242.00	$210.00
14061			TISSUE TRANSFER REPAIR OF WOUN	$290.00	$252.00
14301			ADJACENT TISSUE TRANSFER OR RE	$563.83	$479.25
14301	26		ADJACENT TISSUE TRANSFER OR RE	$457.32	$388.72

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DME/P&O				**PURCHASE**	**RENTAL**
14302			ADJACENT TISSUE TRANSFER OR RE	$113.50	$96.48
14350			FILLETED FINGER OR TOE FLAP	$193.00	$168.00
15002			PREPARATION OF GRAFT SITE AT T	$182.91	$155.47
15002	26		SURGICAL PREPARATION OR CREATI	$116.20	$116.20
15003			PREPARATION OF GRAFT SITE AT T	$38.70	$32.90
15003	26		SURGICAL PREPARATION OR CREATI	$23.52	$19.99
15004			PREPARATION OF GRAFT SITE OF F	$209.05	$177.69
15004	26		SURGICAL PREPARATION OR CREATI	$137.92	$117.23
15005			PREPARATION OF GRAFT SITE OF F	$63.98	$54.38
15005	26		SURGICAL PREPARATION OR CREATI	$47.06	$40.00
15040			HARVEST OF SKIN FOR TISSUE CUL	$135.49	$115.17
15040	26		HARVEST OF SKIN FOR TISSUE CUL	$64.94	$55.19
15100			SKIN GRAFT AT TRUNK, ARMS, OR	$121.00	$105.00
15101			SKIN GRAFT AT TRUNK, ARMS, OR	$61.00	$53.00
15110			SKIN GRAFT AT TRUNK, ARMS, OR	$414.25	$352.11
15110	26		EPIDERMAL AUTOGRAFT, TRUNK,ARM	$356.58	$303.09
15111			SKIN GRAFT AT TRUNK, ARMS, OR	$59.36	$50.46
15111	26		EPIDERMAL AUTOGRAFT, TRUNK,ARM	$53.21	$45.22

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DME/P&O				**PURCHASE**	**RENTAL**
15115			SKIN GRAFT OF FACE, SCALP, EYE	$411.59	$349.85
15115	26		EPIDERMAL AUTOGRAFT, FACE,SCAL	$354.31	$301.16
15116			SKIN GRAFT OF FACE, SCALP, EYE	$86.71	$73.70
15116	26		EPIDERMAL AUTOGRAFT, FACE,SCAL	$78.64	$66.84
15120			SKIN GRAFT OF FACE, SCALP, EYE	$182.00	$158.00
15121			SKIN GRAFT OF FACE, SCALP, EYE	$61.00	$53.00
15130			SKIN GRAFT AT TRUNK, ARMS, OR	$348.42	$296.15
15130	26		DERMAL AUTOGRAFT, TRUNK,ARMS,L	$289.59	$246.15
15131			SKIN GRAFT AT TRUNK, ARMS, OR	$51.43	$43.71
15131	26		DERMAL AUTOGRAFT, TRUNK,ARMS,L	$47.20	$40.12
15135			SKIN GRAFT OF FACE, SCALP, EYE	$447.75	$380.58
15135	26		DERMAL AUTOGRAFT, FACE,SCALP,E	$388.92	$330.58
15136			SKIN GRAFT OF FACE, SCALP, EYE	$50.85	$43.22
15136	26		DERMAL AUTOGRAFT, FACE,SCALP,E	$47.20	$40.12
15150			SKIN GRAFT AT TRUNK, ARMS, OR	$362.31	$307.96
15150	26		TISSUE CULTURED EPIDERMAL AUTO	$329.05	$279.69
15151			SKIN GRAFT AT TRUNK, ARMS, OR	$61.42	$52.20
15151	26		TISSUE CULTURED EPIDERMAL AUTO	$56.42	$47.95

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DME/P&O				**PURCHASE**	**RENTAL**
15152			SKIN GRAFT AT TRUNK, ARMS, OR	$75.57	$64.23
15152	26		TISSUE CULTURED EPIDERMAL AUTO	$70.38	$59.82
15155			SKIN GRAFT OF FACE, SCALP, EYE	$416.45	$353.98
15155	26		TISSUE CULTURED EPIDERMAL AUTO	$382.04	$324.73
15156			SKIN GRAFT OF FACE, SCALP, EYE	$82.64	$70.24
15156	26		TISSUE CULTURED EPIDERMAL AUTO	$77.45	$65.83
15157			SKIN GRAFT OF FACE, SCALP, EYE	$92.03	$78.22
15157	26		TISSUE CULTURED EPIDERMAL AUTO	$84.53	$71.85
15200			FULL THICK GRAFT TO 20 SQ CM	$90.00	$79.00
15201			FULL THICK GRAFT EACH ADD 20 S	$45.00	$39.00
15220			RELOCATION OF PATIENT SKIN (20	$151.00	$131.00
15221			RELOCATION OF PATIENT SKIN TO	$76.00	$65.00
15240			RELOCATION OF PATIENT SKIN TO	$151.00	$131.00
15241			RELOCATION OF PATIENT SKIN TO	$76.00	$65.00
15260			RELOCATION OF PATIENT SKIN TO	$206.00	$179.00
15261			RELOCATION OF PATIENT SKIN TO	$103.00	$90.00
15271			APPLICATION OF SKIN SUBSTITUTE	$76.38	$64.92
15271	26		APPLICATION OF SKIN SUBSTITUTE	$43.32	$36.82

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DME/P&O				**PURCHASE**	**RENTAL**
15272			APPLICATION OF SKIN SUBSTITUTE	$14.89	$12.65
15272	26		APPLICATION OF SKIN SUBSTITUTE	$9.45	$8.03
15273			APPLICATION OF SKIN SUBSTITUTE	$159.90	$135.92
15273	26		APLICATION OF SKIN SUBSTITUTE	$104.35	$88.69
15274			APPLICATION OF SKIN SUBSTITUTE	$39.44	$33.52
15274	26		APPLICATION OF SKIN SUBSTITUTE	$23.68	$20.12
15275			APPLICATION OF SKIN SUBSTITUTE	$80.34	$68.28
15275	26		APPLICATION OF SKIN SUBSTITUTE	$49.00	$41.65
15276			APPLICATION OF SKIN SUBSTITUTE	$17.81	$15.13
15276	26		APPLICATION OF SKIN SUBSTITUTE	$13.00	$11.05
15277			APPLICATION OF SKIN SUBSTITUTE	$174.63	$148.43
15277	26		APPLICATION OF SKIN SUBSTITUTE	$117.92	$100.23
15278			APPLICATION OF SKIN SUBSTITUTE	$46.51	$39.53
15278	26		APPLICATION OF SKIN SUBSTITUTE	$29.59	$25.15
15570			FORM DIRECT/TUBE PEDICLE,....T	$217.00	$185.00
15572			CREATION OF FLAP GRAFT TO SCAL	$217.00	$185.00
15574			CREATION OF FLAP GRAFT TO FORE	$217.00	$185.00
15576			CREATION OF FLAP GRAFT TO EYEL	$217.00	$185.00

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DME/P&O				**PURCHASE**	**RENTAL**
15600			INTERM DELAY FLAP TRUNK	$61.00	$53.00
15610			TRANSFER OF SKIN FLAP TO SCALP	$89.00	$77.00
15620			TRANSFER OF SKIN FLAP TO FOREH	$121.00	$105.00
15630			TRANSFER OF SKIN FLAP TO EYELI	$150.00	$129.00
15650			TRANS INTERM ANY PEDICLE FLAP	$81.00	$68.00
15730			CREATION OF FLAP GRAFT TO MIDF	$810.66	$689.06
15730	26		CREATION OF FLAP GRAFT TO MIDF	$480.00	$408.00
15731			CREATION OF FLAP GRAFT TO NOSE	$584.58	$496.89
15731	26		FOREHEAD FLAP WITH PRESERVATIO	$521.52	$443.29
15733			CREATION OF FLAP GRAFT TO HEAD	$545.72	$463.86
15734			MUSCLE,MYO/FASCIO CUTAN FLAP:T	$452.00	$384.00
15736			MUSCLE,MYO/FASCIO CUT FLAP:UPP	$452.00	$384.00
15738			MUSCLE,MYO/FASCIO CUT FLAP:LOW	$452.00	$384.00
15740			FLAP: ISLAND PEDICLE REQUIRING	$452.00	$384.00
15750			NEUROVASCULAR PEDICLE GRAFT	$452.00	$384.00
15756			FREE FLAP W/WO GRAFT MICROVASC	$612.00	$520.00
15757			FREE SKIN FLAP W/MICROVASC ANA	$612.00	$520.00
15758			FREE FASCIAL FLAP W/MICROVASC	$612.00	$520.00

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DME/P&O				**PURCHASE**	**RENTAL**
15760			COMPOSITE SKIN GRAFT	$113.00	$99.00
15770			"CREATION OF SKIN, FAT AND MUS	$203.00	$177.00
15777			IMPLANTATION OF BIOLOGIC IMPLA	$111.94	$95.15
15777	50		IMPLANTATION OF BIOLOGIC IMPLA	$167.91	$142.72
15780			SKIN ABRASION TOTAL FACE	$135.00	$119.00
15787			ABRASION EA ADD 4 LESION OR LE	$11.00	$9.00
15788			CHEMICAL PEEL, FACIAL: EPIDERM	$135.00	$119.00
15789			CHEMICAL PEEL, DERMAL, FACIAL	$135.00	$119.00
15819			CERVICOPLASTY	$225.00	$191.00
15820			BLEPHAROPLASTY,LOWER EYELIDS	$271.00	$236.00
15821			BLEPHAROPLASTY HERNIATED FAT P	$271.00	$236.00
15822			BLEPHAROPLASTY,UPPER EYELID	$181.00	$158.00
15823			BLEPHAROPLASTY,UPPER:EXCESSIVE	$181.00	$158.00
15830			EXCISION, EXCESSIVE SKIN AND S	$609.94	$518.45
15840			GRAFT FACIAL NERVE PARALYSIS	$452.00	$394.00
15841			FACIAL NERVE PALSY MUSCLE GRAF	$452.00	$394.00
15842			MICROSUR MUSCLE GRAFT FACE PAL	$452.00	$394.00
15845			REANIMATION MUSCLE TRANS FACE	$542.00	$473.00

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DME/P&O				**PURCHASE**	**RENTAL**
15847			EXCISION, EXCESSIVE SKIN AND S	$204.34	$173.69
15850			REMOVE SUTURES UNDER ANESTHESI	$35.00	$35.00
15851			REMOVAL OF SUTURES UNDER ANEST	$35.00	$35.00
15852			DRESSING CHANGE NOT BURNS UNDE	$35.00	$35.00
15920			COCCYGECTOMY PRIMARY SUTURE	$182.00	$158.00
15922			COCCYGECTOMY FLAP CLOSURE	$242.00	$211.00
15931			EXCISE SACRAL PRESSURE ULCER	$123.00	$107.00
15933			REMOVAL OF PRESSURE SORE	$151.00	$132.00
15934			EXCISE,WITH SKIN FLAP CLOSURE	$242.00	$211.00
15935			EXC SAC ULCER/FLAP/OSTECTOMY	$272.00	$237.00
15936			EXCISE ULCER W/ OTHER FLAP CLO	$302.00	$263.00
15937			EXC SAC ULCER/FLAP/OSTECTOMY	$333.00	$290.00
15940			EXC ISCHIAL ULCER DIRECT SUTUR	$123.00	$107.00
15941			EXC ISCHIAL ULCER OSTECTOMY	$151.00	$132.00
15944			EXC ISCHIAL ULC/SKIN FLAP CLOS	$242.00	$211.00
15945			EXC ISCHAL ULC/OSTECTOMY/FLAP	$272.00	$237.00
15946			EXC ISCHIAL ULC/OSTECTOMY/FLAP	$454.00	$395.00
15950			EXC TROCHANTERIC ULCER DIR SUT	$123.00	$107.00

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DME/P&O				**PURCHASE**	**RENTAL**
15951			EXC TROCHAN ULCER OSTECTOMY	$151.00	$132.00
15952			EXC TROCHAN ULCER SKIN FLAP CL	$242.00	$211.00
15953			EXC TROCH ULC SKIN FL CLO/OSTE	$272.00	$237.00
15956			EXC TROCH/ULC FLAP CLOSURE	$454.00	$395.00
15958			TROCH ULC/EXC-FLAP-OSTECTOMY	$484.00	$421.00
15999			UNLISTED PROCEDURE,EXCISE PRES	BY REPORT	BY REPORT
16000			INIT TREAT 1ST DEGREE BURN	$16.00	$14.00
16000	SA		INIT TREAT 1ST DEGREE BURN	NA	$13.30
16020			DRESS/DEBRID BURN SMALL NO ANE	$16.00	$14.00
16020	SA		DRESS/DEBRID BURN SMALL NO ANE	NA	$13.30
16025			DRESS/DEBRID BURM MED NO ANEST	$24.00	$20.00
16030			DRESS/DEBRID BURN LG NO ANESTH	$32.00	$27.00
16036			ESCHAROTOMY: EACH ADDIT INCISI	$40.00	$34.00
17000			DESTROY BENIGN/PREMALIG LESION	$16.00	$14.00
17000	SA		DESTROY BENIGN PREMALIG LESION	NA	$13.30
17003			DESTROY 2-14 BENIGN/PREMALIG L	$5.00	$4.00
17003	SA		DESTROY BENIGN PREMALIG LESION	NA	$3.80
17004			DESTROY 15 OR MORE BENIGN/PREM	$52.00	$46.00

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DME/P&O				**PURCHASE**	**RENTAL**
17106			DESTR CUTAN VASC PROL LESI LIO	$111.75	$95.00
17107			DESTR CUTAN VASC PROL LESI 10-	$212.80	$180.90
17108			DESTR CUTAN VASC PROL LESI >50	$322.85	$274.40
17110			DESTROY-ANY METHOD-UP TO 15 LE	$16.00	$14.00
17110	SA		DESTROY ANY METHOD UP TO 15 LE	NA	$13.30
17111			DESTROY FLAT WARTS 15 OR MORE	$23.00	$20.00
17111	SA		DESTROY FLAT WARTS 15 OR MORE	NA	$19.00
17250			CHEMICAL CAUTERY OF WOUND	$16.00	$14.00
17260			DESTRUCTION OF MALIGNANT GROWT	$26.26	$22.50
17261			DESTRUCTION OF MALIGNANT GROWT	$33.60	$28.55
17261	SA		DESTRUCT MALIG LESION 0.6 TO 1	NA	$27.12
17262			DESTRUCTION OF MALIGNANT GROWT	$46.50	$39.52
17262	SA		DESTRUCT MALIG LESION 1.1-2.0	NA	$37.54
17263			DESTRUCTION OF MALIGNANT GROWT	$52.86	$47.78
17264			DESTRUCTION OF MALIGNANT GROWT	$57.60	$48.94
17266			DESTRUCTION OF MALIGNANT GROWT	$69.64	$59.20
17270			DESTRUCTION OF MALIGNANT GROWT	$29.20	$24.81
17271			DESTRUCTION OF MALIGNANT GROWT	$43.74	$37.20

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DME/P&O				**PURCHASE**	**RENTAL**
17271	SA		DESTR MALIGNANT LESION 0.6-1.0	NA	$35.34
17272			DESTRUCTION OF MALIGNANT GROWT	$52.20	$44.36
17272	SA		DESTR MALIGNANT LESION 1.1-2.0	NA	$42.14
17273			DESTRUCTION OF MALIGNANT GROWT	$61.48	$52.26
17273	SA		DESTR MALIGNANT LESION 2.1-3.0	NA	$49.65
17274			DESTRUCTION OF MALIGNANT GROWT	$76.81	$65.30
17276			DESTRUCTION OF MALIGNANT GROWT	$94.27	$80.15
17280			DESTRUCTION OF MALIGNANT GROWT	$33.60	$28.55
17280	SA		DESTR MALIGNANT LESION UP TO 0	NA	$27.12
17281			DESTRUCTION OF MALIGNANT GROWT	$50.55	$42.97
17281	SA		DESTR MALIGNANT LESION 0.6-1.0	NA	$40.82
17282			DESTRUCTION OF MALIGNANT GROWT	$60.34	$51.28
17283			DESTRUCTION OF MALIGNANT GROWT	$78.44	$66.67
17284			DESTRUCTION OF MALIGNANT GROWT	$102.42	$87.06
17286			DESTRUCTION OF MALIGNANT GROWT	$133.07	$113.11
17311			REMOVAL AND MICROSCOPIC EXAMIN	$351.43	$298.71
17311	26		MOHS MICROGRAPHIC TECHNIQUE, I	$194.55	$165.37
17312			REMOVAL AND MICROSCOPIC EXAMIN	$209.32	$177.92

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
17312	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$103.59	$88.05
17313			REMOVAL AND MICROSCOPIC EXAMIN	$329.21	$279.83
17313	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$174.46	$148.29
17314			REMOVAL AND MICROSCOPIC EXAMIN	$200.05	$170.04
17314	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$96.05	$81.64
17315			REMOVAL AND MICROSCOPIC EXAMIN	$41.57	$35.33
17315	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$27.34	$23.23
17340			CRYOTHERAPY OF SKIN	$18.00	$15.00
17360			CHEMICAL EXFOLIATION FOR ACNE	$16.00	$14.00
17380			HAIR REMOVAL BY ELECTROLYSIS,	$8.00	$6.00
17999			SKIN, MUCUS MEMBRANE AND BENEA	BY REPORT	BY REPORT
19000			PUNCTURE ASPIRATION BREAST CYS	$13.00	$11.00
19001			PUNCTURE ASP BREAST CYST EA AD	$8.00	$7.00
19020			MASTOTOMY/DRAIN ABSCESS DEEP	$61.00	$53.00
19081			BIOPSY OF BREAST ACCESSED THRO	$347.39	$295.28
19081	26		BIOPSY OF BREAST ACCESSED THRO	$86.52	$75.34
19082			BIOPSY OF BREAST ACCESSED THRO	$285.58	$242.74
19082	26		BIOPSY OF BREAST ACCESSED THRO	$43.54	$37.01

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DME/P&O				**PURCHASE**	**RENTAL**
19083			BIOPSY OF BREAST ACCESSED THRO	$340.48	$289.40
19083	26		BIOPSY OF BREAST ACCESSED THRO	$81.53	$69.30
19084			BIOPSY OF BREAST ACCESSED THRO	$275.43	$234.11
19084	26		BIOPSY OF BREAST ACCESSED THRO	$40.70	$34.60
19085			BIOPSY OF BREAST ACCESSED THRO	$519.37	$441.46
19085	26		BIOPSY OF BREAST ACCESSED THRO	$94.71	$80.50
19086			BIOPSY OF BREAST ACCESSED THRO	$418.77	$355.95
19086	26		BIOPSY OF BREAST ACCESSED THRO	$47.36	$40.25
19100			BREAST BIOPSY NEEDLE	$21.00	$18.00
19101			BIOPSY OF BREAST, OPEN PROCEDU	$61.00	$52.00
19105			ABLATION, CRYOSURGICAL, OF FIB	$1,538.48	$1,307.70
19105	26		ABLATION, CRYOSURGICAL, OF FIB	$108.77	$92.45
19110			NIPPLE EXP. W/ORW/OUT EXCISION	$57.00	$49.00
19112			EXCISION OF LACTIFEROUS DUCT F	$69.00	$59.00
19120			REMOVAL OF 1 OR MORE BREAST GR	$103.00	$89.00
19120	50		EXCISE ONE/MORE BREAST LESIONS	$155.00	$132.00
19125			REMOVAL OF BREAST GROWTH, OPEN	$144.00	$122.00
19126			REMOVAL OF GROWTH OF CHEST WAL	$72.00	$61.00

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DME/P&O				**PURCHASE**	**RENTAL**
19260			EXCISE CHEST WALL TUMOR/RIBS	$332.00	$289.00
19271			EXC CH TUMOR/RIBS PLAST RECONS	$473.00	$413.00
19272			EXC CH TUMOR/MEDIAST LYMPHADEC	$568.00	$482.00
19281			PLACEMENT OF BREAST LOCALIZATI	$128.69	$109.38
19281	26		PLACEMENT OF BREAST LOCALIZATI	$51.99	$44.19
19282			PLACEMENT OF BREAST LOCALIZATI	$90.68	$77.08
19282	26		PLACEMENT OF BREAST LOCALIZATI	$26.09	$22.17
19283			PLACEMENT OF BREAST LOCALIZATI	$144.55	$122.86
19283	26		PLACEMENT OF BREAST LOCALIZATI	$52.28	$44.43
19284			PLACEMENT OF BREAST LOCALIZATI	$110.74	$94.13
19284	26		PLACEMENT OF BREAST LOCALIZATI	$26.73	$22.72
19285			PLACEMENT OF BREAST LOCALIZATI	$261.68	$222.43
19285	26		PLACEMENT OF BREAST LOCALIZATI	$44.64	$37.94
19286			PLACEMENT OF BREAST LOCALIZATI	$227.24	$193.15
19286	26		PLACEMENT OF BREAST LOCALIZATI	$22.31	$18.96
19287			PLACEMENT OF BREAST LOCALIZATI	$442.87	$376.44
19288			PLACEMENT OF BREAST LOCALIZATI	$356.21	$302.77
19294			PREPARATION OF TUMOR CAVITY AN	$83.69	$71.14

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DME/P&O				**PURCHASE**	**RENTAL**
19296			PLACEMENT OF RADIOTHERAPY AFTE	$2,166.43	$1,841.47
19296	26		PLACEMENT OF RADIOTHERAPY AFTE	$108.30	$92.05
19297			PLACEMENT OF RADIOTHERAPY AFTE	$48.66	$41.36
19298			PLACEMENT OF RADIOTHERAPY AFTE	$530.62	$451.02
19298	26		PLACEMENT OF RADIOTHERAPY AFTE	$164.01	$139.41
19300			MASTECTOMY FOR GYNECOMASTIA	$282.36	$240.00
19300	26		MASTECTOMY FOR GYNECOMASTIA	$217.38	$184.77
19301			MASTECTOMY, PARTIAL (EG, LUMPE	$337.83	$287.16
19302			MASTECTOMY, PARTIAL (EG, LUMPE	$464.97	$395.22
19303			MASTECTOMY, SIMPLE, COMPLETE	$495.62	$421.28
19304			REMOVAL OF TUMOR AND BREAST TI	$303.92	$258.33
19305			REMOVAL OF BREAST, LYMPH NODES	$586.44	$498.47
19306			REMOVAL OF BREAST, SKIN, LYMPH	$622.20	$528.87
19307			MASTECTOMY, MODIFIED RADICAL,	$620.71	$527.60
19316			MASTOPEXY	$171.00	$145.00
19318			REDUCTION MAMMAPLASTY	$178.00	$142.00
19318	50		REDUCTION MAMMAPLASTY	$312.00	$265.00
19324			MAMMAPLASTY W/OUT PROSTHETIC	$105.00	$90.00

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DME/P&O				**PURCHASE**	**RENTAL**
19325			MAMMAPLASTY WITH PROSTHETIC	$121.00	$105.00
19325	50		MAMMAPLASTY WITH PROSTHETIC	$182.00	$155.00
19328			REMOVE INTACT MAMMARY IMPLANT	$105.00	$90.00
19330			REMOVE IMPLANT MATERIAL	$163.00	$142.00
19342			INSERTION OF BREAST PROSTHESIS	$242.00	$210.00
19350			NIPPLE/AREOLA RECONSTRUCTION	$91.00	$79.00
19357			BREAST RECONSTRUCTION....	$473.00	$413.00
19357	50		BREAST RECONSTRUCTION-BILATERA	$710.00	$620.00
19361			BREAST RECONST.W/WO PROSTHETIC	$665.00	$563.00
19361	50		BREAST RECONSTRUCTION W/WO PRO	$998.00	$848.00
19364			RECONSTRUCT BREAST-FREE FLAP	$473.00	$413.00
19366			RECONSTRUCT BREAST-OTHER	$473.00	$413.00
19367			BREAST RECONSTR W/TRAM SINGLE	$698.00	$593.00
19368			BREAST RECONST/TRAM/MICROVASC	$865.00	$736.00
19369			BREAST RECONSTR/TRAM/DOUBLE PE	$809.00	$688.00
19370			INCISION OF CAPSULE SURROUNDIN	$95.00	$80.00
19371			PERIPROSTHETIC CAPSULECTOMY, B	$118.00	$101.00
19380			REVISE RECONSTRUCTED BREAST	$355.00	$310.00

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DME/P&O				**PURCHASE**	**RENTAL**
19499			UNLISTED PROCEDURE, BREAST	BY REPORT	BY REPORT
20100			EXPLORATION PENETRATING WOUND,	$152.00	$129.00
20102			EXPLORATION OF PENETRATING WOU	$60.00	$51.00
20103			EXPLORE PENETRATING WOUND,EXTR	$79.00	$67.00
20150			EXCISION EPIPYSEAL BAR W/WO AU	$275.00	$234.00
20200			MUSCLE BIOPSY: SUPERFICIAL	$30.00	$26.00
20205			MUSCLE BIOPSY: DEEP/SUPERFICIA	$61.00	$53.00
20206			NEEDLE BIOPSY OF MUSCLE, ACCES	$29.00	$25.00
20220			SUPERFICIAL BIOPSY OF BONE: NE	$45.00	$40.00
20240			BIOPSY OF BONE, OPEN PROCEDURE	$30.00	$26.00
20245			BIOPSY OF BONE, OPEN PROCEDURE	$90.00	$79.00
20250			BIOPSY OF SPINE BONE AT MIDDLE	$90.00	$79.00
20251			BIOPSY OF SPINE BONE AT UPPER	$90.00	$79.00
20500			INJECT SINUS TRACT: THERAPEUTI	$16.00	$14.00
20501			INJECT SINUS TRACT: DIAGNOSTIC	$16.00	$14.00
20520			REMOVE FOREIGN BODY: SIMPLE	$51.00	$45.00
20525			REMOVE FOREIGN BODY: COMPLICAT	$102.00	$90.00
20526			THERAPEUTIC INJECT CARPAL TUNN	$13.00	$11.00

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DME/P&O				**PURCHASE**	**RENTAL**
20527			INJECTION OF ENZYME IN PALM TI	$43.68	$37.13
20550			INJECTIONS OF TENDON SHEATH, L	$13.00	$11.00
20551			INJECTION: TENDON ORIGIN/INSER	$13.00	$11.00
20552			INJECTION: SINGLE/MULTIPLE TRI	$13.00	$11.00
20553			INJ TRIGGER POINTS 3 OR < MUSC	$13.00	$11.00
20555			PLACEMENT OF NEEDLES OR CATHET	$177.53	$150.90
20600			ARTHROCENTESIS: SMALL JOINT/ B	$13.00	$11.00
20604			ASPIRATION AND/OR INJECTION OF	$38.55	$32.76
20604	26		DRAIN/INJ JOINT/BURSA W/US	$23.94	$20.34
20605			ARTHROCENTESIS: MED. JOINT/ BU	$13.00	$11.00
20606			ASPIRATION AND/OR INJECTION OF	$42.53	$36.15
20606	26		DRAIN/INJ JOINT/BURSA W/US	$27.34	$23.23
20610			ARTHROCENTESIS: MAJOR JOINT/ B	$13.00	$11.00
20611			ASPIRATION AND/OR INJECTION OF	$47.84	$40.66
20611	26		DRAIN/INJ JOINT/BURSA W/US	$31.31	$26.61
20612			ASPIRATION/INJECTION GANGLION	$29.00	$25.00
20612	26		ASPIRATION/INJECTION GANGLION	$13.00	$11.00
20615			ASPIRATE/INJECTION-BONE CYST	$80.00	$68.00

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DME/P&O				**PURCHASE**	**RENTAL**
20650			SKELETAL TRACTION: WIRE OR PIN	$55.00	$47.00
20661			APPLY HALO: CRANIAL	$109.00	$95.00
20662			APPLY HALO: PELVIC	$109.00	$95.00
20663			APPLY HALO: FEMORAL	$109.00	$95.00
20664			APPLIC/REMOVAL CRANIAL HALO W/	$123.00	$104.00
20665			REMOVAL OF TONGS OR HALO APPLI	$16.00	$14.00
20680			REMOVE IMPLANT: DEEP	$121.00	$105.00
20680	52		REMOVE IMPLANT: DEEP	$61.00	$53.00
20692			APPL MULTIPLANE,UNIL,EXT FIX S	$211.75	$180.00
20693			ADJ/REV EXT FIX SYS W ANES W/W	$136.00	$115.00
20694			REM W ANES, EXTERNAL FIXATION	$60.50	$51.00
20696			APPLICATION OF MULTIPLANE (PIN	$623.06	$529.60
20697			APPLICATION OF MULTIPLANE (PIN	$1,132.44	$962.57
20802			REPLANT ARM: COMPLETE AMPUTATI	$600.00	$510.00
20805			REPLANT FOREARM-COMPLETE AMPUT	$600.00	$510.00
20808			REPLANT HAND: COMPLETE AMPUTAT	$750.00	$637.00
20838			REPLANT FOOT: TOTAL AMPUTATION	$400.00	$340.00
20900			BONE GRAFT: ANY DONOR AREA, SM	$113.00	$96.00

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DME/P&O				**PURCHASE**	**RENTAL**
20902			BONE GRAFT, ANY DONOR AREA: LA	$226.00	$192.00
20910			CARTILAGE GRAFT: COSTOCHONDRAL	$226.00	$192.00
20912			CARTILAGE GRAFT: NASAL SEPTUM	$316.00	$269.00
20920			FASCIA LATA GRAFT: BY STRIPPER	$90.00	$77.00
20922			FASCIA LATA GRAFT: BY INCISION	$181.00	$154.00
20924			TENDON GRAFT: DISTANT	$452.00	$384.00
20926			TISSUE GRAFTS: OTHER	$361.70	$307.45
20930			ALLOGRAFT SPINE SURGERY, MORSE	$94.00	$80.00
20931			ALLOGRAFT SPINE SURGERY/STRUCT	$101.47	$86.25
20936			AUTOGRAFT FOR SPINE SURGERY, L	$142.00	$121.00
20937			AUTOGRAFT SPINE SURG, LOCAL/MO	$153.34	$130.34
20938			AUTOGRAFT SPINE SURG/LOCAL/STR	$167.30	$142.21
20939			HARVEST OF BONE MARROW FOR SPI	$34.44	$29.27
20950			MONITOR INTERSTITIAL FLUID	$45.00	$45.00
20955			FIBULA GRAFT W MICROVASCULAR A	$678.00	$576.00
20956			BONE GRAFT/ILIAC CREST W/MICRO	$594.00	$504.00
20957			BONE GRAFT METATARSAL W/MICROV	$616.00	$524.00
20962			BONE GRAFT/MICROVAS ANSA.-OTHE	$904.00	$768.00

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DME/P&O				**PURCHASE**	**RENTAL**
20969			FREE OSTEOCUTAN FLAP/MICROVAS	$904.00	$768.00
20970			FREE OSTEOCUTAN FLAP...:ILIAC	$759.00	$645.00
20972			FREE OSTEOCUTAN FLAP..:METATAR	$678.00	$576.00
20973			FREE OSTEOCUTAN FLAP..:GREAT T	$678.00	$576.00
20974			ELECTR STIM/BONE HEALING-NONIN	$35.00	$30.00
20974	26		ELECTR STIM/BONE HEALING-NONIN	$33.00	$28.00
20975			BONES INVASIVE(OPERATIVE)	$88.00	$74.00
20982			DESTRUCTION OF 1 OR MORE BONE	$750.00	$637.00
20982	26		ABLATION, BONE TUMOR(S)	$200.00	$170.00
20983			DESTRUCTION OF 1 OR MORE BONE	$185.44	$157.62
20985			COMPUTER-ASSISTED SURGICAL NAV	$75.72	$64.36
20999			UNLISTED PROCEDURE: BONE/ MUSC	BY REPORT	BY REPORT
21010			ARTHROTOMY: UNILATERAL	$182.00	$155.00
21010	50		ARTHROTOMY: BILATERAL	$272.00	$231.00
21011			EXCIS TUMOR,SOFT TISS FACE/SCA	$187.80	$159.63
21011	26		EXCIS TUMOR,SOFT TISS FACE/SCA	$135.33	$115.03
21012			EXCISION, TUMOR, SOFT TISSUE O	$177.08	$150.51
21013			EXCISION, TUMOR, SOFT TISSUE O	$276.75	$235.23

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DME/P&O				**PURCHASE**	**RENTAL**
21013	26		EXCISION, TUMOR, SOFT TISSUE O	$209.85	$178.37
21014			EXCISION, TUMOR, SOFT TISSUE O	$272.32	$231.47
21015			REMOVAL OF (LESS THAN 2 CENTIM	$120.00	$102.00
21016			REMOVAL OF (2 CENTIMETERS OR G	$525.85	$446.97
21025			EXCISE BONE, MANDIBLE	$454.00	$386.00
21026			EXCISE BONE, FACIAL BONE(S)	$151.00	$129.00
21029			REM /CONT BENIGN TUMOR / FACIA	$165.00	$140.25
21030			EXCISE BENIGN TUMOR OF FACIAL	$121.00	$105.00
21031			EXCISION TORUS MANDIBULARIS	$102.00	$86.79
21032			EXC MAXILLARY TORUS PALATINUS	$90.00	$76.50
21034			EXCISE MALIGNANCY OF FACIAL BO	$242.00	$206.00
21040			EXCISE BENIGN CYST: MANDIBLE	$151.00	$129.00
21044			EXCISE MALIGNANT TUMOR: MANDIB	$411.00	$350.00
21045			RADICAL RESECTION OF MANDIBLE	$616.00	$525.00
21046			EXCISE BENIGN TUM/CYST MAND IN	$481.00	$409.00
21047			EXC BENIGN TUM/CYST MAND EXTRA	$694.00	$590.00
21048			EXC BENIGN TUM/CYST MAXILLA IN	$500.00	$425.00
21049			EXC BENIGN TUM/CYST MAX EXTRA-	$666.00	$566.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21050			TEMPOROMANDIBULAR ARTHRECTOMY	$301.00	$263.00
21060			TEMPOROMANDIBULAR MENISCECTOMY	$362.00	$315.00
21070			CORONOIDECTOMY: UNILATERAL	$362.00	$308.00
21070	50		CORONOIDECTOMY: BILATERAL	$543.00	$472.00
21073			MANIPULATION OF TEMPOROMANDIBU	$204.20	$173.57
21073	26		MANIPULATION-OF-TEMPOROMANDIBU	$132.69	$112.78
21076			SURGICAL OBTURATOR PROSTHESIS	$431.01	$366.36
21079			IMP&CUST PREP:INTERIM OBTURATO	$722.73	$614.32
21080			IMP&CUST PREP: DEFINITIVE OBLU	$947.23	$805.15
21081			IMP&CUST PREP:MANDIBULAR RESEC	$862.33	$732.98
21082			IMP&CUST PREP:PALATAL AUGMENTA	$682.87	$580.44
21083			IMP&CUSTOM PREP:PALATAL LIFT P	$754.76	$641.54
21084			IMP&CUSTOM PREP:SPEECH AID PRO	$856.80	$728.28
21085			IMPRESSION AND CUSTOM PREPARAT	$345.16	$293.38
21086			IMP&CUSTOM PREP: AURICULAR PRO	$900.87	$765.74
21087			IMP&CUSTOM PREP: NASAL PROSTHE	$891.89	$758.11
21088			IMP&CUSTOM PREP: FACIAL PROSTH	$871.54	$740.80
21089			UNLISTED MAXILLOFACIAL PROSTHE	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
21110			INTERDENTAL FIXATION	$160.00	$136.00
21116			INJ.FOR TEMPOROMANDIBULAR ARTH	$16.00	$14.00
21120			GENIOPLASTY:AUGMENTATION(AUTO,	$202.00	$176.00
21121			GENIOPLASTY:SLIDING OSTEOTOMY,	$259.00	$220.00
21122			GENIOPLASTY:SL OSTEO,2ORMORE O	$337.00	$286.00
21123			GENIOPLASTY:SLIDING,AUGME W IN	$389.00	$330.00
21137			REDUCTION FOREHEAD:CONTOURING	$297.00	$252.00
21138			RED FOREHEAD:CONTO&APP PROS MA	$389.00	$330.00
21139			REDU FOREHEAD:CONTOUR&SETBACK	$415.00	$352.00
21141			RECONSTRUCT MIDFACE/WO BONE GR	$489.00	$416.00
21142			RECONSTRUCT MIDFACE/2 PC/WO BO	$501.00	$426.00
21143			RECONST MIDFACE/3OR</WO BONE G	$527.00	$448.00
21145			LEFORT1:SINGLE PIECE WITH BONE	$562.00	$477.00
21146			LEFORT1:TWO PIECES W BONE GRAF	$648.00	$551.00
21147			RECON MIDFACE,LEFORT1:3OR>..W	$709.00	$602.00
21151			RECON MIDFACE,LEFORT2:REQ BONE	$245.00	$208.00
21154			RECON MFACE.LEFORT3 REQ BO GFT	$276.00	$235.00
21155			RECON MIDFACE,LEF1 REQ BONE GF	$363.00	$308.00

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DME/P&O				**PURCHASE**	**RENTAL**
21159			RECON MIDFACE,LEFORT3...WO LEF	$986.00	$838.00
21160			RECON MIDFACE,LEFORT3...W LEFO	$1,072.00	$911.00
21172			RECON SUP-LAT ORB...W/WO GRAFT	$692.00	$588.00
21175			RECON BIFR SUP-LAT ...W/WO GRA	$830.00	$705.00
21179			RECON ENT/MAJ FOREHEAD...W GRA	$605.00	$514.00
21180			RECON ENT/MAJ .....W AUTOGRAFT	$709.00	$602.00
21181			REMOV/CONTO BENIGN TMR CRAN BO	$224.00	$190.00
21182			RECONSTRUCTION OF BONY DEFECT	$726.00	$617.00
21183			RECONSTRUCTION OF BONY DEFECT	$778.00	$660.00
21184			RECONSTRUCTION OF BONY DEFECT	$813.00	$690.00
21188			REPAIR OF BONY DEFECT OF MIDFA	$605.00	$514.00
21193			RECON MANDI RAMOS...WO BONE GR	$519.00	$440.00
21194			RECON MANDI RAMOS...W BONE GRA	$730.00	$620.00
21195			RECON MANDI RAMOS,SAGITTAL SPL	$622.00	$528.00
21196			RECON MANDI RAMOS...W INTERNAL	$657.00	$558.00
21198			OSTEOTOMY,MANDIBLE,SEGMENTAL	$328.00	$278.00
21199			OSTEOTOMY MANDIBLE SEG W/GENIO	$363.00	$309.00
21206			OSTEOPLASTY: MAXILLA, SEGMENTA	$690.00	$587.00

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DME/P&O				**PURCHASE**	**RENTAL**
21208			OSTEOPLASTY,FACIAL:AUGMENTATIO	$225.00	$191.00
21209			OSTEOPLASTY,FACIAL BONES:REDUC	$250.00	$213.00
21230			RIB CARTILAGE GRAFT: AUTOGENOU	$261.00	$226.00
21235			EAR CARTILAGE GRAFT: AUTOGENOU	$200.00	$170.00
21240			TEMPOROMANDIBULAR ARTHROPLASTY	$362.00	$308.00
21242			ARTHROPLASTY,TEMPOROMANDEBULAR	$484.00	$411.00
21243			ARTHROPLASTY,TEMPOROMAND,PROST	$484.00	$411.00
21244			RECONSTRUCT MANDIBLE,EXTRAORAL	$545.00	$463.00
21245			RECON MAND/MAX,SUBPERI IMPLANT	$575.00	$489.00
21246			RECON MAND/MAX,SUBPERI IMPLANT	$632.00	$540.00
21247			RECON MAND CONYLE...W BGFTS/AU	$575.00	$489.00
21248			RECON MAND/MAX,ENDO IMPLANT:PA	$575.00	$489.00
21249			RECON MAND/MAX,ENDO IMPLANT,CO	$605.00	$515.00
21255			RECON ZYGOMATIC ARCH..W BONE G	$503.00	$427.50
21256			RECON ORBIT W OSTEOTOMIES&BONE	$640.00	$544.00
21260			ORBITAL REVISION: EXTRACRANIAL	$375.00	$319.00
21261			REVISE ORBIT: INTRA/EXTRACRANI	$500.00	$425.00
21263			REVISE ORBIT: ADVANCE FOREHEAD	$600.00	$510.00

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DME/P&O				**PURCHASE**	**RENTAL**
21267			PLASTIC REPOSITIONING OF EYE S	$500.00	$425.00
21268			PLASTIC REPOSITIONING OF EYE S	$600.00	$510.00
21270			RECONSTRUCT ORBITOFACIAL BONES	$500.00	$425.00
21275			ORBITOCRANIOFACIAL RECONSTRUCT	$375.00	$319.00
21280			MEDIAL CANTHOPLASTY	$225.00	$191.00
21282			LATERAL CANTHOPEXY	$150.00	$128.00
21295			REDUCTION OF MASSETER MUSCLE (	$150.00	$128.00
21296			REDUCTION OF MASSETER MUSCLE (	$100.00	$85.00
21299			UNLISTED CRANIOFACIAL PROCEDUR	BY REPORT	BY REPORT
21310			TREATMENT OF NASAL FRACTURE	$30.00	$26.00
21315			DIGITAL MANIPULATION OF NASAL	$30.00	$26.00
21320			MANIPULATE NASAL FX: INSTRUMEN	$61.00	$53.00
21325			OPEN TREATMENT NASAL FX: SIMPL	$90.00	$79.00
21330			TREATMENT NASAL FX: COMPLICATE	$145.00	$126.00
21335			OPEN TREATMENT FX NASAL SEPTUM	$216.00	$189.00
21336			OPEN TREATMENT NASAL FX: STAB.	$90.00	$79.00
21338			OPEN TREATMENT NASOETHMOID FRA	$125.00	$106.00
21339			OPEN RX. NASOETHMOID FRACT. W	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
21340			TREATMENT OF BROKEN EYE SOCKET	$250.00	$213.00
21345			TREAT NASOMAXILLARY COMPLEX FX	$200.00	$170.00
21346			OPEN TREATMENT NASOMAXILLARY F	$182.00	$158.00
21347			OPEN TREATMENT NASOMAXILLARY F	$236.00	$205.00
21348			OPEN TREATMENT NASOMAXILLARY F	$182.00	$158.00
21356			TREAT DEPRESSED ZYGOM FRACTURE	$121.00	$105.00
21360			TREAT DEPRESSED MALAR FRACTURE	$121.00	$105.00
21365			TREAT COMPLICATED FX MALAR ARE	$235.00	$205.00
21366			TREAT COMPLICATED FX MALAR ARE	$235.00	$205.00
21385			TREAT ORBITAL FX: TRANSANTRAL	$271.00	$236.00
21386			TREAT ORBITAL FX: PERIORBITAL	$298.00	$253.00
21387			TREAT ORBITAL FX: COMBINATION	$352.00	$299.00
21390			TREAT ORBITAL FX WITH IMPLANT	$325.00	$276.00
21395			TREAT ORBITAL FX WITH BONE GRA	$379.00	$322.00
21400			TREAT FRACTUR ORBIT EXCEPT "BL	$40.00	$24.00
21401			TREAT FX OF ORBIT WITH MANIPUL	$100.00	$85.00
21406			TREAT OPEN FX OF ORBIT W/O IMP	$150.00	$128.00
21407			TREAT OPEN FX OF ORBIT WITH IM	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
21408			OPEN FX OF ORBIT W/BONE GRAFT	$200.00	$170.00
21421			TREAT PALATAL/ ALVEOLAR RIDGE	$121.00	$105.00
21422			OPEN TREATMENT OF PALATE/ ALVE	$250.00	$213.00
21423			OPEN TREATMENT OF PALATE/MAXIL	$250.00	$213.00
21431			CLOSED TREATMENT OF BROKEN BON	$150.00	$128.00
21432			OPEN TX CRANIOFACIAL SEPARATIO	$250.00	$213.00
21433			COMPLICATED TX CRANIOFACIAL FX	$300.00	$255.00
21435			COMPLICATED TX CRANIOFACIAL FX	$325.00	$276.00
21436			OPEN TX CRANIOFACIAL FX	$325.00	$276.00
21454			OPEN TREATMENT MANDIBULAR FX W	$145.00	$126.00
21465			OPEN TREAT.MANDIBULAR CONDYLAR	$250.00	$213.00
21470			TREAT COMPLICATED MANDIBULAR F	$375.00	$319.00
21480			TX TEMPOROMANDIBULAR DISLOCATI	$18.00	$16.00
21490			OPEN TX TEMPOROMANDIIBULAR DIS	$180.00	$160.00
21499			UNLISTED PROCEDURE: HEAD	BY REPORT	BY REPORT
21501			I & D DEEP ABSCESS OR HEMATOM	$131.00	$114.00
21502			I & D WITH PARTIAL RIB REMOVAL	$164.00	$140.00
21510			INCISION WITH OPENING OF BONE	$90.00	$75.00

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DME/P&O				**PURCHASE**	**RENTAL**
21552			BIOPSY, SOFT TISSUE OF NECK OR	$231.66	$196.91
21554			BIOPSY, SOFT TISSUE OF NECK OR	$378.62	$321.83
21556			EXCISE BENIGN TUMOR: DEEP	$131.00	$114.00
21557			REMOVAL OF (LESS THAN 5 CENTIM	$325.00	$276.00
21558			REMOVAL OF (5 CENTIMETERS OR G	$694.59	$590.40
21600			EXCISION OF RIB: PARTIAL	$90.00	$79.00
21610			COSTOTRANSVERSECTOMY	$163.00	$138.00
21615			EXCISION CERVICAL RIB	$228.00	$193.00
21616			EXCISE RIB WITH SYMPATHECTOMY	$293.00	$249.00
21620			OSTECTOMY OF STERNUM: PARTIAL	$211.00	$184.00
21627			STERNAL DEBRIDEMENT	$182.00	$155.00
21630			RADICAL RESECTION OF STERNUM	$422.00	$394.00
21632			MEDIASTINAL LYMPHADENECTOMY	$390.00	$332.00
21685			HYOID MYOTOMY AND SUSPENTION	$228.00	$194.00
21700			DIVISION OF SCALENUS ANTICUS	$211.00	$184.00
21705			DIVIDE SCALENUS AND RESECTION	$272.00	$236.00
21720			RELEASE OF TENDONS OF NECK MUS	$151.00	$131.00
21725			RELEASE OF TENDONS OF NECK MUS	$151.00	$131.00

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DME/P&O				**PURCHASE**	**RENTAL**
21740			REPAIR OF DEPRESSION OF BREAST	$585.00	$497.00
21742			RECON/REP PECTUS EXCAVAT/CARIN	NA	$434.30
21743			RECON REP PECTUS EXCAV W/THORA	BY REPORT	BY REPORT
21750			CLOSURE STERNOTOMY SEP.W/WO DE	$480.00	$408.00
21811			OPEN TREATMENT OF BROKEN RIBS	$304.42	$258.76
21811	26		OPEN TREATMENT BROKEN RIBS W/I	$336.01	$285.60
21812			OPEN TREATMENT OF BROKEN RIBS	$373.84	$317.76
21812	26		OPEN TREATMENT OF BROKEN RIBS	$343.68	$292.13
21813			OPEN TREATMENT OF BROKEN RIBS	$503.46	$427.94
21813	26		OPEN TX OF BROKEN RIBS W/INSER	$470.16	$399.63
21820			TREAT STERNUM FRACTURE: CLOSED	$24.00	$21.00
21825			TREAT STERNUM FRACTURE: OPEN	$195.00	$166.00
21899			UNLISTED PROCEDURE: NECK OR TH	BY REPORT	BY REPORT
21925			BX,SFT TISS-BACK/FLANK:DEEP	$65.00	$55.00
21930			EXCISE TUMOR,SOFT TISS-BACK OR	$65.00	$55.00
21931			EXCISION, TUMOR, SOFT TISSUE O	$244.08	$207.47
21932			EXCISION, TUMOR, SOFT TISSUE O	$343.03	$291.57
21933			EXCISION, TUMOR, SOFT TISSUE O	$382.54	$325.15

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DME/P&O				**PURCHASE**	**RENTAL**
21935			REMOVAL (LESS THAN 5 CENTIMETE	$260.00	$221.00
21936			REMOVAL (5 CENTIMETERS OR GREA	$733.25	$623.26
22010			DRAINAGE OF ABSCESS OF UPPER O	$499.79	$424.82
22015			DRAINAGE OF ABSCESS OF LOWER S	$494.08	$419.96
22100			RESECT VERTEBRA: CERVICAL	$228.00	$194.00
22101			RESECT VERTEBRA: THORACIC	$228.00	$194.00
22102			RESECT VERTEBRA: LUMBAR	$228.00	$194.00
22103			PARTIAL EXCIS POST VERT/EACH A	$66.90	$57.00
22110			EXCISE CERVICAL VERTEBRA	$228.00	$194.00
22112			EXCISE THORACIC VERTEBRA	$228.00	$194.00
22114			EXCISE LUMBAR VERTEBRAE FOR OS	$228.00	$194.00
22116			PART EXCIS/VERT BODY/EACH ADDI	$66.90	$57.00
22206			OSTEOTOMY OF SPINE, POSTERIOR	$1,273.35	$1,082.34
22207			OSTEOTOMY OF SPINE, POSTERIOR	$1,248.92	$1,061.58
22208			OSTEOTOMY OF SPINE, POSTERIOR	$306.26	$260.32
22210			OSTEOTOMY-SPINE,CORR DEFORM:CE	$780.00	$663.00
22212			OSTEOTOMY SPINE,CORR DEFORM:TH	$780.00	$663.00
22214			OSTEOTOMY SPINE,CORR DEFORM:TH	$780.00	$663.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22216			OSTEOTOMY SPINE/EACH ADDIT SEG	$242.00	$206.00
22220			OSTEOTOMY SPINE,CORR DEFORM:CE	$780.00	$663.00
22222			OSTEOTOMY SPINE,CORR DEFORM:TH	$975.00	$832.00
22224			OSTEOTOMY SPINE,CORR DEFORM:LU	$780.00	$663.00
22226			OSTEOTOMY SPINE/DISKECTOMY/EAC	$242.00	$206.00
22310			TR VERT BODY FX/DISLOCATED/EAC	$75.00	$64.00
22315			CLOSED TREATMENT OF BROKEN AND	$200.00	$170.00
22315	52		CLSD TX VRT FX/DISLOCATE...SIM	$75.00	$64.00
22318			OPEN RX RED ODONT FX/DISLOC WO	$859.00	$730.00
22319			OPEN RX RED ODONT FX/DISLOC W/	$926.00	$787.00
22325			OPEN TREATMENT OF BROKEN AND/O	$483.00	$411.00
22326			OPEN TREATMENT OF BROKEN AND/O	$483.00	$411.00
22327			OPEN TREATMENT OF BROKEN AND/O	$483.00	$411.00
22328			OPEN TREATMENT OF BROKEN AND/O	$188.00	$160.00
22505			MANIPULATION SPINE W/ANESTHESI	$61.00	$53.00
22510			INJECTION OF BONE CEMENT INTO	$941.55	$800.31
22510	26		INJ BONE CEMENT IN MID SPINE B	$224.68	$190.97
22511			INJECTION OF BONE CEMENT INTO	$933.09	$793.12

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DME/P&O				**PURCHASE**	**RENTAL**
22511	26		INJ BONE CEMENT IN MID SPINE B	$210.83	$179.21
22512			INJECTION OF BONE CEMENT INTO	$483.59	$411.05
22512	26		INJECTION OF BONE CEMENT INTO	$106.60	$90.61
22513			INJECTION OF BONE CEMENT INTO	$3,739.59	$3,178.65
22513	26		INJECTION OF BONE CEMENT INTO	$267.90	$227.72
22514			INJECTION OF BONE CEMENT INTO	$3,728.98	$3,169.63
22514	26		INJECTION OF BONE CEMENT INTO	$249.79	$212.32
22515			INJECTION OF BONE CEMENT INTO	$2,165.94	$1,841.04
22515	26		INJECTION OF BONE CEMENT INTO	$114.91	$97.67
22526			REMOVAL OF CARTILAGE RING AT S	$981.51	$834.28
22526	26		PERCUTANEOUS INTRADISCAL ELECT	$176.19	$149.76
22527			REMOVAL CARTILAGE RING AT SPIN	$762.65	$648.25
22527	26		PERCUTANEOUS INTRADISCAL ELECT	$80.19	$68.16
22532			FUSION OF MIDDLE SPINE BONES W	$1,003.00	$853.00
22533			FUSION OF LOWER SPINE BONES WI	$859.00	$730.00
22534			FUSION OF MIDDLE OR LOWER SPIN	$218.00	$185.00
22548			FUSION OF SPINE BONES AT BASE	$716.00	$609.00
22551			FUSION OF SPINE BONES WITH REM	$886.88	$753.84

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DME/P&O				**PURCHASE**	**RENTAL**
22552			FUSION OF SPINE BONES WITH REM	$206.20	$175.27
22554			FUSION OF SPINE BONES WITH REM	$573.00	$487.00
22556			FUSION OF MIDDLE SPINE BONES W	$1,003.00	$853.00
22558			FUSION OF SPINE BONES WITH REM	$716.00	$609.00
22585			FUSION OF SPINE BONES WITH REM	$306.42	$260.45
22586			ARTHRODESIS, PRE-SACRAL INTERB	$1,050.49	$892.91
22590			FUSION OF FIRST TWO UPPER SPIN	$715.00	$608.00
22595			FUSION OF SPINE BONES AT SKULL	$645.00	$548.00
22600			FUSION OF UPPER SPINE BONES, P	$645.00	$548.00
22610			FUSION OF MIDDLE SPINE BONES,	$645.00	$548.00
22612			FUSION OF LOWER SPINE BONES, P	$645.00	$548.00
22614			FUSION OF SPINE BONES, POSTERI	$242.00	$206.00
22630			FUSION OF LOWER SPINE BONES WI	$716.00	$609.00
22632			FUSION OF LOWER SPINE BONES WI	$202.00	$172.00
22633			FUSION OF LOWER SPINE BONES WI	$962.32	$817.97
22634			FUSION OF LOWER SPINE BONES WI	$256.81	$218.29
22800			FUSION OF SPINE BONES FOR CORR	$936.00	$796.00
22802			FUSION OF SPINE BONES FOR CORR	$1,080.00	$918.00

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DME/P&O				**PURCHASE**	**RENTAL**
22804			FUSION OF SPINE BONES FOR CORR	$1,286.00	$1,093.00
22808			FUSION OF SPINE BONES FOR CORR	$900.00	$765.00
22810			FUSION OF SPINE BONES FOR CORR	$1,008.00	$857.00
22812			FUSION OF SPINE BONES FOR CORR	$1,267.20	$1,077.00
22818			FUSION OF SPINE BONES FOR CORR	$1,037.00	$933.00
22819			FUSION OF SPINE BONES FOR CORR	$1,104.00	$939.00
22830			EXPLORE SPINAL FUSION	$550.00	$467.00
22840			INSERTION OF POSTERIOR SPINAL	$583.00	$496.00
22841			INTERNAL SPINAL FIXATION BY WI	BY REPORT	BY REPORT
22842			INSERTION OF POSTERIOR SPINAL	$603.00	$513.00
22843			INSERTION OF POSTERIOR SPINAL	$685.00	$582.00
22844			INSERTION OF POSTERIOR SPINAL	$887.00	$754.00
22845			INSERTION OF ANTERIOR SPINAL I	$556.00	$473.00
22846			INSERTION OF ANTERIOR SPINAL I	$632.00	$537.00
22847			INSERTION OF ANTERIOR SPINAL I	$701.00	$596.00
22848			PELVIC FIXATION OTHER THAN SAC	$289.65	$246.20
22849			REINSERT SPINAL FIXATION DEVIC	$936.00	$795.60
22850			HARRINGTON ROD REMOVAL	$541.59	$460.35

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DME/P&O				**PURCHASE**	**RENTAL**
22852			REMOVE POSTERIOR SEGMENTAL INS	$571.38	$485.68
22853			INSERTION OF DEVICE INTO INTER	$133.92	$113.83
22854			INSERTION OF DEVICE INTO GAP L	$173.43	$147.42
22855			DWYER INSTRUMENT REMOVAL	$611.65	$519.90
22856			INSERTION OF ARTIFICIAL UPPER	$851.56	$723.82
22857			INSERTION OF ARTIFICIAL LOWER	$915.77	$778.40
22858			INSERTION OF ARTIFICIAL UPPER	$264.68	$224.97
22859			INSERTION OF DEVICE INTO GAP L	$173.43	$147.42
22861			REVISION INCLUDING REPLACEMENT	$1,158.53	$984.75
22862			REVISION INCLUDING REPLACEMENT	$986.79	$838.77
22864			REMOVAL OF TOTAL DISC ARTHROPL	$1,067.00	$906.95
22865			REMOVAL OF TOTAL DISC ARTHROPL	$1,007.41	$856.30
22867			INSERTION OF STABILIZING OR SE	$506.87	$430.84
22868			INSERTION OF STABILIZING OR SE	$125.18	$106.40
22869			INSERTION OF STABILIZING OR SE	$239.71	$203.75
22870			INSERTION OF STABILIZING OR SE	$64.74	$55.03
22899			UNLISTED PROCEDURE, SPINE	BY REPORT	BY REPORT
22900			EXC TUMOR ABDOMEN WALL SUBFASC	$100.00	$85.00

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DME/P&O				**PURCHASE**	**RENTAL**
22901			EXCISION, TUMOR, SOFT TISSUE O	$344.66	$292.96
22902			EXCISION, TUMOR, SOFT TISSUE O	$236.34	$200.89
22902	26		EXCISION,TUMOR,SOFT TISSUE ABD	$172.52	$146.64
22903			EXCISION, TUMOR, SOFT TISSUE O	$228.28	$194.03
22904			REMOVAL (LESS THAN 5 CENTIMETE	$546.14	$464.22
22905			REMOVAL (5 CENTIMETERS OR GREA	$689.13	$585.76
22999			PROCEDURE ON ABDOMEN, MUSCLE O	BY REPORT	BY REPORT
23000			REMOVAL OF CALCIUM DEPOSITS AT	$151.00	$131.00
23020			RELEASE SHOULDER MUSCLE ERBS P	$270.00	$230.00
23030			I&D SHOULDER DEEP ABSC HEMATOM	$130.00	$111.00
23035			I&D DEEP CORTEX/BONE ABSC SHOU	$325.00	$276.00
23040			ARTHROTOMY REMOVE FOREIGN BODY	$200.00	$173.00
23044			ARTHROTOMY DRAIN/REMOVE FOR BO	$200.00	$173.00
23071			BIOPSY, SOFT TISSUE OF SHOULDE	$218.23	$185.49
23073			BIOPSY, SOFT TISSUE OF SHOULDE	$361.15	$306.97
23075			EXC BENIGN SHOULDER TUMOR SUBC	$75.00	$64.00
23076			EXC BENIGN SHOULDER TUMOR DEEP	$100.00	$85.00
23077			REMOVAL (LESS THAN 5 CENTIMETE	$260.00	$211.00

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DME/P&O				**PURCHASE**	**RENTAL**
23078			REMOVAL (5 CENTIMETERS OR GREA	$743.81	$632.24
23100			BIOPSY SHOULDER JOINT	$200.00	$173.00
23101			INCISION TO REPAIR JOINTS BETW	$200.00	$173.00
23105			ARTHROTOMY:GLENOHUMERAL JOINT	$200.00	$173.00
23106			ARTHROTOMY:STERNOCLAVICULAR JT	$200.00	$173.00
23107			ARTHROTOMY,GLENOHUMERAL JOINT.	$200.00	$173.00
23120			CLAVICULECTOMY PARTIAL	$134.00	$117.00
23125			CLAVICULECTOMY TOTAL	$249.00	$217.00
23130			ACROMIONECTOMY PARTIAL/TOTAL	$228.00	$194.00
23140			EXCISION CYST/TUMOR CLAVICLE/S	$260.00	$221.00
23145			EXC TUMOR CLAVICLE/SCAPULA GRA	$228.00	$194.00
23146			EXCISION TUMOR CLAVICLE/SCAPUL	$293.00	$249.00
23150			EXCISION TUMOR PROXIMAL HUMERO	$260.00	$221.00
23155			EXCISION TUMOR PROX HUMEROUS A	$325.00	$276.00
23156			EXCISION TUMOR PROX HUMEROUS H	$390.00	$331.00
23170			SEQUESTRECTOMY CLAVICLE	$90.00	$75.00
23172			SEQUESTRECTOMY SCAPULA	$90.00	$75.00
23174			SEQUESTRECTOMY HUMERAL HEAD/NE	$90.00	$75.00

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DME/P&O				**PURCHASE**	**RENTAL**
23180			PARTIAL EXCISION CLAVICLE FOR	$163.00	$139.00
23182			PARTIAL EXCISION SCAPULA FOR O	$163.00	$139.00
23184			PARTIAL EXCISION PROXIMAL HUME	$211.00	$184.00
23190			OSTECTOMY OF SCAPULA PARTIAL	$211.00	$184.00
23195			RESECTION HUMERAL HEAD	$195.00	$166.00
23200			RADICAL RESECTION FOR TUMOR CL	$423.00	$360.00
23210			RADICAL RESECTION FOR TUMOR SC	$650.00	$552.00
23220			RADICAL RESECTION FOR TUMOR PR	$650.00	$552.00
23333			REMOVAL OF FOREIGN BODY OF SHO	$241.45	$205.23
23334			REMOVAL OF PROSTHESIS OF SHOUL	$557.59	$473.95
23335			REMOVAL OF PROSTHESIS OF SHOUL	$664.37	$564.71
23350			INJECTION FOR SHOULDER X-RAY	$18.00	$16.00
23395			MUSCLE TRANSFER,SHOULDER/ARM	$520.00	$442.00
23397			MUSCLE TRANSFER MULTIPLE	$650.00	$552.00
23400			FIXATION OF SHOULDERBLADE	$274.00	$260.00
23405			INCISION OF TENDON & MUSCLE	$195.00	$166.00
23406			INCISE TENDON(S) & MUSCLE(S)	$293.00	$249.00
23410			REPAIR OF TORN TENDONS OF SHOU	$272.00	$236.00

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DME/P&O				**PURCHASE**	**RENTAL**
23412			REPAIR OF TORN TENDONS OF SHOU	$423.00	$360.00
23415			CORACOACROMIAL LIGAMENT RELEAS	$163.00	$139.00
23420			REPAIR COMPLETE SHOULDER	$295.00	$280.00
23430			REPAIR BICEPS TENDON RUPTURE	$228.00	$194.00
23440			REMOVAL/TRANSPLANT TENDON	$228.00	$194.00
23450			CAPSULORRHAPHY, ANTERIOR	$308.00	$276.00
23455			CAPSULORRHAPHY:BANKART TYPE	$362.00	$315.00
23460			REPAIR SHOULDER CAPSULE WITH B	$520.00	$442.00
23462			REPAIR SHOULDER CAPSULE CORACO	$488.00	$415.00
23465			REPAIR SHOULDER CAPSULE W/WO B	$455.00	$387.00
23466			CAPSULORRHAPHY/RECURRENT DISLO	$455.00	$387.00
23470			ARTHROPLASTY WITH PROXIMAL HUM	$520.00	$442.00
23472			ARTHROPLASTY W/GLENOID PROXIMA	$910.00	$773.00
23473			REVISION OF TOTAL SHOULDER ART	$841.80	$715.53
23474			REVISION OF TOTAL SHOULDER ART	$908.79	$772.47
23480			OSTEOTOMY CLAVICLE W/WO INTERN	$182.00	$158.00
23485			OSTEOTOMY CLAVICLE: BONE GRAFT	$325.00	$276.00
23490			PROPHYLACTIC TREATMENT:CLAVICL	$184.00	$156.00

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DME/P&O				**PURCHASE**	**RENTAL**
23491			PROPHYLACTIC TREAT.PROX HUMER.	$295.00	$251.00
23500			TREAT CLOSED CLAVICULAR FRACTU	$41.00	$35.00
23505			TREAT CLOSED CLAVICULAR FRACTU	$61.00	$53.00
23515			OPEN TREAT CLSD/OPEN CLAVIC FR	$151.00	$131.00
23520			TREAT STERNOCLAVICULAR DISLOCA	$30.00	$26.00
23525			TREAT CLSD STERNOCLAVICULAR DI	$61.00	$53.00
23530			OPEN TREAT CLSD/OPEN CLAVICLE	$260.00	$221.00
23532			OPEN TREAT CLSD/OPEN CLAVICLE	$293.00	$249.00
23540			TREAT CLOSED ACROMIOCLAV DISLO	$30.00	$26.00
23545			TREAT CLSD ACROMIOCLAVICULAR D	$61.00	$53.00
23550			OPEN TREAT CLSD/OPEN ACROMIOCL	$260.00	$221.00
23552			OPEN TREAT CLSD/OPEN ACROMIOCL	$338.00	$287.00
23570			TREAT CLSD SCAP FX W/O MANIPUL	$41.00	$35.00
23575			TREAT CLSD SCAPULAR W/MANIPULA	$65.00	$55.00
23585			OPEN TREAT CLSD/OPEN SCAPULAR	$358.00	$304.00
23600			TREAT CLSD HUMERAL FX W/O MANI	$61.00	$53.00
23605			TREAT CLSD HUMERAL FRAC WITH M	$121.00	$105.00
23615			OPEN TREAT CLSD/OPEN HUMERAL F	$211.00	$184.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23616			TX PROX HUMERL FX W PROSTHETIC	$504.00	$428.00
23620			TREAT CLSD GTR TUBEROSITY FX	$52.00	$44.00
23625			TREAT CLSD GREATER TUBEROSITY	$78.00	$66.00
23630			OPEN TREAT CLSD/OPEN GREATER T	$228.00	$193.00
23655			TREAT CLSD SHOULDER DISLOC W/M	$61.00	$53.00
23660			OPEN TREAT CLSD/OPEN SHOULDER	$242.00	$210.00
23665			TREAT SHOULDER DISLOC FRAC W/M	$78.00	$66.00
23670			OPEN TREAT CLSD/OPEN W/FRAC OF	$358.00	$304.00
23675			TREAT CLSD SHOULDER DISLOC/SUR	$104.00	$88.00
23680			OPEN TREAT SHOULDER DISLO/SURG	$390.00	$331.00
23700			FIXATION OF SHOULDER MANIPULAT	$61.00	$53.00
23800			ARTHRODESIS SHOULDER JOINT W/W	$393.00	$341.00
23802			ARTHRODESIS SHOULDER JOINT W/P	$585.00	$497.00
23900			AMPUTATION OF ARM & GIRDLE	$483.00	$420.00
23920			REMOVAL OF TENDONS, LIGAMENTS,	$362.00	$315.00
23921			REMOVAL OF TENDONS, LIGAMENTS,	$104.00	$88.00
23929			UNLISTED PROCEDURE, SHOULDER	BY REPORT	BY REPORT
23930			DRAINAGE OF ARM LESION	$130.00	$111.00

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DME/P&O				**PURCHASE**	**RENTAL**
23935			DRAIN ARM/ELBOW BONE LESION	$227.00	$193.00
24000			INCISION OF ELBOW WITH EXPLORA	$285.00	$242.00
24006			ARTHROTOMY,ELBOW, W.CAP.EXCISI	$368.00	$312.00
24071			BIOPSY, SOFT TISSUE OF UPPER A	$211.27	$179.58
24073			BIOPSY, SOFT TISSUE OF UPPER A	$360.29	$306.24
24075			REMOVE ARM/ELBOW LESION	$65.00	$55.00
24076			REMOVE ARM/ELBOW LESION:DEEP S	$98.00	$83.00
24077			REMOVAL (LESS THAN 5 CENTIMETE	$260.00	$221.00
24079			REMOVAL (5 CENTIMETERS OR GREA	$686.21	$583.27
24100			ARTHROTOMY,ELBOW:FOR SYNOVIAL	$250.00	$213.00
24101			EXPLORE/TREAT ELBOW JOINT	$200.00	$173.00
24102			REMOVE ELBOW JOINT LINING	$200.00	$173.00
24105			REMOVAL OF ELBOW BURSA	$90.00	$79.00
24110			REMOVE HUMERUS LESION	$200.00	$170.00
24115			REMOVE HUMERUS LESI ON W/PRIMA	$250.00	$213.00
24116			REMOVE HUMERUS LESION W/HOMOGE	$200.00	$170.00
24120			REMOVE ELBOW LESION	$200.00	$170.00
24125			EXCISION BONE CYST HEAD/NECK R	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
24126			EXCISION BONE CYST HEAD/NECK R	$200.00	$170.00
24130			REMOVAL OF HEAD OF RADIUS	$134.00	$117.00
24134			REMOVAL OF BONE LEI SON SHAFT	$90.00	$75.00
24136			REMOVAL LESION/RADIAL HEAD OR	$90.00	$75.00
24138			REMOVE ELBOW BONE LESION/OLECR	$90.00	$75.00
24140			PARTIAL EXCISION OF BONE/HUME	$211.00	$184.00
24145			PARTIAL EXCISION OF RADIAL HEA	$211.00	$184.00
24147			PARTIAL EXCISION OF BONE/OLECR	$125.00	$106.00
24149			RAD RESECTION ELBOW W/CONTRAC	$366.00	$311.00
24150			EXTENSIVE SURGERY SHAFT OR DIS	$228.00	$194.00
24152			EXTENSIVE SURGERY RADICAL HEAD	$570.00	$485.00
24155			RESECTION OF ELBOW JOINT	$300.00	$255.00
24164			REMOVAL OF HARDWARE OF FOREARM	$100.00	$85.00
24200			REMOVAL OF FOREIGN BODY OF UPP	$35.00	$30.00
24201			REMOVAL OF FOREIGN BODY, UPPER	$100.00	$85.00
24220			INJECTION FOR ELBOW X-RAY	$18.00	$16.00
24300			ELBOW MANIPULATION UNDER ANEST	$135.00	$115.00
24301			MUSCLE/TENDON TRANSFER	$285.00	$242.00

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DME/P&O				**PURCHASE**	**RENTAL**
24305			LENGTHEN TENDON,UPPER ARM/ELBO	$151.00	$131.00
24310			INCISION OF TENDON LOCATED FRO	$242.00	$210.00
24320			TENOPLASTY W/MUSCLE TRANSFER/E	$302.00	$263.00
24330			FLEXOR-PLASTY ELBOW	$121.00	$105.00
24331			FLESOR-PLASTY ELBOW/EXTENSOR A	$121.00	$105.00
24332			TENOLYSIS, TRICEPS	$210.00	$179.00
24340			TENODESIS FOR RUPTURE OF BICEP	$242.00	$210.00
24341			REPAIR TENDON/MUSCLE UPPER ARM	$236.00	$201.00
24342			REINSERTION RUPTURED BICEPS TE	$342.00	$291.00
24343			REPAIR LATERAL COLLATERAL LIGA	$278.00	$236.00
24344			RECONSTRUCT LAT COLLAT LIG ELB	$418.00	$355.00
24345			REP MEDIAL COLLAT LIG ELBOW W/	$278.00	$236.00
24346			RECONSTRUCT MED COLLAT LIG ELB	$418.00	$355.00
24357			INCISION OF TENDON TO REPAIR E	$218.20	$185.47
24358			REMOVAL OF TISSUE AND/OR BONE	$274.11	$232.99
24359			REMOVAL OF TISSUE AND/OR BONE	$344.91	$293.17
24360			ARTHROPLASTY ELBOW WITH MEMBRA	$332.00	$289.00
24361			ARTHROPALSTY W/DIST AL HUMERAL	$684.00	$582.00

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DME/P&O				**PURCHASE**	**RENTAL**
24362			ARTHROPLASTY /IMPLANT/FASCIA L	$513.00	$437.00
24363			ARTHROPLASTY W/DISTAL HUMERUS/	$604.00	$513.00
24365			ARTHROPLASTY RADIAL HEAD	$228.00	$194.00
24366			ARTHROPLASTY RADIAL HEAD WITH	$285.00	$243.00
24370			REVISION OF TOTAL ELBOW ARTHRO	$805.57	$684.73
24371			REVISION OF TOTAL ELBOW ARTHRO	$924.57	$785.88
24400			OSTEOTOMY HUMERUS W/WO INTERNA	$242.00	$210.00
24410			MULT OSTEOTOMIES W/REALIGN ON	$211.00	$184.00
24420			OSTEOPLASTY HUMERUS/SHORTENING	$570.00	$485.00
24430			REPAIR NONUNION OR MALUNION HU	$399.00	$340.00
24435			REPAIR HUMERUS W/ILIAC OR OTHE	$500.00	$425.00
24470			HEMIEPIPHYSEAL ARREST	$200.00	$170.00
24495			DECOMPRESSION FASCIOTOMY FOREA	$228.00	$194.00
24498			PROPHYLACTIC TREAT...HUMERUS	$228.00	$194.00
24500			TREAT CLSD HUM SHFT FX W/MANIP	$80.00	$70.00
24505			TREAT CLSD HUMERAL SHAFT FRAC	$121.00	$105.00
24515			OPEN TREAT CLSD/OPEN HUMERAL S	$211.00	$184.00
24516			OPEN TREAT CLSD/OPEN HUMERAL S	$211.00	$184.00

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DME/P&O				**PURCHASE**	**RENTAL**
24530			TRT CLSD SUPRACOND/TRANSCON FX	$92.00	$79.00
24535			TREAT CLSD SUPRECONDYLAR/TRANS	$103.00	$89.00
24538			INSERTION OF HARDWARE TO GROWT	$228.00	$194.00
24545			OPEN TREAT SUPRA/TRANSCONDYLAR	$211.00	$184.00
24546			OPEN TREAT SUPRA/TRANSCONDYLAR	$211.00	$184.00
24560			TREAT CLSD EPICON FX,W/O MANIP	$70.00	$60.00
24565			TREAT CLSD EPICONDYLAR FRAC,ME	$114.00	$97.00
24566			INSERTION OF HARDWARE TO BROKE	$211.00	$184.00
24575			OPEN TREAT CLSD/OPEN EPICONDYL	$211.00	$184.00
24576			TRT CLSD CONDYLAR FX W/O MANIP	$40.00	$35.00
24577			TREAT CLSD CONDYLAR FRAC WITH	$72.00	$63.00
24579			OPEN TREAT CLSD/OPEN CONDYLAR	$211.00	$184.00
24582			INSERTION OF HARDWARE TO BROKE	$211.00	$184.00
24586			OPEN TREATMENT OF BROKEN AND/O	$456.00	$388.00
24587			OPEN TREATMENT OF BROKEN AND/O	$456.00	$388.00
24600			TREAT CLSD/ELBOW DISLOCATION W	$61.00	$53.00
24605			TREAT CLSD ELBOW DISLOCATION R	$90.00	$77.00
24615			OPEN TREATMENT OF CLOSED/OPEN	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
24620			TREAT CLSD MONTEGGIA TYPE FRAC	$121.00	$105.00
24635			OPEN TREAT CLSD/OPEN FRAC DISL	$211.00	$184.00
24650			TRT CLSD HEAD/NECK FX W/O MANI	$61.00	$53.00
24655			TREAT CLSD RADIAL HEAD/NECK FR	$61.00	$53.00
24665			OPEN TREAT CLSD/OPEN RADIAL HE	$151.00	$131.00
24666			OPEN TREAT RADIAL HEAD/NECK FR	$257.00	$219.00
24670			TRT ULNAR FX,PROX END W/0 MANI	$44.00	$41.00
24675			TREAT ULNAR FRAC,PROXIMAL END	$114.00	$97.00
24685			OPEN TREAT ULNAR FRAC,PROXIMAL	$151.00	$131.00
24800			FUSION OF ELBOW JOINT	$400.00	$340.00
24802			FUSION/GRAFT OF ELBOW JOINT	$456.00	$388.00
24900			AMPUTATION OF UPPER ARM W/PRIM	$211.00	$184.00
24920			AMPUTATION AT UPPER ARM BONE,	$160.00	$138.00
24930			REAMPUTATION UPPER ARM	$211.00	$184.00
24931			AMPUTATE UPPER ARM & IMPLANT	$285.00	$243.00
24935			STUMP ELONGATION/REVISION UPPE	$143.00	$122.00
24940			CINEPLASTY UPPER EXTREMITY,COM	$431.00	$367.00
24999			UNLISTED PROCEDURE,HUMERUS OR	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
25000			TENDON SHEATH INCISION: AT RAD	$114.00	$97.00
25001			INCISION FLEXOR TENDON SHEATH	$115.00	$98.00
25020			DECOMPRESSION FASCIOTOMY FLEXO	$200.00	$170.00
25023			DECOMPRESSION FASCIOTOMY FOREA	$200.00	$170.00
25024			DECOMPRESS FASCIOTOMY FOREARM/	$204.00	$174.00
25025			DECOMP FASCIOTOMY FOREARM/WRIS	$329.00	$280.00
25028			INCISION/DRAINAGE:DEEP ABSCESS	$114.00	$97.00
25035			INCISION:DEEP W/OPENING OF COR	$200.00	$170.00
25040			EXPLORE/TREAT WRIST JOINT	$120.00	$104.00
25066			BIOPSY FOREARM SOFT TISSUES: D	$57.00	$49.00
25071			BIOPSY, SOFT TISSUE OF FOREARM	$221.14	$187.96
25073			BIOPSY, SOFT TISSUE OF FOREARM	$278.58	$236.79
25075			EXCISE SUBCUTANEOUS TUMOR	$57.00	$49.00
25076			EXCISE TUMOR,DEEP	$86.00	$74.00
25077			REMOVAL (LESS THAN 3 CENTIMETE	$228.00	$194.00
25078			REMOVAL (3 CENTIMETERS OR GREA	$605.81	$514.93
25085			INCISION OF WRIST CAPSULE	$182.00	$158.00
25100			BIOPSY OF WRIST JOINT	$182.00	$158.00

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DME/P&O				**PURCHASE**	**RENTAL**
25101			EXPLORE/TREAT WRIST JOINT W/WO	$182.00	$158.00
25105			REMOVE WRIST JOINT LINING	$228.00	$194.00
25107			ARTHROTOMY, COMPLEX	$171.00	$146.00
25109			EXCISION OF TENDON, FOREARM AN	$281.49	$239.26
25110			EXCISION,LESION OF TENDON SHEA	$90.00	$79.00
25111			EXCISION GANGLION:WRIST,PRIMAR	$90.00	$79.00
25112			EXCISION, GANGLION: WRIST/REC	$90.00	$79.00
25115			RADICAL EXCISE BURSA,WRIST/FOR	$226.00	$197.00
25116			RADICAL EXCISE BURSA,WRIST/FOR	$257.00	$219.00
25118			SYNOVECTOMY TENDON WRIST,SINGL	$211.00	$184.00
25119			SYNOVECTOMY TENDON,WRIST W/RES	$228.00	$194.00
25120			EXCISION BONE CYST/BENIGN TUMO	$228.00	$194.00
25125			EXCISE BONE CYST OF RADIUS/ULN	$285.00	$243.00
25126			EXCISE BONE CYST OF RADIUS/ULN	$285.00	$243.00
25130			EXCISE BONE CYST/BENIGN TUMOR	$143.00	$122.00
25135			EXCISE BONE CYST OF CARPAL BON	$200.00	$170.00
25136			EXCISE BONE CYST OF CARPAL BON	$200.00	$170.00
25145			SEQUESTRECTOMY: FOREARM BONE A	$90.00	$75.00

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DME/P&O				**PURCHASE**	**RENTAL**
25150			PARTIAL REMOVAL,RADIUS/ULNA W/	$211.00	$184.00
25151			PARTIAL REMOVAL OF RADIUS	$211.00	$184.00
25170			RADICAL RESECTION FOR TUMOR, R	$371.00	$316.00
25210			CARPECTOMY: ONE BONE	$151.00	$131.00
25215			CARPECTOMY: ALL BONES OR PRIXI	$257.00	$219.00
25230			RADIAL STYLOIDECTOMY	$143.00	$122.00
25240			EXCISION DISTAL ULNA	$143.00	$122.00
25246			INJECTION FOR WRIST X-RAY	$18.00	$16.00
25248			REMOVE FOREARM FOREIGN BODY	$102.00	$90.00
25250			REMOVAL OF WRIST PROSTHESIS	$456.00	$388.00
25251			COMPLICATED,"TOTAL WRIST"	$456.00	$388.00
25259			WRIST MANIPULATION UNDER ANEST	$185.00	$158.00
25260			REP,TEND/MUSC:PRIM,SING:EACH T	$121.00	$105.00
25270			REPAIR,EXTENSOR:PRIM,SING, EAC	$90.00	$79.00
25272			REPAIR TENDON/MUSCLE,EXTENSOR:	$143.00	$122.00
25274			REP TEN/MUS,EXT...W/GRAFT,EACH	$171.00	$146.00
25275			REP TENDON SHEATH FOREARM/WRIS	$327.00	$278.00
25280			LENGTHEN/SHORTEN FLEX,SING..EA	$151.00	$131.00

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DME/P&O				**PURCHASE**	**RENTAL**
25290			INCISION OF TENDON OF FOREARM	$86.00	$74.00
25295			TENOLYSIS,FLEX/EXT,SING,EACH T	$113.00	$99.00
25300			TENODESIS AT WRIST:FLEXORS OF	$257.00	$219.00
25301			TENODESIS AT WRIST: EXTENSORS	$228.00	$194.00
25310			TENDON TRANSPLANT...SING:EACH	$228.00	$194.00
25312			TENDON TRANSPLANT,W/GRAFT..EAC	$257.00	$219.00
25315			REVISE PALSY HAND TENDON(S)	$257.00	$219.00
25316			REVISE PALSY HAND TENDON W/TEN	$314.00	$267.00
25320			REPAIR OF WRIST JOINT, OPEN PR	$285.00	$243.00
25332			ARTHROPLASTY WRIST:W/INTERNAL	$570.00	$485.00
25335			CENTRALIZATION-WRIST ON ULNA	$570.00	$485.00
25337			RECONSTR ULNA/JOINT W/WO OPEN	$335.00	$285.00
25350			REVISION OF RADIUS:DISTAL THIR	$206.00	$179.00
25355			REVISION OF RADIUS:MIDDLE OR P	$206.00	$179.00
25360			REVISION OF ULNA	$182.00	$158.00
25365			REVISE RADIUS & ULNA	$342.00	$291.00
25370			REVISION,MULTIPLE,RADIUS OR UL	$211.00	$184.00
25375			REVISION,MULTIPLE,RADIUS AND U	$428.00	$364.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25390			SHORTEN RADIUS/ULNA	$242.00	$210.00
25391			LENGTHENING RADIUS/ULNA W/AUTO	$428.00	$364.00
25392			SHORTEN RADIUS & ULNA	$371.00	$316.00
25393			LENGTHENING RADIUS & ULNA W/AU	$570.00	$485.00
25394			OSTEOPLASTY CARPAL BONE SHORTE	$342.00	$291.00
25400			REPAIR RADIUS OR ULNA	$342.00	$291.00
25405			REPAIR/GRAFT RADIUS OR ULNA	$242.00	$210.00
25415			REPAIR RADIUS & ULNA	$456.00	$388.00
25420			REPAIR/GRAFT RADIUS & ULNA	$513.00	$437.00
25425			REPAIR OF DEFECT W/GRAFT:RADIU	$342.00	$291.00
25426			REPAIR OF DEFECT W/GRAFT:RADIU	$428.00	$364.00
25430			INSERTION OF VASC PED TO CARPA	$303.00	$258.00
25431			REPAIR NONUNION CARPAL BONE EA	$342.00	$291.00
25440			REPAIR/GRAFT WRIST BONE	$342.00	$291.00
25441			RECONSTRUCT WRIST JOINT: DISTA	$171.00	$146.00
25442			RECONSTRUCT WRIST JOINT: DISTA	$171.00	$146.00
25443			RECONSTRUCT WRIST JOINT: SCAPH	$200.00	$170.00
25444			RECONSTRUCT WRIST JOINT: LUNAT	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
25445			RECONSTRUCT WRIST JOINT: TRAPE	$200.00	$170.00
25446			RECONSTRUCT WRIST JOINT: DISTA	$604.00	$513.00
25447			INTERPOS.ARTHROPLASTY,INTER-CA	$220.00	$187.00
25449			REVISE ARTHROPLASTY,REVDVE	$200.00	$170.00
25450			EPIPHYSEAL ARREST: DISTAL RADI	$143.00	$122.00
25455			EPIPHYSEAL ARREST: DISTAL RADI	$200.00	$170.00
25490			PROPHYLACTIC TREATMENT,RADIUS	$200.00	$170.00
25491			PROPHYLACTIC TREATMENT: ULNA	$228.00	$194.00
25492			PROPHYLACTIC TREATMENT:RADIUS	$321.00	$273.00
25500			TREAT FX-RADIUS W/O MANIPULATI	$54.00	$50.00
25505			TREAT FRACTURE OF RADIUS W/MAN	$72.00	$63.00
25515			OPEN TREAT CLSD/OPEN RADIAL SH	$151.00	$131.00
25520			CLOSED TREATMENT OF BROKEN FOR	$144.00	$123.00
25525			OPEN TRAET.RAD.FRACT.W.INT.FIX	$280.00	$238.00
25526			TREAT RAD. FRACT W TRIANG C RE	$428.00	$364.00
25530			TRT CLSD ULNAR FX W/O MANIPULA	$46.00	$39.00
25535			TREAT CLOSED ULNAR SHAFT FRAC	$61.00	$53.00
25545			OPEN TREAT CLSD/OPEN ULNAR FRA	$151.00	$131.00

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DME/P&O				**PURCHASE**	**RENTAL**
25560			TRT CLSD RADULNAR SHAFT FX	$97.00	$82.00
25565			TREAT CLSD RADIAL & ULNAR SHAF	$121.00	$105.00
25574			OPEN TREAT CLSD/OPEN RADIAL &	$211.00	$184.00
25575			OPEN TREAT CLSD/OPEN RADIAL &	$211.00	$184.00
25600			TRT CLSD DIST RAD FX W/O MANIP	$59.00	$50.00
25605			TREAT CLOSED DISTAL RADIAL FRA	$72.00	$63.00
25606			INSERTION OF HARDWARE TO LOWER	$347.27	$295.18
25607			OPEN TREATMENT OF DISTAL RADIA	$384.43	$326.77
25608			OPEN TREATMENT OF DISTAL RADIA	$430.56	$365.97
25609			OPEN TREATMENT OF DISTAL RADIA	$547.43	$465.31
25622			TREAT CLOSED CARPAL SCAPHOID F	$35.00	$30.00
25624			TREAT CLOSED CARPAL SCAPHOID F	$57.00	$49.00
25628			OPEN TREAT CLSD/OPEN CARPAL SC	$182.00	$158.00
25630			TREAT CLSD FX:W/O MANIP,EACH B	$72.00	$63.00
25635			TREAT CLSD FX:W/ MANIP,EACH BO	$72.00	$63.00
25645			OPEN TX,CLSD/OPEN FX...EACH BO	$200.00	$170.00
25650			TRT CLSD ULNAR STYLOID FX	$175.00	$149.00
25651			INSERTION OF HARDWARE BROKEN B	$199.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
25652			OPEN TREATMENT ULNAR STYLOID F	$295.00	$251.00
25660			TREAT CLOSED RADIO/INTERCARPAL	$61.00	$53.00
25670			OPEN TREAT CLSD/OPEN RADIO/INT	$225.00	$191.00
25671			INSERTION OF HARDWARE TO DISLO	$154.00	$131.00
25675			TREAT CLOSED DISTAL RADIOULNAR	$61.00	$53.00
25676			OPEN TREAT CLSD/OPEN DISTAL RA	$182.00	$158.00
25680			TREAT CLSD TRANS/SCAPHOPERILUN	$143.00	$122.00
25685			OPEN TREAT CLSD/OPEN TRANS/SCA	$285.00	$243.00
25690			TREAT LUNATE DISLOCATION W/MAN	$126.00	$108.00
25695			OPEN TREATMENT LUNATE DISLOCAT	$285.00	$243.00
25800			FUSION WRIST JOINT:W/O BONE GR	$272.00	$236.00
25805			FUSION WRIST JOINT:W/SLIDING G	$400.00	$340.00
25810			FUSION WRIST JOINT: W/DISTANT	$400.00	$340.00
25820			INTERCARPAL FUSION:W/OUT BONE	$342.00	$291.00
25825			INTERCARPAL FUSION:W/ BONE GRA	$400.00	$340.00
25830			DIST RADIOULN KT ARTHRO W/WO B	$348.00	$296.00
25900			AMPUTATION,FOREARM THROUGH RAD	$182.00	$158.00
25905			AMPUTATION THROUGH BOTH BONES	$160.00	$138.00

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DME/P&O				**PURCHASE**	**RENTAL**
25907			AMPUTATION,FOREARM,SECONDARY C	$32.00	$27.00
25909			REAMPUTATION FOREARM SURGERY	$182.00	$158.00
25915			AMPUTATION,FOREARM, KRUKENBER	$342.00	$291.00
25920			REMOVAL OF TENDONS, LIGAMENTS,	$228.00	$194.00
25922			REMOVAL OF TENDONS, LIGAMENTS,	$69.00	$59.00
25924			REMOVAL OF TENDONS, LIGAMENTS,	$228.00	$194.00
25927			TRANSMETACARPAL AMPUTATION	$228.00	$194.00
25929			TRANSMETACARPAL AMPUTATION: SE	$69.00	$59.00
25931			TRANSMETACARPAL REAMPUTATION	$228.00	$194.00
25999			UNLISTED PROCEDURE,FOREARM OR	BY REPORT	BY REPORT
26011			DRAIN FINGER ABSCESS: COMPLICA	$42.00	$37.00
26025			DRAINAGE OF PALM BURSA	$145.00	$126.00
26030			DRAINAGE OF PALM BURSA MULTIPL	$217.00	$189.00
26034			TREAT HAND BONE LESION	$103.00	$88.00
26035			DECOMPRESS FINGER/HAND-INJECTI	$285.00	$243.00
26037			DEPRESSION FASCIOTOMY, HAND	$285.00	$243.00
26040			RELEASE OF TISSUES OF PALM, AC	$61.00	$53.00
26045			PARTIAL RELEASE OF TISSUES OF	$182.00	$158.00

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DME/P&O				**PURCHASE**	**RENTAL**
26055			INCISE FINGER TENDON SHEATH	$121.00	$105.00
26070			EXPLORATION, DRAINAGE, OR REMO	$171.00	$146.00
26075			EXPLORATION, DRAINAGE, OR REMO	$171.00	$146.00
26080			EXPLORATION, DRAINAGE, OR REMO	$86.00	$74.00
26100			BIOPSY HAND JOINT LINING	$171.00	$146.00
26105			BIOPSY METACARPOPHALANGEAL JOI	$171.00	$146.00
26110			ARTHROTOMY,INTERPHALANGEAL JNT	$86.00	$74.00
26111			ARTHROTOMY WITH BIOPSY: 1.5 CM	$217.96	$185.26
26113			ARTHROTOMY WITH BIOPSY: 1.5 CM	$286.45	$243.48
26116			EXCISION BENIGN TUMOR,HAND: DE	$70.00	$60.00
26117			REMOVAL (LESS THAN 3 CENTIMETE	$228.00	$194.00
26118			REMOVAL (3 CENTIMETERS OR GREA	$547.95	$465.76
26121			FASCIECTOMY,PALMAR /INCL OBTAI	$285.00	$243.00
26123			FASCIECTOMY,PARTIAL PALMAR EXC	$371.00	$316.00
26125			FASCIECTOMY,RELEASE EA ADDIT D	$218.07	$185.36
26130			REMOVE WRIST JOINT LINING	$171.00	$146.00
26135			SYNOVECTOMY,REL/RECON, EACH DI	$200.00	$170.00
26140			SYNOVECTOMY,..EXT.RECON,EACH J	$171.00	$146.00

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DME/P&O				**PURCHASE**	**RENTAL**
26145			REPAIR OF TENDON, FINGER AND/O	$200.00	$170.00
26170			EXCISE TENDON,PALM...EACH	$103.00	$88.00
26180			EXCISION OF TENDON,FINGER,FLEX	$103.00	$88.00
26185			SESAMOIDECTOMY THUMB OR FINGER	$104.00	$89.00
26200			REMOVE BONE CYST/BENIGN TUMOR	$143.00	$122.00
26205			REMOVE BONE CYST/BENIGN TUMOR	$200.00	$170.00
26210			REMOVE BONE CYST PROXIMAL MIDD	$143.00	$122.00
26215			REMOVE BONE CYST PROXIMAL W/AU	$200.00	$170.00
26230			PARTIAL REMOVAL OF HAND BONE	$143.00	$122.00
26235			PARTIAL REMOVAL PROXIMAL/MIDDL	$143.00	$122.00
26236			PARTIAL REMOVAL DISTAL PHALANX	$143.00	$122.00
26250			RADICAL RESECTION FOR TUMOR, H	$371.00	$315.00
26260			RADICAL RESECT FOR TUMOR,PROX	$257.00	$219.00
26262			RADICAL RESECTION FOR TUMOR,DI	$371.00	$315.00
26320			REMOVAL OF IMPLANT FROM FINGER	$171.00	$146.00
26340			MANIPULATE FINGER JOINT W/ANES	$128.00	$109.00
26341			MANIPULATION OF PALM PRETENDIN	$53.67	$45.62
26341	26		MANIPULATION, PALMAR FASCIAL C	$39.64	$33.69

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DME/P&O				**PURCHASE**	**RENTAL**
26350			REPAIR OF FINGER TENDON	$171.00	$146.00
26352			REPAIR OF FINGER TENDON WITH G	$285.00	$243.00
26356			REPAIR OF FINGER TENDON	$200.00	$170.00
26357			REPAIR OF FINGER TENDON	$200.00	$170.00
26358			REPAIR OF FINGER TENDON WITH G	$228.00	$194.00
26370			PROFUNDUS TENDON REPAIR W/INTA	$171.00	$146.00
26372			PROFUNDUS TENDON REPAIR:SECOND	$200.00	$170.00
26373			PROFUNDUS TENDON REPAIR:SECOND	$171.00	$146.00
26390			FLEXOR TENDON EXCISE,IMPLANT P	$171.00	$146.00
26392			REMOVAL ROD AND INSERTION OF T	$228.00	$194.00
26410			EXT TEND REP,SING:.W/O GRAFT,E	$78.00	$68.00
26412			EXT TEND REP,SING.:W/O GRAFT,E	$171.00	$146.00
26415			EXTENSOR TENDON EXCISION..HAND	$171.00	$146.00
26416			REMOVE TUBE/ROD.....HAND OR FI	$228.00	$194.00
26418			EXT TEND REP..:W/O GRAFT,EACH	$78.00	$68.00
26420			EXT TEND REP...:W/GRAFT,EACH T	$171.00	$146.00
26426			EXTENSOR TENDON,CENTRAL SLIP R	$171.00	$146.00
26428			EXTENSOR TENDON,CENTRAL SLIP R	$228.00	$194.00

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DME/P&O				**PURCHASE**	**RENTAL**
26432			TENDON REPAIR,DISTAL INSERT,CL	$57.00	$49.00
26433			TENDON REPAIR,OPEN,PRIMARY /SE	$69.00	$59.00
26434			TENDON REPAIR,OPEN,PRIMARY/SEC	$86.00	$74.00
26437			REALIGN EXTENSOR TENDON-FOR AR	$228.00	$194.00
26440			TENOLYSIS,SIMP,FLEX TEND..:EAC	$143.00	$121.00
26442			TENOLYSIS,SIMP..:PALM/FING,EAC	$143.00	$121.00
26445			TENOLYSIS,EXT TEND...:EACH TEN	$143.00	$121.00
26449			TENOLYSIS,COMP,EXT TENDON...	$228.00	$194.00
26450			INCISION OF TENDON OF PALM, OP	$86.00	$74.00
26455			INCISION OF TENDON OF FINGER,	$86.00	$74.00
26460			INCISION OF TENDON OF HAND OR	$69.00	$59.00
26471			TENODESIS:FOR PROXIMAL FINGER	$171.00	$146.00
26474			TENODESIS:FOR DISTAL JOINT STA	$143.00	$122.00
26476			TEND LENGTNEN,EXT...SINGLE,EAC	$171.00	$146.00
26477			TEND SHORTEN,EXT...SINGLE,EACH	$171.00	$146.00
26478			LENGTHEN FLEXOR,HAND/FINGER-EA	$171.00	$146.00
26479			SHORTEN FLEXOR,HAND/FINGER-EAC	$171.00	$146.00
26480			TEND TRANSFER/PLANT,SING,W/GFT	$228.00	$194.00

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DME/P&O				**PURCHASE**	**RENTAL**
26483			TEND TRANSFER/PLANT..W/GRFT,EA	$228.00	$194.00
26485			TEND TRANSFER/PLNT,EACH TEND:W	$228.00	$194.00
26489			TENDON TRANSFER/PLANT..:W/GRAF	$228.00	$194.00
26490			REVISE THUMB TENDON	$228.00	$194.00
26492			REVISE THUMB TENDON W/GRAFT	$285.00	$243.00
26494			REVISE THUMB TENDON:HYPOTHENAR	$285.00	$243.00
26496			TRANSPLANT OF TENDON THUMB, PA	$285.00	$243.00
26497			SUBLIMIS TRANSFER TO CORRECT C	$285.00	$243.00
26498			TRANSFER OF TENDON OF HAND, AL	$285.00	$243.00
26499			CORRECTION CLAW FINGER,OTHER M	$285.00	$243.00
26500			HAND TENDON RECONSTRUCTION: W/	$86.00	$74.00
26502			HAND TENDON RECONSTRUCTION: W/	$86.00	$74.00
26508			RELEASE THUMB CONTRACTURE	$183.00	$156.00
26510			CROSS INTRINSIC TRANSFER	$85.00	$74.00
26516			FUSION OF KNUCKLE JOINT	$160.00	$136.00
26517			FUSION KNUCKLE JOINT,TWO DIGIT	$228.00	$194.00
26518			FUSION KNUCKLE JOINT THREE OR	$285.00	$243.00
26520			CAPSULECTOMY/OTOMY....:EACH	$200.00	$170.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26525			REPAIR OF JOINT CAPSULE, HAND	$200.00	$170.00
26530			ARTHROPLASTY,META...:SINGLE,EA	$171.00	$146.00
26531			ARTHROPLASTY,META...:PROSTH...	$200.00	$170.00
26535			ARTHROPLASTY,INTER..:SINGLE,EA	$171.00	$146.00
26536			ARTHROPLASTY...:W/PROSTH,SING,	$200.00	$170.00
26540			REPAIR COLLATERAL LIGAMENT	$200.00	$170.00
26541			RECONSTRUCT/GRAFT HAND JOINT	$257.00	$219.00
26542			PRIM REP COLLATERAL LIGAMENT/L	$200.00	$170.00
26545			RECONSTRUCTION,SING,GRAFT,EACH	$200.00	$170.00
26546			REPAIR NON-UNION METACARPAL/PH	$282.00	$240.00
26548			REPAIR/RECON,FINGER,INTERPHAL.	$200.00	$170.00
26550			CONSTRUCT THUMB REPLACEMENT	$600.00	$510.00
26551			TOE/HAND TRANSFER W/MICROVASC	$1,531.76	$1,301.99
26553			TOE/HAND TRANSF OTHER THAN GRT	$1,421.21	$1,208.02
26554			TOE/HAND TRANSF DBLE OTHER THA	$1,963.32	$1,668.82
26555			POSITIONAL CHANGE OF FINGER	$600.00	$510.00
26556			FREE TOE JOINT TRANSF W/MICROV	$1,464.89	$1,245.15
26560			REPAIR WEB FINGER:WITH SKIN FL	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
26561			REPAIR WEB FINGER:W/SKIN FLAPS	$257.00	$218.00
26562			REPAIR WEB FINGER,COMPLEX,INVO	$302.00	$263.00
26565			CORRECT METACARPAL FLAW	$171.00	$145.00
26567			CORRECT FINGER DEFORMITY	$113.00	$100.00
26568			OSTEOPLASTY,LENGTHEN METACARP/	$257.00	$219.00
26580			REPAIR HAND DEFORMITY	$684.00	$582.00
26590			REPAIR FINGER DEFORMITY:MACROD	$285.00	$243.00
26591			REPAIR, INTRINSIC MUSCLES OF H	$285.00	$243.00
26593			RELEASE, INTRINSIC MUSCLES OF	$285.00	$243.00
26596			EXCISE CONSTRUCTING RING, Z-PL	$228.00	$194.00
26605			TREAT CLSD FX...:W/MANIP,EACH	$60.00	$52.00
26607			TREAT CLSD FX..:W/MANIP&FIX,EA	$180.00	$156.00
26608			INSERTION OF HARDWARE TO BROKE	$192.00	$163.00
26615			OPEN TX,CLSD/OPEN FX....EACH B	$90.00	$79.00
26645			TREAT CLSD THUMB FRAC DISLOCAT	$86.00	$73.00
26650			INSERTION OF HARDWARE TO BROKE	$143.00	$122.00
26665			OPEN TREAT CLSD/OPEN THUMB FRA	$228.00	$194.00
26675			TREAT HAND DISLOCATION W/ANEST	$65.00	$55.00

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DME/P&O				**PURCHASE**	**RENTAL**
26676			INSERTION OF HARDWARE TO DISLO	$100.00	$85.00
26685			OPEN TREAT CLSD/OPEN HAND DISL	$121.00	$105.00
26686			OPEN TREAT OPEN/CLSD HAND DISL	$171.00	$146.00
26705			TREAT KNUCKLE DISLOCATION W/AN	$65.00	$55.00
26706			INSERTION OF HARDWARE TO DISLO	$100.00	$85.00
26715			OPEN TREAT CLSD/OPEN KNUCKLE D	$121.00	$105.00
26720			TREAT CLSD FX:W/O MANIP, EACH	$22.00	$19.00
26725			TREAT CLSD FX:W/ MANIP, EACH	$48.00	$42.00
26727			INSERTION OF HARDWARE TO BROKE	$96.00	$82.00
26735			OPEN TREAT....W/W/O FIX,EACH	$90.00	$79.00
26740			TREAT CLSD ART FX...W/O MANIP,	$29.00	$25.00
26742			TREAT CLSD ART FX....W/ MANIP,	$57.00	$49.00
26746			OPEN TX,CLSD/OPEN FX...EACH	$114.00	$97.00
26750			TREAT CLSD FX...W/O MANIP, EAC	$29.00	$25.00
26755			TREAT CLSD FX...W/ MANIP, EACH	$57.00	$49.00
26756			INSERTION OF HARDWARE TO BROKE	$100.00	$85.00
26765			OPEN TX,CLSD/OPEN FX..:EACH	$72.00	$63.00
26775			CLOSED RX INTERPHAL JT DISLOC	$55.00	$47.00

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DME/P&O				**PURCHASE**	**RENTAL**
26776			INSERTION OF HARDWARE TO DISLO	$100.00	$85.00
26785			OPEN TRMT OF CLOS OR OPEN INTE	$61.00	$53.00
26820			THUMB FUSION WITH GRAFT	$228.00	$194.00
26841			ARTHRODESIS, THUMB W/ OR W/O I	$151.00	$131.00
26842			ARTHRODESIS OF THUMB W/ GRAFT	$228.00	$194.00
26843			ARTHRODESIS DIGITS OTHER THAN	$200.00	$170.00
26844			ARTHRODESIS OF DIGITS W/ GRAFT	$228.00	$194.00
26850			ARTHRODESIS KNUCKLE W/ OR W/O	$171.00	$146.00
26852			ARTHRODESIS KNUCKLE W/ GRAFT	$217.00	$185.00
26860			ARTHRODESIS FINGER JOINT W/ OR	$151.00	$131.00
26861			ARTHRODESIS...EACH ADD JOINT	$57.00	$44.00
26862			FUSION/GRAFT OF FINGER JOINT	$171.00	$146.00
26863			ARTHRODESIS:W/ GRAFT,EACH ADD	$86.00	$74.00
26910			AMPUTATION OF HAND BONE, FINGE	$121.00	$105.00
26989			UNLISTED PROCEDURE, HANDS OR F	BY REPORT	BY REPORT
26990			DRAINAGE OF PELVIS LESION	$114.00	$97.00
26992			DRAINAGE OF BONE LESION	$114.00	$97.00
27000			INCISION OF HIP TENDON, ACCESS	$121.00	$105.00

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DME/P&O				**PURCHASE**	**RENTAL**
27001			INCISION OF HIP TENDON, OPEN P	$121.00	$105.00
27001	50		TENOTOMY,SUBCUTANEOUS OPEN,BIL	$182.00	$158.00
27003			INCISION OF HIP TENDON WITH RE	$182.00	$158.00
27003	50		OPEN BILATERAL TENOTOMY W/NEUR	$273.00	$237.00
27005			INCISION OF HIP TENDONS, OPEN	$171.00	$145.00
27006			INCISION OF HIP TENDONS, OPEN	$171.00	$145.00
27025			OBER-YOUNT FASCIOTOMY, UNILATE	$228.00	$198.00
27025	50		OBER-YOUNT FASCIOTOMY,BILATERA	$328.00	$285.00
27027			INCISION OF TISSUE OF MUSCLE C	$460.29	$391.25
27027	50		DECOMPRESSION FASCIOTOMY(IES)	$690.44	$586.87
27030			ARTHROTOMY OF HIP FOR DRAINAGE	$242.00	$210.00
27033			HIP ARTHROTOMY FOR EXPLORATION	$242.00	$210.00
27035			DENERVATION OF HIP JOINT	$399.00	$340.00
27036			CAPSULECTOMY OF HIP W/WO EXCIS	$343.00	$291.00
27043			BIOPSY, SOFT TISSUE OF PELVIS	$243.67	$207.12
27045			BIOPSY, SOFT TISSUE OF PELVIS	$384.84	$327.11
27047			EXCISION,TUMOR,PELVIS/HIP SUBC	$52.00	$44.00
27048			DEEP TUMOR EXCISION,HIP-PELVIS	$86.00	$74.00

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DME/P&O				**PURCHASE**	**RENTAL**
27049			REMOVAL OF (LESS THAN 5 CENTIM	$228.00	$194.00
27050			BIOPSY OF SACROILLIAC JOINT	$143.00	$122.00
27052			BIOPSY OF HIP JOINT	$399.00	$340.00
27054			ARTHROTOMY FOR SYNOVECTOMY, HI	$455.00	$387.00
27057			INCISION OF TISSUE ON ONE SIDE	$525.71	$446.85
27057	50		DECOMPRESSION FASCIOTOMY(IES)	$788.56	$670.27
27059			REMOVAL (5 CENTIMETERS OR GREA	$943.60	$802.06
27060			REMOVAL OF ISCHIAL BURSA	$171.00	$146.00
27062			EXCISION TROCHANTERIC BURSA	$121.00	$105.00
27065			EXC BONE CYST OR TUMOR, SUPERF	$211.00	$184.00
27066			DEEP W/ OR W/O BONE GRAFT	$211.00	$184.00
27067			EXCISION BONE CYST WITH AUTOGR	$285.00	$243.00
27070			PARTIAL REMOVAL OF HIP BONE	$114.00	$97.00
27071			PARTIAL EXCISION SUPERFICIAL D	$114.00	$97.00
27075			RADICAL RESECTION FOR TUMOR-WI	$342.00	$291.00
27076			RADICAL RESECTION FOR TUMOR-IL	$342.00	$291.00
27077			INNOMINATE BONE-TOTAL	$342.00	$291.00
27078			ISCHIAL TUBEROSITY & TROCANER	$342.00	$291.00

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DME/P&O				**PURCHASE**	**RENTAL**
27080			COCCYGECTOMY	$121.00	$105.00
27090			REMOVAL OF HIP PROSTHESIS	$342.00	$291.00
27091			COMPLICATED REMOVAL HIP PROSTH	$798.00	$679.00
27096			INJ PROC SACROIL JT/ARTHROG/AN	$42.00	$35.00
27097			HAMSTRING RECESSION, PROXIMAL	$171.00	$146.00
27098			ADDUCTOR TRANSFER TO ISCHIUM	$171.00	$146.00
27100			TRAN EXTERNAL OBLIQUE MUSCLE T	$354.00	$301.00
27105			TRANSFER PARASPINAL MUSCLE TO	$377.00	$321.00
27110			TRANSFER ILIOPSOAS MUSCLE TO G	$428.00	$364.00
27111			TRANSFER ILIOPSOAS TO FEMORAL	$354.00	$301.00
27120			ACETABULOPLASTY	$570.00	$485.00
27122			RESECTION FEMORAL HEAD	$570.00	$485.00
27125			PARTIAL HIP REPLACEMENT,PROSTH	$483.00	$420.00
27130			ARTHROPLASTY(TOTAL HIP REPLACE	$845.00	$735.00
27132			CONVERT PREV.HIP SURG TO TOT.H	$884.00	$752.00
27134			REVISE TOT.HIP ARTHROPLASTY:BO	$845.00	$735.00
27137			REVISE HIP ARTHROPLASTY:ACETAB	$743.00	$632.00
27138			REVISE HIP ARTHROPLASTY:FEMORA	$743.00	$632.00

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DME/P&O				**PURCHASE**	**RENTAL**
27140			OSTEOTOMY & TRANSFER OF GREATE	$285.00	$243.00
27146			OSTEOTOMY, ILIAC	$570.00	$485.00
27147			INCISION OF PELVIC BONE WITH R	$570.00	$485.00
27151			WITH FEMORAL OSTEOTOMY	$570.00	$485.00
27156			INCISION OF PELVIC AND THIGH B	$627.00	$573.00
27158			OSTEOTOMY, PELVIS, BILATERAL	$570.00	$485.00
27161			INCISION OF NECK OF FEMUR	$570.00	$485.00
27165			INCISION/FIXATION OF FEMUR	$483.00	$420.00
27170			BONE GRAFT FOR NONUNION, FEMOR	$570.00	$485.00
27175			TREAT SLIPPED EPIPHYSIS	$151.00	$131.00
27176			BY SINGLE OR MULTIPLE PINNING,	$456.00	$388.00
27177			REPAIR SLIPPED EPIPHYSIS	$362.00	$315.00
27178			OSTEOTOMY & INTERNAL FIXATION	$362.00	$315.00
27179			OSTEOPLASTY OF FEMORAL NECK	$453.00	$385.00
27181			REPAIR SLIPPED EPIPHYSIS	$453.00	$385.00
27185			EPIPHYSEAL ARREST, GREATER TRO	$249.00	$212.00
27187			PROPHYLACTIC TREAT,FEM.NECK&PR	$362.00	$315.00
27197			CLOSED TREATMENT OF FRACTURE A	$65.09	$55.33

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DME/P&O				**PURCHASE**	**RENTAL**
27198			CLOSED TREATMENT OF FRACTURE A	$156.13	$132.71
27200			TRMT OF CLOSED COCCYGEAL FX	$36.00	$30.00
27202			OPEN TRMT OF CLOSED OR OPEN CO	$114.00	$97.00
27215			OPEN TRMT OF ILIAC SPINE(S)	$428.00	$364.00
27216			INSERTION OF HARDWARE TO BROKE	$81.00	$58.00
27217			OPEN TRMT ANTERIOR RING FRACTU	$428.00	$364.00
27218			OPEN TRMT OF POSTERIOR RING FR	$428.00	$364.00
27222			CLOSED RX OF ACETABULUM W/MANI	$314.00	$267.00
27226			OPEN TRMT POST OR ANT ACETABUL	$302.00	$263.00
27227			OPEN TRMT ACETABULAR FRACTURE(	$570.00	$485.00
27228			OPEN TRMT ACET. FRACT (2) COLU	$570.00	$485.00
27230			TREAT PROXIMAL,NECK,FEMORAL FR	$200.00	$170.00
27232			CLOSED RX FEMORAL FX W/MANIPUL	$246.00	$216.00
27235			INSERTION OF HARDWARE TO BROKE	$456.00	$388.00
27236			OPEN TRMT OF FEMORAL FX W/ INT	$456.00	$388.00
27238			TREAT INTE /PER CHANTERIC FRAC	$171.00	$146.00
27240			CLOSED RX INTERTROCHANTERIC W/	$257.00	$218.00
27244			OPEN TRMT OF CLOSED OR OPEN IN	$456.00	$388.00

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DME/P&O				**PURCHASE**	**RENTAL**
27245			OPEN TRMT OF INTER/PERTR.	$456.00	$388.00
27246			TRMT OF CLOSED GREATER TROCHAN	$114.00	$97.00
27248			OPEN TRMT OF CLSD OR OPEN GREA	$171.00	$146.00
27250			TREAT HIP DISLOCATION	$121.00	$105.00
27252			TREAT HIP DISLOCATION W/ANESTH	$150.00	$128.00
27253			OPEN TRMT OF CLOSED OR OPEN HI	$332.00	$289.00
27254			TRMT OF SAME W/ ACETABULAR LIP	$485.00	$412.00
27256			TRMT OF CONGENITAL HIP DISLOCA	$55.00	$47.00
27257			WITH MANIPULATION REQUIRING AN	$109.00	$95.00
27258			OPEN TRMT CONGEN HIP DISL-REPL	$332.00	$289.00
27259			W/ FEMORAL SHAFT SHORTENING	$570.00	$485.00
27265			TX ATRAUMATIC HIP DISLOCATION	$121.00	$105.00
27266			TX ATRAUMATIC HIP DISLOC:W ANE	$150.00	$128.00
27267			CLOSED TREATMENT OF FEMORAL FR	$226.63	$192.63
27268			CLOSED TREATMENT OF FEMORAL FR	$281.16	$238.98
27269			OPEN TREATMENT OF FEMORAL FRAC	$645.27	$548.48
27275			MANIPULATION,HIP JOINT REQ.GEN	$69.00	$60.00
27279			FUSION SACROILIAC JOINT THROUG	$361.01	$306.85

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27280			FUSION OF SACROILIAC JOINT OBT	$342.00	$291.00
27282			FUSION OF PUBIC BONES	$570.00	$485.00
27284			FUSION OF HIP JOINT	$570.00	$485.00
27286			ARTHRODESIS W/SUBTROCH OSTEOTO	$627.00	$533.00
27290			AMPUTATION OF LEG AT HIP	$604.00	$525.00
27295			DISARTICULATION OF HIP	$483.00	$420.00
27299			UNLISTED PROCEDURE PELVIS/HIP	BY REPORT	BY REPORT
27301			I&D OF DEEP ABCESS, INFECTED B	$90.00	$77.00
27303			INCISION, DEEP W/ OPENING OF B	$114.00	$97.00
27305			REMOVAL OF TISSUE AT THIGH OR	$171.00	$146.00
27306			INCISION OF TENDON OF THIGH OR	$86.00	$74.00
27307			INCISION OF MULTIPLE TENDONS O	$171.00	$146.00
27310			EXPLORATION, DRAINAGE, OR REMO	$285.00	$243.00
27325			NEURECTOMY, HAMSTRING MUSCLE	$291.08	$247.41
27326			NEURECTOMY, POPLITEAL (GASTROC	$268.92	$228.58
27329			REMOVAL (LESS THAN 5 CENTIMETE	$228.00	$194.00
27330			ARTHROTOMY,KNEE:SYNOVIAL BIOPS	$285.00	$243.00
27331			EXPLORATION, BIOPSY, OR REMOVA	$285.00	$243.00

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DME/P&O				**PURCHASE**	**RENTAL**
27332			REMOVAL OF KNEE CARTILAGE	$284.00	$243.00
27333			REMOVAL OF KNEE CARTILAGE	$456.00	$388.00
27334			REMOVE KNEE JOINT LINING	$332.00	$289.00
27335			REMOVE KNEE JOINT LINING	$332.00	$289.00
27337			ARTHROTOMY, WITH SYNOVECTOMY,	$217.65	$185.00
27339			ARTHROTOMY, WITH SYNOVECTOMY,	$391.28	$332.58
27340			REMOVAL OF KNEECAP BURSA	$90.00	$79.00
27345			REMOVAL OF CYST OF MEMBRANE CO	$182.00	$158.00
27347			EXCISION LESION MENISCUS/CAPSU	$214.00	$182.00
27350			PATELLECTOMY/OR HEMIPATELLECTO	$211.00	$184.00
27355			REMOVE FEMUR LESION	$228.00	$194.00
27356			REMOVE FEMUR LESION/GRAFT	$342.00	$291.00
27357			REMOVE FEMUR LESION/GRAFT	$342.00	$291.00
27358			REMOVE FEMUR LESION/FIXATION	$259.59	$220.65
27360			PARTIAL REMOVAL LEG BONE(S)	$211.00	$184.00
27364			REMOVAL (5 CENTIMETERS OR GREA	$811.41	$689.70
27365			EXTENSIVE LEG SURGERY	$570.00	$485.00
27380			REPAIR OF KNEECAP TENDON	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
27381			REPAIR/GRAFT KNEECAP TENDON	$350.00	$303.00
27385			REPAIR OF THIGH MUSCLE	$242.00	$210.00
27386			REPAIR/GRAFT OF THIGH MUSCLE	$350.00	$303.00
27390			REPAIR OF HAMSTRING TENDON, OP	$151.00	$131.00
27391			REPAIR OF MULTIPLE HAMSTRING T	$201.00	$175.00
27392			REPAIR OF MULTIPLE HAMSTRING T	$302.00	$262.00
27393			LENGTHENING OF THIGH TENDON	$151.00	$131.00
27394			LENGTHENING OF THIGH TENDONS	$201.00	$175.00
27395			LENGTHENING OF THIGH TENDONS	$227.00	$197.00
27396			TRANSPLANT OF THIGH TENDON	$371.00	$316.00
27397			TRANSPLANTS OF THIGH TENDONS	$411.00	$350.00
27400			TRANSFER OF TENDON OR MUSCLE I	$371.00	$316.00
27403			ARTHROTOMY WITH OPEN MENISCUS	$250.00	$213.00
27405			REPAIR OF KNEE LIGAMENT	$277.00	$240.00
27407			REPAIR OF KNEE LIGAMENT	$277.00	$240.00
27409			REPAIR OF KNEE LIGAMENTS	$378.00	$329.00
27412			AUTOLOGOUS CHONDROCYTE IMPLANT	$850.14	$722.62
27415			IMPLANTATION OF DONOR CARTILAG	$703.34	$597.83

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DME/P&O				**PURCHASE**	**RENTAL**
27416			IMPLANTATION OF PATIENT'S KNEE	$506.08	$430.16
27418			PLASTY FOR CHONDROMALACIA PAAT	$570.00	$485.00
27420			REVISION OF UNSTABLE KNEECAP	$302.00	$263.00
27422			REVISION OF UNSTABLE KNEECAP	$302.00	$263.00
27424			REVISION/REMOVAL OF KNEECAP	$302.00	$263.00
27425			RELEASE OF LIGAMENTS OF KNEE J	$251.00	$213.00
27427			RECONSTRUCT(AUGMENT)KNEE:ESTRA	$360.00	$306.00
27428			RECONSTRUCTION OF KNEE JOINT L	$325.00	$276.00
27429			RECONSTRUCTION OF KNEE JOINT L	$425.00	$361.00
27430			REVISION OF THIGH MUSCLES	$342.00	$291.00
27435			INCISION OF KNEE JOINT	$211.00	$184.00
27437			ARTHROPLASTY,PATELLA:WOUT PROS	$428.00	$364.00
27438			REVISE KNEE CAP WITH IMPLANT	$485.00	$413.00
27440			REVISION OF KNEE JOINT	$485.00	$413.00
27441			REVISION OF KNEE JOINT	$485.00	$413.00
27442			REVISION OF KNEE JOINT	$485.00	$413.00
27443			REVISION OF KNEE JOINT	$485.00	$413.00
27445			REVISE KNEE JOINT, IMPLANT	$604.00	$525.00

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DME/P&O				**PURCHASE**	**RENTAL**
27446			TOTAL KNEE REPLACEMENT	$485.00	$413.00
27447			TOTAL KNEE REPLACEMENT	$604.00	$525.00
27448			INCISION OF FEMUR, UNILATERAL	$393.00	$341.00
27448	50		INCISION OF FEMUR, BILATERAL	$590.00	$501.00
27450			INCISION OF FEMUR	$590.00	$501.00
27450	50		INCISION OF FEMUR WITH FIXATIO	$885.00	$752.00
27454			REALIGNMENT OF FEMUR	$378.00	$329.00
27455			REALIGNMENT OF KNEE, UNILATERA	$272.00	$236.00
27455	50		REALIGNMENT OF KNEE, BILATERAL	$408.00	$347.00
27457			REALIGNMENT OF KNEE	$272.00	$236.00
27457	50		REALIGNMENT OF KNEE	$408.00	$347.00
27465			SHORTENING OF FEMUR	$332.00	$289.00
27466			LENGTHENING OF FEMUR	$332.00	$289.00
27468			REVISION OF FEMURS	$604.00	$525.00
27470			REPAIR OF FEMUR	$485.00	$413.00
27472			REPAIR / GRAFT OF FEMUR	$332.00	$289.00
27475			REPAIR OF FEMUR EPIPHYSIS	$242.00	$210.00
27477			REPAIR LOWER LEG EPIPHYSES	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
27479			REPAIR OF LEG EPIPHYSES	$302.00	$263.00
27485			REPAIR OF LEG EPIPHYSIS	$197.00	$172.00
27486			REVISE KNEE/ARTHROPLASTY-1 COM	$725.00	$616.00
27487			REVISE KNEE ARTHROPLASTY-ALL C	$750.00	$638.00
27488			REMOVAL OF KNEE PROSTHESIS	$660.00	$561.00
27495			PROPHYLACTIC TREAT.FEMUR	$456.00	$388.00
27496			DECOMP.FASCIOTOMY,THIGH/KNEE 1	$120.00	$102.00
27497			DECOMP.FASCIAL,W.DEBRID.MUSC.N	$211.00	$179.00
27498			DECOMP.FASCIO,THIGH/KNEE	$241.00	$205.00
27499			DECOMP.FASCIO,THIGH/KNEE W. DE	$330.00	$280.00
27500			TREATMENT OF FEMUR FRACTURE	$182.00	$158.00
27501			CLOSED TRMT OF FEMOR FRACTURE	$182.00	$158.00
27502			TREATMENT OF FEMUR FRACTURE	$182.00	$158.00
27503			CLOSED TRMT OF FEMOR FRACTURE	$182.00	$158.00
27506			REPAIR OF FEMUR FRACTURE	$272.00	$236.00
27507			OPEN TRMT OF FEMOR FRACTURE	$272.00	$236.00
27508			TREATMENT OF FEMUR FRACTURE	$70.00	$62.00
27509			INSERTION OF HARDWARE TO STABI	$70.00	$62.00

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DME/P&O				**PURCHASE**	**RENTAL**
27510			TREATMENT OF FEMUR FRACTURE	$121.00	$105.00
27511			OPEN TRMT OF FEMOR FRACTURE	$272.00	$236.00
27513			OPEN TRMT OF FEMOR FRACTURE	$272.00	$236.00
27514			REPAIR OF FEMUR FRACTURE	$342.00	$291.00
27516			TREATMENT OF FEMUR EPIPHYSIS	$171.00	$146.00
27517			TREATMENT OF FEMUR EPIPHYSIS	$171.00	$146.00
27519			REPAIR OF FEMUR EPIPHYSIS	$342.00	$291.00
27520			TREAT KNEECAP FRACTURE	$62.00	$57.00
27524			REPAIR OF KNEECAP FRACTURE	$211.00	$184.00
27530			CLOSED TREATMENT OF TIBIAL FRA	$74.00	$65.00
27532			CLOSED TREATMENT OF TIBIAL FRA	$121.00	$105.00
27535			OPEN TRMT OF TIBIAL FRACTURE	$242.00	$210.00
27536			OPEN TREATMENT TIBIAL FRACTURE	$242.00	$210.00
27538			TRMT OF CLOSED INTERCONDLAR SP	$114.00	$97.00
27540			REPAIR OF KNEE FRACTURE	$314.00	$267.00
27550			TREAT KNEE DISLOCATION	$90.00	$79.00
27552			TREAT KNEE DISLOCATION	$90.00	$79.00
27556			REPAIR OF KNEE DISLOCATION	$342.00	$291.00

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DME/P&O				**PURCHASE**	**RENTAL**
27557			REPAIR OF KNEE DISLOCATION	$371.00	$316.00
27558			OPEN TRMT OF KNEE DISOCATION	$371.00	$316.00
27560			TREAT KNEECAP DISLOCATION	$72.00	$63.00
27562			TREAT KNEECAP DISLOCATION	$72.00	$63.00
27566			REPAIR KNEECAP DISLOCATION	$211.00	$184.00
27570			FIXATION OF KNEE JOINT	$61.00	$53.00
27580			FUSION OF KNEE	$393.00	$341.00
27590			AMPUTATE LEG AT THIGH	$272.00	$236.00
27591			AMPUTATE LEG AT THIGH	$294.00	$250.00
27592			AMPUTATION OF THIGH THROUGH TH	$182.00	$158.00
27596			AMPUTATION FOLLOW-UP SURGERY	$272.00	$236.00
27598			AMPUTATE LOWER LEG AT KNEE	$182.00	$158.00
27599			UNLISTED PROCEDURE,FEMUR/KNEE	BY REPORT	BY REPORT
27600			DECOMPRESSION OF LOWER LEG	$127.00	$108.00
27601			FASCIOTOMY,LEG-POSTERIOR COMP.	$127.00	$108.00
27602			DECOMPRESSION OF LOWER LEG	$147.00	$125.00
27603			DRAIN LOWER LEG LESION	$114.00	$97.00
27606			INCISION OF ACHILLES TENDON, A	$63.00	$54.00

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DME/P&O				**PURCHASE**	**RENTAL**
27607			TREAT LOWER LEG BONE LESION	$228.00	$194.00
27610			EXPLORATION, DRAINAGE, OR REMO	$182.00	$158.00
27612			EXPLORATION OF ANKLE JOINT	$182.00	$158.00
27615			REMOVAL (LESS THAN 5 CENTIMETE	$228.00	$194.00
27616			REMOVAL (5 CENTIMETERS OR GREA	$659.18	$560.30
27619			REMOVE LOWER LEG LESION DEEP	$57.00	$49.00
27620			BIOPSY OF ANKLE JOINT	$182.00	$158.00
27625			REMOVE ANKLE JOINT LINING	$211.00	$184.00
27626			REMOVE ANKLE JOINT LINING	$228.00	$194.00
27630			REMOVAL OF TENDON LESION	$90.00	$79.00
27632			REMOVAL (3 CENTIMETERS OR GREA	$215.28	$182.98
27634			EXCISION OF LESION OF TENDON S	$352.75	$299.83
27635			REMOVE LOWER LEG BONE LESION	$228.00	$194.00
27637			REMOVE/GRAFT LEG BONE LESION	$285.00	$243.00
27638			REMOVE/GRAFT LEG BONE LESION	$285.00	$243.00
27640			PARTIAL REMOVAL OF TIBIA	$211.00	$184.00
27641			PARTIAL REMOVAL OF FIBULA	$211.00	$184.00
27645			EXTENSIVE LOWER LEG SURGERY	$342.00	$291.00

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DME/P&O				**PURCHASE**	**RENTAL**
27646			EXTENSIVE LOWER LEG SURGERY	$342.00	$291.00
27647			EXTENSIVE ANKLE/HEEL SURGERY	$371.00	$316.00
27648			INJECTION FOR ANKLE X-RAY	$18.00	$16.00
27650			REPAIR OF RUPTURED ACHILLES TE	$227.00	$197.00
27652			REPAIR OF RUPTURED ACHILLES TE	$314.00	$267.00
27654			REPAIR OF ACHILLES TENDON	$314.00	$267.00
27656			REPAIR FASCIAL DEFECT OF LEG	$911.18	$774.50
27658			REP/SUT LEG TENDON, W/O GRAFT,	$121.00	$105.00
27659			REP/SUT TEND,LEG...W/W/O GRAFT	$121.00	$105.00
27664			REP/SUT EXT TEND:PRIM,W/O GRAF	$90.00	$79.00
27665			REP/SUT TEND.:SECON.W/WO GRAFT	$90.00	$79.00
27675			REPAIR LOWER LEG TENDONS	$171.00	$146.00
27676			REPAIR LOWER LEG TENDONS	$200.00	$170.00
27680			RELEASE OF LOWER LEG TENDON	$143.00	$122.00
27681			TENOLYSIS....MULTIPLE,EACH	$171.00	$146.00
27685			REVISION OF LOWER LEG TENDON	$151.00	$131.00
27686			LENGTHEN/SHORTEN TEND:MULTIPLE	$202.00	$175.00
27687			REVISION OF CALF TENDON	$171.00	$146.00

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DME/P&O				**PURCHASE**	**RENTAL**
27690			REVISE LOWER LEG TENDON	$182.00	$158.00
27691			REVISE LOWER LEG TENDON	$342.00	$291.00
27692			TRANSFER/PLANT TENDON,EACH ADD	$29.00	$25.00
27695			REPAIR OF ANKLE LIGAMENT	$302.00	$263.00
27696			REPAIR OF ANKLE LIGAMENTS	$342.00	$291.00
27698			REPAIR OF ANKLE LIGAMENT	$227.00	$197.00
27700			REVISION OF ANKLE JOINT	$249.00	$216.00
27702			RECONSTRUCT ANKLE JOINT	$604.00	$513.00
27703			ARTHROPLASTY,SRCONDARY RECON,T	$604.00	$513.00
27704			REMOVAL OF ANKLE IMPLANT	$468.43	$398.17
27705			INCISION OF TIBIA	$272.00	$236.00
27707			INCISION OF FIBULA	$113.00	$100.00
27709			INCISION OF TIBIA & FIBULA	$350.00	$298.00
27712			REALIGNMENT OF LOWER LEG	$288.00	$251.00
27715			REVISION OF LOWER LEG	$570.00	$485.00
27720			REPAIR OF TIBIA	$399.00	$340.00
27722			REPAIR/GRAFT OF TIBIA	$428.00	$364.00
27724			REPAIR/GRAFT OF TIBIA	$570.00	$485.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27725			REPAIR OF LOWER LEG	$570.00	$485.00
27726			REPAIR OF FIBULA NONUNION AND/	$528.20	$448.97
27727			REPAIR OF LOWER LEG	$570.00	$485.00
27730			SCRAPING OR STAPLING OF SHIN B	$257.00	$219.00
27732			SCRAPING OR STAPLING OF LEG BO	$143.00	$122.00
27734			SCRAPING OR STAPLING OF GROWTH	$314.00	$267.00
27740			EPIPHYSEAL ARREST..:PROX/DISTA	$302.00	$263.00
27742			REPAIR OF LEG EPIPHYSES	$439.00	$382.00
27745			PROPHYLACTIC TREATMENT (NAILIN	$200.00	$170.00
27750			TREATMENT OF TIBIA FRACTURE	$114.00	$97.00
27752			TREATMENT OF TIBIA FRACTURE	$121.00	$105.00
27756			INSERTION OF FIXATION TO BROKE	$211.00	$184.00
27758			REPAIR OF TIBIA FRACTURE	$314.00	$267.00
27759			OPEN TRMT OF TIBIA FRACTURE	$314.00	$267.00
27760			TREATMENT OF ANKLE FRACTURE	$79.00	$68.00
27762			TREATMENT OF ANKLE FRACTURE	$79.00	$68.00
27766			REPAIR OF ANKLE FRACTURE	$151.00	$131.00
27767			CLOSED TREATMENT OF POSTERIOR	$149.43	$127.02

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DME/P&O				**PURCHASE**	**RENTAL**
27768			CLOSED TREATMENT OF POSTERIOR	$231.63	$196.89
27769			OPEN TREATMENT OF POSTERIOR MA	$380.58	$323.49
27780			TREATMENT OF FIBULA FRACTURE	$45.00	$39.00
27781			TREATMENT OF FIBULA FRACTURE	$45.00	$39.00
27784			REPAIR OF FIBULA FRACTURE	$121.00	$105.00
27786			TREATMENT OF ANKLE FRACTURES	$72.00	$63.00
27788			TREATMENT OF ANKLE FRACTURE	$79.00	$68.00
27792			REPAIR OF ANKLE FRACTURE	$151.00	$131.00
27808			TREATMENT OF ANKLE FRACTURE	$100.00	$85.00
27810			TREATMENT OF ANKLE FRACTURE	$121.00	$105.00
27814			REPAIR OF ANKLE FRACTURE	$211.00	$184.00
27816			TREATMENT OF ANKLE FRACTURE	$100.00	$85.00
27818			TREATMENT OF ANKLE FRACTURE	$121.00	$105.00
27822			REPAIR OF ANKLE FRACTURE	$242.00	$210.00
27823			REPAIR OF ANKLE FRACTURE	$242.00	$210.00
27824			CLOSED TRMT OF FRACTURE	$100.00	$85.00
27825			CLOSED TRMT OF FRACTURE	$121.00	$105.00
27826			OPEN TREATMENT OF FRACTURE OF	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
27827			OPEN TREATMENT OF FRACTURE OF	$242.00	$210.00
27828			OPEN TREATMENT OF FRACTURE OF	$242.00	$210.00
27829			OPEN TRMT DISTAL TIBIOFIBULAR	$305.00	$263.00
27830			TREAT LOWER LEG DISLOCATION	$60.00	$51.00
27831			TREAT LOWER LEG DISLOCATION	$80.00	$68.00
27832			REPAIR LOWER LEG DISLOCATION	$164.00	$142.00
27840			TREAT ANKLE DISLOCATION	$61.00	$53.00
27842			TREAT ANKLE DISLOCATION	$61.00	$53.00
27846			REPAIR ANKLE DISLOCATION	$305.00	$263.00
27848			REPAIR ANKLE DISLOCATION	$275.00	$233.00
27860			FIXATION OF ANKLE JOINT	$61.00	$53.00
27870			FUSION OF ANKLE JOINT, OPEN PR	$302.00	$263.00
27871			FUSION OF TIBIOFIBULAR JOINT	$302.00	$263.00
27880			AMPUTATION OF LOWER LEG	$242.00	$210.00
27881			AMPUTATION OF LOWER LEG	$266.00	$226.00
27882			AMPUTATION OF LEG, OPEN PROCED	$155.00	$137.00
27886			AMPUTATION FOLLOW-UP SURGERY	$242.00	$210.00
27888			AMPUTATION OF FOOT AT ANKLE	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
27889			AMPUTATION OF FOOT AT ANKLE	$242.00	$210.00
27892			DECOMPRESSION FASCIOTOMY, LEG	$127.00	$108.00
27893			FASCIOTOMY, LEG-POSTERIOR COMP	$127.00	$108.00
27894			DECOMPRESSION FASCIOTOMY, LEG	$147.00	$125.00
27899			UNLISTED PROCEDURE, LEG/ANKLE	BY REPORT	BY REPORT
28003			TREATMENT OF FOOT INFECTION	$100.00	$85.00
28005			TREAT FOOT BONE LESION	$150.00	$128.00
28008			INCISION OF FOOT FASCIA	$61.00	$53.00
28011			REPAIR OF MULTIPLE TOE TENDONS	$37.00	$32.00
28020			INCISION OF FOOT BONE AT ANKLE	$109.00	$95.00
28022			EXPLORATION, DRAINAGE, OR REMO	$109.00	$95.00
28035			DECOMPRESSION OF TIBIA NERVE	$171.00	$146.00
28039			EXCIS,TUMOR,SOFT TISSUE,FOOT 1	$265.55	$225.72
28039	26		EXCIS TUMOR,SOFT TISS FOOT 1.5	$180.00	$153.00
28041			EXCIS,TUMOR,SOFT TISS FOOT SUB	$236.90	$201.36
28045			EXCISION OF FOOT LESION	$57.00	$49.00
28046			REMOVAL (LESS THAN 3 CENTIMETE	$228.00	$194.00
28047			REMOVAL (3 CENTIMETERS OR GREA	$542.73	$461.32

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DME/P&O				**PURCHASE**	**RENTAL**
28050			BIOPSY OF FOOT JOINT LINING	$171.00	$146.00
28052			BIOPSY OF FOOT JOINT LINING	$103.00	$88.00
28054			BIOPSY OF TOE JOINT LINING	$86.00	$74.00
28055			NEURECTOMY, INTRINSIC MUSCULAT	$199.13	$169.26
28060			PARTIAL REMOVAL FOOT FASCIA	$143.00	$122.00
28062			REMOVAL OF FOOT FASCIA	$228.00	$194.00
28070			SYNOVECTOMY:INTERTAR/TARSOMET,	$171.00	$146.00
28072			SYNOVECTOMY,METATARSOPHAL.JNT,	$103.00	$88.00
28080			EXCISE MORTON NEUROMA,SINGLE,	$121.00	$105.00
28086			EXCISE FOOT TENDON SHEATH	$160.00	$136.00
28088			EXCISE FOOT TENDON SHEATH	$114.00	$97.00
28090			REMOVAL OF FOOT LESION	$90.00	$79.00
28092			REMOVAL OF TOE LESIONS	$61.00	$53.00
28100			REMOVAL OF ANKLE/HEEL LESION	$121.00	$105.00
28102			REMOVE/GRAFT FOOT LESION	$200.00	$170.00
28103			REMOVE/GRAFT FOOT LESION	$200.00	$170.00
28104			REMOVAL OF FOOT LESION	$143.00	$122.00
28106			REMOVE/GRAFT FOOT LESION	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
28107			REMOVE/GRAFT FOOT LESION	$200.00	$170.00
28108			REMOVAL OF TOE LESIONS	$121.00	$105.00
28110			PART REMOVAL OF METATARSAL	$69.00	$59.00
28111			PART REMOVAL OF METATARSAL	$171.00	$146.00
28112			REMOVAL OF BONES AT SECOND, TH	$103.00	$88.00
28113			PART REMOVAL OF METATARSAL	$103.00	$88.00
28114			REMOVAL OF METATARSAL HEADS	$242.00	$210.00
28116			REVISION OF FOOT	$171.00	$146.00
28118			PARTIAL REMOVAL OF HEEL	$143.00	$122.00
28119			REMOVAL OF HEEL SPUR	$143.00	$122.00
28120			PART REMOVAL OF ANKLE/HEEL	$90.00	$79.00
28122			PARTIAL REMOVAL OF FOOT BONE	$90.00	$79.00
28124			PARTIAL REMOVAL OF TOE	$90.00	$79.00
28126			CONDYLECTOMY...SING.TOE, EACH	$143.00	$122.00
28130			REMOVAL OF ANKLE BONE	$211.00	$184.00
28140			REMOVAL OF METATARSAL	$121.00	$105.00
28150			PHALANGECTOMY,TOE, SINGLE, EAC	$90.00	$79.00
28153			PARTIAL REMOVAL OF TOE	$69.00	$59.00

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DME/P&O				**PURCHASE**	**RENTAL**
28160			HEMIPHALANGECTOMY...TOE,SING.	$90.00	$79.00
28171			EXTENSIVE REMOVAL OF BONE GROW	$371.00	$316.00
28173			RADICAL RESECTION FOR TUMOR	$371.00	$316.00
28175			RADICAL RESECTION FOR TUMOR	$371.00	$316.00
28200			REP/SUT TEND,W/O GRAFT, EACH T	$121.00	$105.00
28202			REP/SUT TEND,SECOND.,W/GRFT,EA	$161.00	$137.00
28208			REP/SUT TEND....EACH TENDON	$61.00	$53.00
28210			REP/SUT TEND..W/GRAFT, EACH TE	$103.00	$88.00
28220			RELEASE OF FOOT TENDON	$113.00	$99.00
28222			RELEASE OF FOOT TENDONS	$139.00	$119.00
28225			RELEASE OF FOOT TENDON	$113.00	$99.00
28226			RELEASE OF FOOT TENDONS	$139.00	$119.00
28232			INCISION TO LENGTHEN TOE TENDO	$139.00	$119.00
28234			INCISION TO RELEASE FOOT TENDO	$139.00	$119.00
28238			REVISION OF FOOT TENDON	$171.00	$146.00
28240			RELEASE OF BIG TOE	$61.00	$53.00
28250			REVISION OF FOOT FASCIA	$143.00	$122.00
28260			RELEASE OF MIDFOOT JOINT	$171.00	$146.00

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DME/P&O				**PURCHASE**	**RENTAL**
28261			REVISION OF FOOT TENDON	$200.00	$170.00
28262			REVISION OF FOOT AND ANKLE	$212.00	$184.00
28264			RELEASE OF MIDFOOT JOINT	$285.00	$243.00
28270			CAPSULOTOMY...EACH JOINT	$69.00	$59.00
28280			FUSION OF TOES	$61.00	$53.00
28285			REVISION OF HAMMERTOE	$90.00	$79.00
28286			REVISION OF HAMMERTOE	$68.00	$57.00
28288			OSTECTOMY,PARTIAL..EACH METAR	$72.00	$63.00
28289			CORRECTION OF RIGID DEFORMITY	$228.00	$194.00
28291			CORRECTION OF RIGID DEFORMITY	$388.30	$330.06
28291	26		CORRJ HALUX RIGDUS IMPLT	$250.85	$213.22
28292			CORRECTION OF BUNION	$139.00	$121.00
28295			CORRECTION OF BUNION	$513.50	$436.48
28295	26		CORRECTION OF BUNION	$283.96	$241.37
28296			CORRECTION OF BUNION	$200.00	$170.00
28297			BUNION CORRECTION-LAPIDUS TYPE	$200.00	$170.00
28298			CORRECTION OF BUNION	$171.00	$146.00
28299			CORRECTION OF BUNION	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
28300			INCISION OF HEEL BONE	$228.00	$194.00
28302			INCISION OF ANKLE BONE	$217.00	$185.00
28304			INCISION OF MIDFOOT BONES	$171.00	$146.00
28305			INCISE/GRAFT MIDFOOT BONES	$217.00	$185.00
28306			INCISION OF METATARSAL	$113.00	$100.00
28307			OSTEOTOMY,..SINGLE FIRST META	$217.00	$185.00
28308			INCISION OF METATARSAL	$113.00	$100.00
28309			INCISION OF METATARSALS	$257.00	$219.00
28310			REVISION OF BIG TOE	$69.00	$59.00
28313			RECONSTRUCTION,TOE DEFORMITY..	$90.00	$79.00
28315			SESAMOIDECTOMY FIRST TOE	$55.00	$47.00
28320			REPAIR OF FOOT BONES	$200.00	$170.00
28322			REPAIR OF METATARSALS	$143.00	$122.00
28340			RECONSTRUCTION,TOE,MACRODACTYL	$90.00	$79.00
28341			RECONSTRUCT TOE,MACRODACTYLY..	$90.00	$79.00
28345			RECONST TOES:SYNDACTYLY..EACH	$90.00	$79.00
28400			TREAT CLSD CALC FX:W/O MANIP	$68.00	$59.00
28405			TREAT CLSD CALC FX W.MANIP...R	$90.00	$79.00

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DME/P&O				**PURCHASE**	**RENTAL**
28406			INSERTION OF HARDWARE TO BROKE	$228.00	$194.00
28415			REPAIR OF HEEL FRACTURE	$151.00	$131.00
28420			REPAIR/GRAFT HEEL FRACTURE	$300.00	$255.00
28430			TREAT CLSD TALUS FX,W/O MANIP	$82.00	$72.00
28435			TREAT CLSD TALUS FX,W/ MANIP	$90.00	$79.00
28436			INSERTION OF HARDWARE TO BROKE	$175.00	$149.00
28445			OPEN TX,CLSD/OPEN FX,W/W/O FIX	$275.00	$234.00
28446			IMPLANTATION OF DONOR CARTILAG	$635.59	$540.25
28450			TREAT CLSD TARSAL FX:W/O MANIP	$41.00	$36.00
28455			TREAT CLSD TARSAL FX:W/MANIP,	$61.00	$53.00
28456			INSERTION OF HARDWARE TO BROKE	$121.00	$103.00
28465			OPEN TX,CLSD/OPEN FX,W/W/O FIX	$121.00	$105.00
28475			TREAT CLSD METATAR FX,W/ MANIP	$42.00	$37.00
28476			INSERTION OF HARDWARE TO BROKE	$82.00	$70.00
28485			OPEN TX,CLSD/OPEN FX W/W/O FIX	$90.00	$79.00
28490			TREAT BIG TOE FRACTURE	$18.00	$16.00
28495			TREAT BIG TOE FRACTURE	$30.00	$26.00
28496			INSERTION OF HARDWARE TO BROKE	$60.00	$51.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28505			REPAIR BIG TOE FRACTURE	$120.00	$102.00
28510			TREAT CLSD FX...W/O MANIP, EAC	$18.00	$16.00
28515			TREAT CLSD FX...W/ MANIP., EAC	$30.00	$26.00
28525			OPEN TX,CLSD FX..W/W/O FIX, EA	$90.00	$77.00
28530			TREATMENT CLOSED SESAMOID FRAC	$18.00	$16.00
28531			TREATMENT,SESAMOID FRACT.W/WO	$59.00	$50.00
28540			TREAT FOOT DISLOCATION	$61.00	$53.00
28545			TREAT FOOT DISLOCATION	$61.00	$53.00
28546			INSERTION OF HARDWARE TO FOOT	$69.00	$59.00
28555			REPAIR FOOT DISLOCATION	$211.00	$184.00
28570			TREAT FOOT DISLOCATION	$61.00	$53.00
28575			TREAT FOOT DISLOCATION	$61.00	$53.00
28576			INSERTION OF HARDWARE TO FOOT	$118.00	$100.00
28585			REPAIR FOOT DISLOCATION	$211.00	$184.00
28600			TREAT FOOT DISLOCATION	$61.00	$53.00
28605			TREAT FOOT DISLOCATION	$61.00	$53.00
28606			INSERTION OF HARDWARE TO FOOT	$69.00	$59.00
28615			REPAIR FOOT DISLOCATION	$143.00	$122.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28630			TREAT TOE DISLOCATION	$61.00	$53.00
28635			TREAT TOE DISLOCATION:W ANESTH	$65.00	$55.00
28636			INSERTION OF HARDWARE TO FOOT	$85.00	$72.00
28645			REPAIR TOE DISLOCATION	$121.00	$105.00
28660			TREAT TOE DISLOCATION	$16.00	$14.00
28665			TREAT TOE DISLOCATION	$35.00	$30.00
28666			INSERTION OF HARDWARE TO TOE J	$80.00	$68.00
28705			FUSION OF FOOT BONES	$361.00	$307.00
28715			FUSION OF FOOT BONES	$272.00	$236.00
28725			FUSION OF FOOT BONES	$182.00	$158.00
28730			FUSION OF FOOT BONES	$203.00	$173.00
28735			FUSION OF FOOT BONES	$226.00	$192.00
28737			REVISION OF FOOT BONES	$200.00	$170.00
28740			FUSION OF FOOT BONES	$166.00	$126.00
28750			FUSION OF BIG TOE JOINT	$90.00	$79.00
28755			FUSION OF BIG TOE JOINT	$90.00	$79.00
28760			FUSION OF BIG TOE JOINT	$200.00	$173.00
28800			AMPUTATION OF MIDFOOT	$211.00	$184.00

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DME/P&O				**PURCHASE**	**RENTAL**
28805			AMPUTATION THRU METATARSAL	$211.00	$184.00
28810			AMPUTATION TOE & METATARSAL	$121.00	$105.00
28820	50		AMPUTATION OF TOE BILATERAL	$94.96	$80.71
28825	50		PARTIAL AMPUTATION OF TOE BILA	$90.89	$77.25
28890			EXTRACORPOREAL SHOCK WAVE, HIG	$172.47	$146.60
28890	26		EXTRACORPOREAL SHOCK WAVE, HIG	$116.33	$98.88
28899			UNLISTED PROCEDURE FOOT/TOES	BY REPORT	BY REPORT
29000			APPLICATION OF BODY CAST	$109.00	$95.00
29010			APPLICATION OF BODY CAST	$79.00	$68.00
29015			APPLICATION OF BODY CAST	$90.00	$79.00
29035			APPLICATION OF BODY CAST	$79.00	$68.00
29040			APPLICATION OF BODY CAST	$90.00	$79.00
29044			APPLICATION OF BODY CAST	$79.00	$68.00
29046			APPLICATION OF BODY CAST	$109.00	$95.00
29049			APPLICATION OF SHOULDER CAST	$30.00	$26.00
29055			APPLICATION OF SHOULDER CAST	$79.00	$68.00
29058			APPLICATION OF SHOULDER CAST	$40.00	$34.00
29065			APPLICATION OF CAST, SHOULDER	$30.00	$26.00

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DME/P&O				**PURCHASE**	**RENTAL**
29075			APPLICATION OF CAST, ELBOW TO	$18.00	$16.00
29085			APPLY HAND/WRIST CAST	$18.00	$16.00
29086			APPLICATION OF FINGER CAST	$18.00	$15.00
29105			APPLY LONG ARM SPLINT	$24.00	$21.00
29105	SA		APPLY LONG ARM SPLINT	NA	$20.00
29125			APPLICATION OF NON-MOVEABLE, S	$24.00	$21.00
29125	SA		APPLY FOREARM SPLINT	NA	$20.00
29126			APPLICATION OF MOVEABLE, HINGE	$24.00	$21.00
29130			APPLICATION OF NON-MOVEABLE, H	$18.00	$16.00
29130	SA		APPLICATION OF FINGER SPLINT	NA	$15.20
29131			APPLICATION OF MOVEABLE, HINGE	$18.00	$16.00
29200			STRAPPING OF CHEST	$18.00	$16.00
29200	SA		STRAPPING OF CHEST	NA	$15.20
29240			STRAPPING OF SHOULDER	$24.00	$21.00
29240	SA		STRAPPING OF SHOULDER	NA	$20.00
29260			STRAPPING OF ELBOW OR WRIST	$18.00	$16.00
29260	SA		STRAPPING OF ELBOW OR WRIST	NA	$15.20
29280			STRAPPING OF HAND OR FINGER	$18.00	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
29280	SA		STRAPPING OF HAND OR FINGER	NA	$15.20
29305			APPLICATION OF HIP CAST	$79.00	$68.00
29325			APPLICATION OF HIP SPICA CAST,	$90.00	$79.00
29345			APPLICATION OF LONG LEG CAST	$53.00	$42.00
29355			APPLICATION OF LONG LEG CAST (	$47.00	$42.00
29358			APPLICATION OF LONG LEG CAST(T	$41.00	$34.85
29365			APPLICATION OF LONG LEG CAST	$53.00	$42.00
29405			APPLY SHORT LEG CAST	$42.00	$37.00
29425			APPLICATION OF SHORT LEG CAST	$47.00	$42.00
29435			APPLY SHORT LEG CAST	$66.00	$53.00
29440			ADDITION OF WALKER TO CAST	$12.00	$10.00
29445			APPLIC RIGID TOTAL CONTACT LEG	$71.00	$60.00
29450			APPLICATION CLUB FOOT CAST	$24.00	$21.00
29450	50		APPLIC CLUBFOOT CAST /MOLD/MAN	$37.00	$32.00
29505			APPLICATION LONG LEG SPLINT	$48.00	$42.00
29505	SA		APPLICATION LONG LEG SPLINT	NA	$39.90
29515			APPLICATION LOWER LEG SPLINT	$42.00	$37.00
29515	SA		APPLICATION LOWER LEG SPLINT	NA	$35.20

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DME/P&O				**PURCHASE**	**RENTAL**
29520			STRAPPING OF HIP	$24.00	$21.00
29520	SA		STRAPPING OF HIP	NA	$20.00
29530			STRAPPING OF KNEE	$18.00	$16.00
29530	SA		STRAPPING OF KNEE	NA	$15.20
29540			STRAPPING OF ANKLE	$18.00	$16.00
29540	SA		STRAPPING OF ANKLE	NA	$15.20
29550			STRAPPING OF TOES	$16.00	$14.00
29550	SA		STRAPPING OF TOES	NA	$13.30
29580			STRAPPING, UNNA BOOT	$18.00	$16.00
29580	SA		APPLICATION OF PASTE BOOT	NA	$15.20
29581			APPLICATION OF MULTI-LAYER VEN	$46.41	$39.44
29581	26		APPLICATION MULTI-LAYER VEN WO	$14.30	$12.16
29584			APPLICATION OF VEIN WOUND COMP	$43.40	$36.89
29584	26		APPICATION OF MULTI LAYER COMP	$8.41	$7.15
29590	SA		DENIS-BROWNE SPLINT STRAPPING	NA	$9.50
29700			REMOVAL OR BIVALVING OF GAUNTL	$14.00	$12.00
29700	SA		REMOVAL/REVISION OF CAST	NA	$11.40
29705			REMOVAL/REVISION OF CAST	$14.00	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
29705	SA		REMOVAL/REVISION OF CAST	NA	$11.40
29710			REMOVAL OR BIVALVING OF SHOULD	$18.00	$16.00
29710	SA		REMOVAL/REVISION OF CAST	NA	$15.20
29720			REPAIR OF SPICA, BODY CAST, OR	$26.00	$21.00
29720	SA		REPAIR OF BODY CAST	NA	$20.00
29730			WINDOWING OF CAST	$9.00	$8.00
29730	SA		WINDOWING OF CAST	NA	$7.60
29740	SA		WEDGING OF CAST	NA	$8.89
29750	50		WEDGING OF CLUBFOOT CAST,BILAT	$15.00	$13.00
29799			UNLISTED PROCEDURE,CASTING/STR	BY REPORT	BY REPORT
29800			ARTHROPLASTY,TMPMDBR JT,DX,W/W	$261.39	$222.18
29804			ARTHROSCOPY, TEMPOMDBR JOINT,S	$322.04	$273.73
29805			DIAG ARTHROSCOPY SHLDER W/WO B	$138.00	$118.00
29806			ARTHROSCOPY SHOULDER SURGICAL	$389.00	$330.00
29807			ARTHROSCOPY SHOULDER SURG REP	$378.00	$321.00
29819			ARTHROSCOPY/SURG/REMOVE BODY	$100.00	$85.00
29820			ARTHROSCOPY-SYNOVECTOMY-PARTIA	$200.00	$170.00
29821			ARTHROSCOPY-SYNOVECTOMY-COMPLE	$264.00	$224.00

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DME/P&O				**PURCHASE**	**RENTAL**
29822			ARTHROSCOPY-LIMITED-DEBRIDEMEN	$120.00	$102.00
29823			ARTHROSCOPY-EXT DEBRIDEMENT	$160.00	$136.00
29824			ARTHROSCOPY SHOULDER SURG DIST	$238.00	$202.00
29825			ARTHROSCOPY-W/ LYSIS & RESECTI	$200.00	$170.00
29826			ARTHROSCOPY,SHOULDER:DECOMP SU	$145.00	$123.00
29827			ARTHROSCOPY SHOULDER W/ROT CUF	$445.00	$378.00
29828			ARTHROSCOPY, SHOULDER, SURGICA	$473.38	$402.37
29830			ARTHROSCOPY ELBOW/DX	$75.00	$65.00
29834			ARTHROSCOPY-ELBOW-SURGICAL	$100.00	$85.00
29835			ARTHROSCOPY SYNOVECTOMY-PARTIA	$200.00	$170.00
29836			ARTHROSCOPY SYNOVECTOMY COMPLE	$264.00	$224.00
29837			ARTHROSCOPY LIMITED DEBRIDEMEN	$120.00	$102.00
29838			ARTHROSCOPY EXT DEBRIDEMENT	$160.00	$136.00
29840			ARTHROSCOPY,WRIST,DIAGNOSTIC	$114.00	$97.00
29843			DIAGNOSTIC EXAMINATION OF THE	$114.00	$97.00
29844			ARTHROSCOPY,WRIST:PARTIAL SYNO	$285.00	$243.00
29845			ARTHROTOMY,WRIST..:SYNOVECTOMY	$167.00	$142.00
29846			ARTHROTOMY..:EXCISE TRIANGULAR	$182.00	$154.00

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DME/P&O				**PURCHASE**	**RENTAL**
29847			ARTHROSCOPY,WRIST:INT.FIX-FX/I	$114.00	$97.00
29848			ARTHROSCOPY,WRIST,SURG:W REL.T	$158.00	$137.00
29850			ARTHROS/TUBER OF KNEE FRACTURE	$314.00	$267.00
29851			ARTHROS/TUBER OF KNEE FRACTURE	$314.00	$267.00
29855			ARTHROSC.AIDED TREATMENT TIBIA	$242.00	$210.00
29856			ARTHROSC.BYCONDYLAR	$242.00	$210.00
29860			ARTHROSCOPY, HIP DIAGNOSTIC	$198.00	$168.00
29861			ARTHROSCOPY, HIP, SURGICAL	$259.00	$220.00
29862			ARTHROSCOPY, HIP, SURG W/DEBRI	$335.00	$285.00
29863			ARTHROSCOPY, HIP, SURG W/SYNOV	$335.00	$285.00
29866			ARTHROSCOPY, KNEE, SURGICAL: O	$548.68	$466.37
29867			ARTHROSCOPY, KNEE, SURGICAL: O	$663.86	$564.28
29868			ARTHROSCOPY, KNEE, SURGICAL: M	$871.64	$740.89
29870			ARTHROSCOPY KNEE-DX	$75.00	$65.00
29871			ARTHROSCOPY-KNEE-SURGICAL	$100.00	$85.00
29873			ARTHROSCOPY KNEE SURG W/LAT RE	$190.00	$162.00
29874			ARTHROSCOPY-REMOVE FOREIGN BOD	$100.00	$85.00
29875			ARTHROSCOPY,KNEE,SYNOVECTOMY,L	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
29876			ARTHROSCOPY MAJOR SYNOVECTOMY	$264.00	$224.00
29877			ARTHROSCOPY-DEBRIDEMENT	$120.00	$102.00
29879			ARTHROSCOPY-ABRASION ARTHROPLA	$225.00	$191.00
29880			ARTHROSCOPY,KNEE:W/MENISCECTOM	$284.00	$247.00
29881			ARTHROSCOPY W/MENISECTOMY	$284.00	$247.00
29882			ARTHROSCOPY W/MENISCUS REPAIR	$170.00	$128.00
29883			ARTHROSCOPY,KNEE:MENISCUS REPA	$171.00	$146.00
29884			ARTHROSCOPY W/LYSIS ADHESIONS	$200.00	$170.00
29885			ARTHROSCOPY,KNEE:DRILL,OSTEOCH	$200.00	$170.00
29886			ARTHROSCOPY-OSTEOCHONDRITIS	$200.00	$170.00
29887			ARTHROSCOPY-INTERNAL FIXATION	$200.00	$170.00
29888			ARTHROSCOPY-AIDED REP/AUGMENT/	$225.00	$191.00
29889			REPAIR OF POSTERIOR CRUCIATE L	$225.00	$191.00
29891			ARTHROSCOPY, ANKLE, SURGICAL	$236.00	$201.00
29892			ARTHROSCOP REP LG OSTEOCHOND D	$243.00	$206.00
29893			ENDOSCOPIC PLANTAR FASCIOTOMY	$137.00	$116.00
29894			ARTHROSCOPY-ANKLE-SURGICAL	$100.00	$85.00
29895			ARTHROSCOPY-PARTIAL SYNOVECTOM	$200.00	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
29897			ARTHROSCOPY-LIMITED DEBRIDEMEN	$100.00	$85.00
29898			ARTHROSCOPY-EXT. DEBRIDEMENT	$150.00	$128.00
29899			ARTHROSCOPY ANKLE SURG W/ARTHR	$225.00	$191.00
29900			ARTHROSCOPY METACARP JT DIAGNO	$152.00	$129.00
29901			ARTHROSCOPY METACARP JT SURGIC	$167.00	$142.00
29902			ARTHROSCOPY METACARP JT SURGIC	$179.00	$152.00
29904			ARTHROSCOPY, SUBTALAR JOINT, S	$329.96	$280.47
29905			ARTHROSCOPY, SUBTALAR JOINT, S	$269.30	$228.91
29906			ARTHROSCOPY, SUBTALAR JOINT, S	$353.55	$300.51
29907			ARTHROSCOPY, SUBTALAR JOINT, S	$456.43	$387.97
29914			ARTHROSCOPY, HIP, SURGICAL: WI	$511.68	$434.93
29915			ARTHROSCOPY, HIP, SURGICAL: WI	$527.88	$448.69
29916			ARTHROSCOPY, HIP, SURGICAL: WI	$526.28	$447.33
29999			UNLISTED PROCEDURE, ARTHROSCOP	BY REPORT	BY REPORT
30020			DRAINAGE OF NOSE LESION	$30.00	$26.00
30110			REMOVAL OF NOSE POLYP(S)	$37.00	$32.00
30110	50		REMOVAL OF NOSE POLYP(S)	$55.00	$48.00
30115			REMOVAL OF NOSE POLYP(S)	$105.00	$89.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
30115	50		EXCISION,NASAL POLYPS(EXTENSIV	$157.00	$133.00
30117			REMOVAL OF INTRANASAL LESION	$143.00	$122.00
30118			REMOVAL OF INTRANASAL LESION	$171.00	$146.00
30120			REVISION OF NOSE	$132.00	$113.00
30124			REMOVAL OF NOSE LESION	$69.00	$59.00
30125			EXCISE DERMOID CYST:COMPLEX...	$274.00	$233.00
30130			EXCISION TURBINATE,PARTIAL/COM	$43.00	$37.00
30130	50		EXCISION TURBINATE,PARTIAL/COM	$64.50	$55.00
30150			RHINECTOMY: PARTIAL	$228.00	$194.00
30160			RHINECTOMY: TOTAL	$456.00	$388.00
30200			INJECTION TREATMENT OF NOSE	$16.00	$14.00
30210			NASAL SINUS THERAPY	$16.00	$14.00
30300	SA		REMOVE NASAL FOREIGN BODY	NA	$16.06
30310			REMOVE NASAL FOREIGN BODY	$57.00	$49.00
30400			RECONSTRUCTION OF NOSE	$211.00	$184.00
30410			RESHAPING OF BONE, CARTILAGE,	$362.00	$315.00
30420			RECONSTRUCTION OF NOSE	$407.00	$355.00
30450			REVISION OF NOSE	$182.00	$158.00

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DME/P&O				**PURCHASE**	**RENTAL**
30460			RHINOPLASTY,CONGENITAL DEFORMI	$156.00	$133.00
30462			RHINOPLASTY, TIP, SEPTUM,OSTEO	$312.00	$265.00
30465			REPAIR NASAL VESTIBULAR STENOS	$231.00	$196.00
30520			REPAIR OF NASAL SEPTUM	$182.00	$158.00
30545			REPAIR NASAL DEFECT	$272.00	$236.00
30580			REPAIR UPPER JAW FISTULA	$135.00	$118.00
30600			REPAIR MOUTH/NOSE FISTULA	$90.00	$79.00
30620			RECONSTRUCTION INNER NOSE	$182.00	$158.00
30630			REPAIR NASAL SEPTUM DEFECT	$182.00	$158.00
3085F	HH		SUICIDE RISK ASSESSED (MDD, MD	$0.00	$0.00
30901			CONTROL NASAL HEMORRHAGE UNILA	$24.00	$21.00
30901	SA		CONTROL NASAL HEMORRHAGE UNILA	NA	$20.00
30901	SA	50	CONTROL NASAL HEMORRHAGE-BILAT	NA	$29.45
30901	50		CONTROL NASAL HEMORRHAGE-BILAT	$36.00	$31.00
30903			CAUTER NASAL W LOCAL ANESTHESI	$24.00	$21.00
30903	50		CAUTER NASAL W LOCAL ANES-BILA	$36.00	$31.00
30905			CONTROL NOSEBLEED..ANY METHOD:	$37.00	$32.00
30915			LIGATION NASAL SINUS ARTERY	$182.00	$158.00

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DME/P&O				**PURCHASE**	**RENTAL**
30920			LIGATION UPPER JAW ARTERY	$228.00	$198.00
30930			FRACTURE NASAL TURBINATES THE	$30.00	$26.00
30999			UNLISTED PROCEDURE, NOSE	BY REPORT	BY REPORT
31000	50		IRRIG MAXILLARY SINUS BILATERA	$24.00	$21.00
31002			IRRIGATION SPHENOID SINUS	$30.00	$26.00
31020			EXPLORATION MAXILLARY SINUS	$72.00	$63.00
31020	50		EXPLOR MAXILLARY SINUS,BILATER	$108.00	$92.00
31030			EXPLORATION MAXILLARY SINUS	$242.00	$210.00
31030	50		EXPLOR MAXILL SINUS W/O REM PO	$363.00	$309.00
31032			SINUSOT,MAXIL:RAD UNI W/REM AN	$266.00	$231.00
31032	50		SINUSOT,MAXIL:RAD BIL W/REM AN	$399.00	$339.00
31040			PTERYGOMAXXILLARY FOSSA SURGER	$600.00	$510.00
31050			EXPLORATION SPHENOID SINUS	$61.00	$53.00
31051			SINUSOTOMY,SPHENOID..:W/STRIP,	$182.00	$154.00
31070			EXPLORATION OF FRONTAL SINUS	$121.00	$105.00
31075			EXPLORATION OF FRONTAL SINUS	$242.00	$210.00
31080			REMOVAL OF FRONTAL SINUS	$242.00	$210.00
31081			REMOVAL OF FRONTAL SINUS	$364.00	$309.00

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DME/P&O				**PURCHASE**	**RENTAL**
31084			REMOVAL OF FRONTAL SINUS	$364.00	$309.00
31085			REMOVAL OF FRONTAL SINUS	$364.00	$309.00
31086			REMOVAL OF FRONTAL SINUS	$364.00	$309.00
31087			REMOVAL OF FRONTAL SINUS	$364.00	$309.00
31090			EXPLORATION OF SINUSES	$302.00	$263.00
31200			REMOVAL OF ETHMOID SINUS	$121.00	$105.00
31201			REMOVAL OF ETHMOID SINUS	$121.00	$105.00
31205			REMOVAL OF ETHMOID SINUS	$121.00	$105.00
31225			REMOVAL OF UPPER JAW	$363.00	$315.00
31230			REMOVAL OF UPPER JAW	$363.00	$315.00
31233			DX NASAL/MAXILLARY SINUS ENDOS	$86.00	$74.00
31235			DX NASAL/SPHENOID SINUSCOPY	$171.00	$146.00
31237			SURG W BX PLOYPECTOMY OF DEBRI	$86.00	$74.00
31238			ENDOSCOPY W CONTROL OF EPISTAX	$86.00	$74.00
31239			ENDOSCOPY W DACRYOCYSTORHINOST	$272.00	$236.00
31240			ENDOSC W CONCHA BULLOSA RESECT	$42.00	$37.00
31241			TYING OF SPHENOPALATINE ARTERY	$229.51	$195.08
31253			COMPLETE EXAMINATION OF NOSE A	$258.29	$219.55

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DME/P&O				**PURCHASE**	**RENTAL**
31254			NASAL ENDOSCOPY:PARTIAL ETHMOI	$171.00	$146.00
31255			COMPLETE REMOVAL OF NASAL SINU	$200.00	$170.00
31256			NASAL ENDOSCOPY: MAX. ANTROSTO	$86.00	$74.00
31257			COMPLETE EXAMINATION OF NOSE A	$230.41	$195.85
31259			REMOVAL OF TISSUE FROM SPHENOI	$243.99	$207.39
31267			SURG MAX ENDO:REMOVE MEMBRANE/	$114.00	$97.00
31276			NAS/SINUS ENDOS/EXPLOR W/WO TI	$425.00	$361.00
31287			SURGICAL SCOPE W SPHENOIDOTOMY	$218.60	$185.81
31288			SURGICAL SCOPE W SPHENOID/TISS	$182.00	$154.00
31290			SURGICAL SCOPE W REPAIR OF CSF	$570.00	$485.00
31291			CSF REPAIR W SCOPE SPHENOID LE	$570.00	$485.00
31292			MEDIAL/INFERIOR ORBIT WALL DEC	$570.00	$485.00
31293			MEDIAL&INFERIOR ORBIT WALL DEC	$570.00	$485.00
31294			SCOPE W OPTIC NERVE DECOMPRESS	$570.00	$485.00
31295			NASAL/SINUS ENDOSCOPY, SURGICA	$1,063.63	$904.09
31295	26		NASAL/SINUS ENDOSCOPY, SURGICA	$81.66	$69.41
31296			NASAL/SINUS ENDOSCOPY, SURGICA	$1,076.83	$915.30
31296	26		NASAL/SINUS ENDOSCOPY, SURGICA	$92.75	$78.83

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DME/P&O				**PURCHASE**	**RENTAL**
31297			NASAL/SINUS ENDOSCOPY, SURGICA	$1,056.51	$898.03
31297	26		NASAL/SINUS ENDOSCOPY, SURGICA	$74.34	$63.19
31298			DILATION OF NASAL SINUS USING	$2,039.84	$1,733.86
31298	26		DILATION OF NASAL SINUS USING	$132.03	$112.23
31299			UNLISTED PROCEDURE ACCESSORY S	BY REPORT	BY REPORT
31300			REMOVAL OF LARYNX LESION	$332.00	$289.00
31360			REMOVAL OF LARYNX	$513.00	$446.00
31365			REMOVAL OF VOICE BOX, MUSCLE,	$694.00	$604.00
31367			PARTIAL REMOVAL OF LARYNX	$570.00	$485.00
31368			REMOVAL OF VOICE BOX, MUSCLE,	$798.00	$679.00
31370			PARTIAL REMOVAL OF LARYNX	$393.00	$341.00
31375			PARTIAL REMOVAL OF LARYNX	$393.00	$341.00
31380			PARTIAL REMOVAL OF LARYNX	$393.00	$341.00
31382			PARTIAL REMOVAL OF LARYNX	$393.00	$341.00
31390			REMOVAL OF VOICE BOX, THROAT,	$798.00	$679.00
31395			REMOVAL OF VOICE BOX AND THROA	$912.00	$776.00
31400			REVISION OF LARYNX	$254.00	$221.00
31420			REMOVAL OF EPIGLOTTIS	$332.00	$289.00

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DME/P&O				**PURCHASE**	**RENTAL**
31500			INSERT WINDPIPE AIRWAY	$42.00	$37.00
31502			TRACHEOTOMY TUBE CHG PRIOR TO	$28.00	$23.80
31505			DIAGNOSTIC LARYNGOSCOPY	$16.00	$14.00
31510			LARYNGOSCOPY WITH BIOPSY	$36.00	$31.00
31511			REMOVE FOREIGN BODY, LARYNX	$45.00	$35.00
31512			REMOVAL OF LARYNX LESION	$63.00	$49.00
31513			LARYNGOSCOPY,W VOCAL CORD INJE	$120.00	$102.00
31515			LARYNGOSCOPY FOR ASPIRATION	$61.00	$53.00
31525			DIAGNOSTIC LARYNGOSCOPY	$48.00	$42.00
31526			DIAGNOSTIC LARYNGOSCOPY	$48.00	$42.00
31527			LARYNGOSCOPY, INSERT OBTURATOR	$80.00	$68.00
31528			LARYNGOSCOPY, W DILATATION, IN	$80.00	$68.00
31529			LARYNGOSCOPY,W DILATATION SUBS	$80.00	$68.00
31530			OPERATIVE LARYNGOSCOPY	$121.00	$105.00
31531			OPERATIVE LARYNGOSCOPY	$121.00	$105.00
31535			OPERATIVE LARYNGOSCOPY	$61.00	$53.00
31536			OPERATIVE LARYNGOSCOPY	$61.00	$53.00
31540			REMOVAL OF GROWTH OF TONGUE AN	$121.00	$105.00

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DME/P&O				**PURCHASE**	**RENTAL**
31541			REMOVAL OF GROWTH OF TONGUE AN	$121.00	$105.00
31545			LARYNGOSCOPY, DIRECT, OPERATIV	$186.22	$158.28
31546			LARYNGOSCOPY, DIRECT, OPERATIV	$282.31	$239.96
31551			REPAIR OF NARROWED VOICE BOX W	$746.29	$634.34
31552			REPAIR OF NARROWED VOICE BOX W	$753.14	$640.17
31553			REPAIR OF NARROWED VOICE BOX W	$823.33	$699.83
31554			REPAIR OF NARROWED VOICE BOX W	$863.39	$733.88
31560			OPERATIVE LARYNGOSCOPY	$183.00	$158.00
31561			OPERATIVE LARYNGOSCOPY	$183.00	$158.00
31570			LARYNGOSCOPY WITH INJECTION	$121.00	$105.00
31571			LARYNGOSCOPY WITH INJECTION	$121.00	$105.00
31572			DESTRUCTION OF ABNORMALITY OF	$270.56	$229.97
31572	26		DESTRUCTION OF ABNORMALITY OF	$93.12	$79.15
31573			INJECTION OF DRUG INTO ONE SID	$141.07	$119.91
31573	26		INJECTION OF DRUG INTO ONE SID	$76.86	$65.33
31574			INJECTION OF SUBSTANCE TO AUGM	$548.24	$466.00
31574	26		INJECTION OF SUBSTANCE TO AUGM	$76.86	$65.33
31575			LARYNGOSCOPY,FIBEROPTIC:DX	$48.00	$42.00

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DME/P&O				**PURCHASE**	**RENTAL**
31576			LARYNGSCOPY, FIBERS COPIC: BIO	$72.00	$61.00
31577			LARYNGOSCOPY, FIBERSCOPIC: FOR	$144.00	$122.00
31578			LARYNGOSCOPY, FIBERSCOPIC: REM	$120.00	$102.00
31579			LARYNGOSCOPY...WITH STROBOSCOP	$71.00	$60.00
31580			LARYNGOPLASTY:..W KEEL INSERT&	$454.00	$393.00
31584			LARYNGOPLASTY:W OPER REDUCTION	$504.00	$437.00
31587			LARYNGOPLASTY CRICOID SPLIT	$405.00	$344.00
31590			LARYNGEAL REINNERVATION REPAIR	$342.00	$291.00
31591			REPAIR OF ONE SIDE OF VOICE BO	$549.20	$466.82
31592			EXCISION OF PART OF WINDPIPE A	$890.74	$757.13
31599			UNLISTED PROCEDURE, LARYNX	BY REPORT	BY REPORT
31600			PLANNED TRACHEOSTOMY	$121.00	$105.00
31603			TRACHEOSTOMY,EMERGENCY,TRANSTR	$121.00	$105.00
31605			INCISION OF NECK CARTILAGES	$114.00	$97.00
31610			TRACHEOSTOMY,FENESTRATION PROC	$301.00	$263.00
31612			PUNCTURE OF NECK AND WINDPIPE	$16.00	$14.00
31613			TRACHEOSTOMA REVISION:W/O FLAP	$57.00	$49.00
31614			REVISE TRACHEOSTOMA,COMP,W/ FL	$114.00	$97.00

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DME/P&O				**PURCHASE**	**RENTAL**
31615			VISUALIZATION OF WINDPIPE	$73.00	$62.00
31622			DX BRONCHOSCOPY-W/W/OUT WASH/B	$113.00	$96.00
31623			BRONCHOSCOPY: WITH BRUSHINGS	$113.00	$96.00
31624			BRONCHOSCOPY W/BRONCH ALVEOLAR	$113.00	$96.00
31625			BRONCHOSCOPY WITH BIOPSY	$97.00	$84.00
31626			BRONCHOSCOPY, RIGID OR FLEXIBL	$452.21	$384.37
31626	26		BRONCHOSCOPY,RIGID/FLEXIBLE W/	$101.95	$86.65
31627			BRONCHOSCOPY, RIGID OR FLEXIBL	$723.04	$614.58
31627	26		BRONCHOSCOPY,RIGID OR FLEXIBLE	$49.81	$42.33
31628			TRANSBRONCHIAL LUNG BIOPSY FIB	$121.00	$103.00
31629			NEEDLE BIOPSY OF WINDPIPE CART	$143.00	$122.00
31630			BRONCHOSCOPY WITH REPAIR	$121.00	$103.00
31631			BRONCHOSCOPY-PLACE TRACH STENT	$143.00	$122.00
31632			BRONCHOSCOPY W/WO FLUORO LUNG	$30.00	$26.00
31633			BRONCHOSCOPY W/WO FLUORO NEEDL	$37.00	$31.00
31634			BRONCHOSCOPY, RIGID OR FLEXIBL	$942.08	$800.77
31634	26		BRONCHOSCOPY, RIGID OR FLEXIBL	$98.72	$83.91
31635			REMOVE FOREIGN BODY, AIRWAY	$139.00	$121.00

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DME/P&O				**PURCHASE**	**RENTAL**
31636			BRONCHOSCOPY, RIGID OR FLEXIBL	$113.24	$96.25
31637			BRONCHOSCOPY EACH ADD BRONCH S	$39.53	$33.60
31638			BRONCHOSCOPY, RIGID OR FLEXIBL	$128.59	$109.30
31640			BRONCHOSCOPY & REMOVE LESION	$139.00	$121.00
31641			BRONCHOSCOPY-TUMOR/STENOSIS-NO	$143.00	$122.00
31643			BRONCHOSCOPY W/CATH PLACEMENT	$120.00	$102.00
31645			BRONCHOSCOPY, CLEAR AIRWAYS	$85.00	$74.00
31646			BRONCHOSCOPY,RECLEAR AIRWAYS	$42.00	$37.00
31647			ASSESSMENT OF AIR LEAK, AIRWAY	$108.78	$92.46
31648			BRONCHOSCOPY, RIGID OR FLEXIBL	$103.26	$87.77
31649			BRONCHOSCOPY, RIGID OR FLEXIBL	$34.51	$29.33
31651			ASSESSMENT OF AIR LEAK, AIRWAY	$37.89	$32.21
31652			EXAMINATION OF LUNG AIRWAYS US	$518.27	$440.53
31652	26		EXAMINATION OF LUNG AIRWAYS US	$113.99	$96.89
31653			EXAMINATION OF LUNG AIRWAYS US	$542.48	$461.11
31653	26		EXAMINATION OF LUNG AIRWAYS US	$126.28	$107.33
31654			EXAMINATION OF LUNG AIRWAYS US	$65.11	$55.34
31654	26		EXAMINATION OF LUNG AIRWAYS US	$34.54	$29.36

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DME/P&O				**PURCHASE**	**RENTAL**
31660			BRONCHOSCOPY, RIGID OR FLEXIBL	$100.28	$85.23
31661			BRONCHOSCOPY, RIGID OR FLEXIBL	$105.79	$89.92
31720			CLEARANCE OF AIRWAYS	$23.00	$20.00
31720	SA		CLEARANCE OF AIRWAYS	NA	$19.00
31725			CLEARANCE OF AIRWAYS	$35.00	$30.00
31750			TRACHEOPLASTY:CERVICAL	$271.00	$236.00
31755			REPAIR OF WINDPIPE	$428.00	$364.00
31760			REPAIR OF WINDPIPE	$271.00	$236.00
31766			CARINAL RECONSTRUCTION	$183.00	$158.00
31770			BRONCHOPLASTY:GRAFT REPAIR	$361.00	$315.00
31775			RECONSTRUCT BRONCHUS	$361.00	$315.00
31780			RECONSTRUCT WINDPIPE	$428.00	$364.00
31781			RECONSTRUCT WINDPIPE	$570.00	$485.00
31785			REMOVE WINDPIPE LESION	$428.00	$364.00
31786			REMOVAL OF WINDPIPE CARTILAGE	$570.00	$485.00
31800			REPAIR OF WINDPIPE INJURY	$271.00	$236.00
31805			SUTURE EXTERNAL TRACHEAL WOUND	$271.00	$236.00
31820			CLOSURE OF TRACHEOSTOMY WO PLA	$90.00	$79.00

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DME/P&O				**PURCHASE**	**RENTAL**
31825			REPAIR OF WINDPIPE DEFECT	$143.00	$122.00
31830			REVISE WINDPIPE SCAR	$143.00	$122.00
31899			UNLISTED PROCEDURE,TRACHEA/BRO	BY REPORT	BY REPORT
32035			EXPLORATION OF CHEST	$242.00	$210.00
32036			EXPLORATION OF CHEST	$242.00	$210.00
32096			THORACOTOMY, WITH DIAGNOSTIC B	$412.75	$350.84
32097			THORACOTOMY, WITH DIAGNOSTIC B	$412.53	$350.65
32098			THORACOTOMY, WITH BIOPSY(IES)	$391.17	$332.49
32100			EXPLORATION/BIOPSY OF CHEST	$285.00	$243.00
32110			EXPLORE/REPAIR CHEST	$428.00	$363.00
32120			RE-EXPLORATION OF CHEST	$428.00	$363.00
32124			EXPLORE CHEST,FREE ADHESIONS	$428.00	$363.00
32140			REMOVAL OF LUNG LESION(S)	$428.00	$363.00
32141			REMOVE/TREAT LUNG LESIONS	$513.00	$437.00
32150			REMOVAL OF LUNG LESION(S)	$399.00	$339.00
32151			THORACOTOMY MAJOR:W REMOVE FOR	$428.00	$363.00
32160			OPEN CHEST HEART MASSAGE	$456.00	$388.00
32200			DRAINAGE OF INFECTED LUNG MATE	$342.00	$291.00

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DME/P&O				**PURCHASE**	**RENTAL**
32215			PLEURAL SCARIFICATION/REP.PNEU	$570.00	$485.00
32220			RELEASE OF LUNG	$713.00	$607.00
32225			PARTIAL RELEASE OF LUNG	$285.00	$243.00
32310			REMOVAL OF CHEST LINING	$423.00	$368.00
32320			FREE/REMOVE CHEST LINING	$713.00	$607.00
32400			NEEDLE BIOPSY OF LINING OF LUN	$21.00	$18.00
32440			REMOVAL OF LUNG	$604.00	$525.00
32442			RESECTION OF TRACHEO SEGMENT	$763.00	$648.00
32445			REMOVAL OF LUNG	$725.00	$616.00
32480			PARTIAL REMOVAL OF LUNG	$604.00	$525.00
32482			BILOBECTOMY	$604.00	$525.00
32484			SEGMENTECTOMY	$604.00	$525.00
32486			SLEEVE LOBECTOMY	$660.00	$561.00
32488			COMPLET PNEUMONECTOMY	$763.00	$648.00
32491			REMOVAL OF LUNG OTH THAN PNEUM	$744.24	$632.60
32501			RESECTION AND BRONCHOPLASTY W/	$178.00	$151.00
32503			RESECTION OF APICAL LUNG TUMOR	$920.83	$782.71
32504			RESECTION OF APICAL LUNG TUMOR	$1,049.68	$892.23

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DME/P&O				**PURCHASE**	**RENTAL**
32505			THORACOTOMY: WITH THERAPEUTIC	$478.56	$406.78
32506			THORACOTOMY: WITH THERAPEUTIC	$79.82	$67.84
32507			THORACOTOMY: WITH DIAGNOSTIC W	$79.66	$67.71
32540			REMOVAL OF LUNG LESION	$513.00	$436.00
32550			INSERTION OF INDWELLING TUNNEL	$400.93	$340.79
32551			REMOVAL OF FLUID FROM BETWEEN	$80.35	$68.30
32552			REMOVAL OF INDWELLING TUNNELED	$95.70	$81.34
32552	26		REMOVE INDWELLING TUNNELED PLE	$82.04	$69.73
32553			INSERTION OF DEVICES IN CHEST	$279.22	$237.34
32553	26		PLACEMENT INTERSTITIAL DEVICE	$92.56	$78.67
32554			THORACENTESIS, NEEDLE OR CATHE	$111.86	$95.08
32554	26		THORACENTESIS, NEEDLE OR CATHE	$45.92	$39.03
32555			THORACENTESIS, NEEDLE OR CATHE	$159.15	$135.28
32555	26		THORACENTESIS, NEEDLE OR CATHE	$57.45	$48.83
32556			REMOVAL OF FLUID FROM CHEST CA	$329.57	$280.13
32556	26		PLEURAL DRAINAGE PERCUTANEOUS,	$63.13	$53.66
32557			REMOVAL OF FLUID FROM CHEST CA	$302.41	$257.04
32557	26		PLEURAL DRAINAGE PERCUTANEOUS,	$78.25	$66.51

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DME/P&O				**PURCHASE**	**RENTAL**
32560			CHEMICAL PLEURODESIS (EG, FOR	$134.47	$114.30
32561			INSTILLATION(S), VIA CHEST TUB	$48.31	$41.06
32561	26		INSTILLATION(S),VIA CHEST TUBE	$35.04	$29.78
32562			INSTILLATION(S), VIA CHEST TUB	$43.21	$36.73
32562	26		INSTILLATION(S),VIA CHEST TUBE	$31.29	$26.60
32601			DIAGNOSTIC EXAMINATION OF LUNG	$126.00	$107.00
32604			DX THORACOSCOPY PERICARDIAL SA	$158.00	$136.00
32606			DX THORACOSCOPY MEDIASTINAL SP	$158.00	$136.00
32607			THORACOSCOPY: WITH DIAGNOSTIC	$168.12	$142.90
32608			THORACOSCOPY: WITH DIAGNOSTIC	$193.30	$164.30
32609			THORACOSCOPY: WITH BIOPSY(IES)	$132.39	$112.53
32650			SURG. THORACOSCOPY W PLEURODES	$375.00	$318.00
32651			SURG.SCOPE W PARTIAL PUL DECOR	$388.00	$329.00
32652			W PUL DECORTICATN/INTRAPLEURL	$713.00	$609.00
32653			W REMOVE FOREIGN BODY/FIBRIN D	$399.00	$339.00
32654			W CONTROL OF TRAUMATIC HEMORRH	$428.00	$363.00
32655			W EXCISION/PLICATION OF BULLAE	$513.00	$437.00
32656			W PARIETAL PLEURECTOMY	$458.00	$389.00

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DME/P&O				**PURCHASE**	**RENTAL**
32658			REM CLOT/FOREIGN BODY PERICARD	$546.00	$464.00
32659			MAKE PERICARDIAL WINDOW/PART S	$546.00	$464.00
32661			W EXCISE OF PERICOR CYST/TUMOR	$546.00	$464.00
32662			W EXCISION OF CYST/TUMOR/MASS	$718.00	$610.00
32663			W LOBECTOMY TOTAL OR SEGMENTAL	$718.00	$610.00
32664			W THORACIC SYMPATHECTOMY	$388.00	$329.00
32665			W ESOPHAOMYOTOMY,HELLER TYPE	$483.00	$420.00
32666			THORACOSCOPY, SURGICAL: WITH T	$447.50	$380.38
32667			THORACOSCOPY, SURGICAL: WITH T	$80.01	$68.01
32668			THORACOSCOPY, SURGICAL: WITH D	$80.01	$68.01
32669			THORACOSCOPY, SURGICAL: WITH R	$688.57	$585.28
32670			THORACOSCOPY, SURGICAL: WITH R	$820.84	$697.71
32671			THORACOSCOPY, SURGICAL: WITH R	$905.49	$769.67
32672			THORACOSCOPY, SURGICAL: WITH R	$781.89	$664.60
32673			THORACOSCOPY, SURGICAL: WITH R	$622.16	$528.83
32674			THORACOSCOPY, SURGICAL: WITH M	$109.97	$93.47
32701			THORACIC TARGET(S) DELINEATION	$109.77	$93.30
32800			REPAIR LUNG HERNIA	$217.00	$185.00

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DME/P&O				**PURCHASE**	**RENTAL**
32810			CLOSE CHEST AFTER DRAINAGE	$362.00	$308.00
32815			CLOSURE OF ABNORMAL DRAINAGE T	$604.00	$525.00
32820			RECONSTRUCT INJURED CHEST	$604.00	$525.00
32850			DONOR PNEUMOECTOMY/IES CADAVER	BY REPORT	BY REPORT
32851			LUNG TRANSPLANT/SINGLE WO CP B	$1,338.09	$1,137.37
32852			LUNG TRANSPLANT/SINGLE W CP BY	$1,496.01	$1,271.60
32853			LUNG TRANSPLANT/BILAT WO CP BY	$1,599.58	$1,359.64
32854			LUNG TRANSPLANT/BILAT W CP BYP	$1,732.21	$1,472.38
32855			BACKBENCH STANDARD PREPARATION	$213.59	$181.55
32856			BACKBENCH STANDARD PREPARATION	$238.45	$202.68
32900			REMOVAL OF RIB(S)	$332.00	$289.00
32905			REVISE & REPAIR CHEST WALL	$362.00	$308.00
32906			REVISE & REPAIR CHEST WALL	$604.00	$525.00
32940			REVISION OF LUNG	$423.00	$359.00
32960			THERAPEUTIC PNEUMOTHORAX	$30.00	$26.00
32994			DESTRUCTION OF GROWTHS IN ONE	$3,048.51	$2,591.23
32994	26		DESTRUCTION OF GROWTHS IN ONE	$236.02	$200.62
32997			TOTAL LUNG LAVAGE UNILATERAL	$120.00	$102.00

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DME/P&O				**PURCHASE**	**RENTAL**
32998			DESTRUCTION OF GROWTHS IN ONE	$1,916.50	$1,629.02
32998	26		ABLATION THERAPY FOR REDUCTION	$228.62	$194.33
32999			UNLISTED PROCEDURE,LUNGS/PLEUR	BY REPORT	BY REPORT
33010			DRAINAGE OF HEART SAC	$25.00	$21.00
33011			REPEAT DRAINAGE OF HEART SAC	$25.00	$21.00
33015			INCISION OF HEART SAC	$108.00	$92.00
33020			INCISION OF HEART SAC	$546.00	$464.00
33025			INCISION OF HEART SAC	$546.00	$464.00
33030			PARTIAL REMOVAL OF HEART SAC	$820.00	$697.00
33031			PERICARDIECTOMY WCARDIOPLUMON	$1,092.00	$928.00
33050			REMOVAL OF HEART SAC LESION	$546.00	$464.00
33120			REMOVAL OF HEART LESION	$1,092.00	$928.00
33130			REMOVAL OF HEART LESION	$820.00	$697.00
33140			TRANSMYOCARD LASER REVASC/BY T	$693.00	$589.00
33141			TRANSMYOCARD LASER REVASC BY T	$132.48	$112.61
33202			INSERTION OF ELECTRODES TO OUT	$398.05	$338.34
33203			INSERTION OF EPICARDIAL ELECTR	$416.52	$354.04
33206			INSERTION HEART PACEMAKER/ATRI	$410.00	$348.00

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DME/P&O				**PURCHASE**	**RENTAL**
33207			INSERT HEART PACEMAKER/VENTRIC	$410.00	$348.00
33208			INSERT HEART PACEMAKER/AV SEQU	$464.00	$394.00
33210			INSERTION OF HEART ELECTRODE	$171.00	$145.00
33211			INSERT/REPLACE TEMPORARY PACEM	$171.00	$145.00
33212			INSERTION OF PULSE GENERATOR	$151.00	$128.00
33213			DUAL CHAMBER PERM PACEMAKER IN	$151.00	$128.00
33214			SINGLE CHAMBER TO DUAL CHAMBER	$175.00	$148.00
33215			REPOSITIONING OF IMPLANTED PAC	$251.00	$213.00
33216			REVISION IMPLANTED ELECTRODE	$246.00	$209.00
33217			DUAL CHAMBER PACER INSERT/REPL	$246.00	$209.00
33218			REPAIR OF ELECTRODE FOR PERMAN	$205.00	$174.00
33220			REPAIR OF 2 ELECTRODES FOR PER	$205.00	$174.00
33221			INSERTION OF PACEMAKER PULSE G	$187.28	$159.18
33222			RELOCATION OF PACEMAKER GENERA	$220.00	$187.00
33223			RELOCATION OF DEFIBRILLATOR DE	$220.00	$187.00
33224			INSERTION OF PACING ELECTRODES	$293.00	$249.00
33225			INSERTION OF PACING ELECTRODE,	$260.00	$221.00
33226			REPOSITION PREVIOUS IMPLANTED	$283.00	$241.00

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DME/P&O				**PURCHASE**	**RENTAL**
33227			REMOVAL OF PERMANENT PACEMAKER	$176.02	$149.62
33228			REMOVAL OF PERMANENT PACEMAKER	$183.87	$156.29
33229			REMOVAL OF PERMANENT PACEMAKER	$194.91	$165.67
33230			INSERTION OF PACING CARDIOVERT	$198.54	$168.76
33231			INSERTION OF PACING CARDIOVERT	$208.59	$177.30
33233			REMOVAL OF PULSE GENERATOR/PAC	$205.00	$174.00
33234			REMOVAL OF PULSE GEN/ELECTRODE	$205.00	$174.00
33235			REMOVE PACER/PULSE GEN/ELECTRO	$205.00	$174.00
33236			REMOVE EPICARDIAL PACER/THORAC	$220.00	$187.00
33237			REMOVE PACER/DUALLEAD SYSTEM T	$374.00	$318.00
33238			REMOVE TRANSVENOUS ELECTRODES	$407.00	$346.00
33240			INSERT/REPLACE CV PULSE GENERA	$151.00	$128.00
33241			REMOVAL OF DEFIBRILLATOR PULSE	$151.00	$128.00
33243			REMOVAL OF DEFIBRILLATOR ELECT	$200.00	$170.00
33244			REMOVAL OF DEFIBRILLATOR ELECT	$200.00	$170.00
33249			W INSERT OF CV PULSE GENERATOR	$481.00	$408.00
33250			OPER ABLATION...:WO CARDIOPUL	$446.00	$379.00
33251			OPER ABLATION...:W CARDIOPULM	$481.00	$409.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33254			OPERATIVE TISSUE ABLATION AND	$695.41	$591.09
33255			OPERATIVE TISSUE ABLATION AND	$839.19	$713.31
33256			OPERATIVE TISSUE ABLATION AND	$995.82	$846.45
33257			OPERATIVE TISSUE ABLATION AND	$299.94	$254.94
33258			OPERATIVE TISSUE ABLATION AND	$336.17	$285.74
33259			OPERATIVE TISSUE ABLATION AND	$435.17	$369.89
33261			OPER ABLATION..:W CARDIOPULMO	$510.00	$433.00
33262			REMOVAL AND REPLACEMENT OF DEF	$193.92	$164.83
33263			REMOVAL AND REPLACEMENT OF DEF	$201.92	$171.63
33264			REMOVAL AND REPLACEMENT OF DEF	$210.66	$179.06
33265			ENDOSCOPY, SURGICAL: OPERATIVE	$698.32	$593.57
33266			ENDOSCOPY, SURGICAL: OPERATIVE	$948.01	$805.81
33270			INSERTION OR REPLACEMENT OF DE	$294.55	$250.37
33271			INSERTION OF DEFIBRILLATOR ELE	$236.44	$200.97
33272			REMOVAL OF DEFIBRILLATOR ELECT	$180.57	$153.48
33273			REPOSITIONING OF PREVIOUSLY IM	$208.68	$177.37
33300			REPAIR OF HEART WOUND	$513.00	$436.00
33305			REPAIR OF HEART WOUND	$820.00	$697.00

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DME/P&O				**PURCHASE**	**RENTAL**
33310			INCISION, EXPLORATION, AND REM	$512.00	$435.00
33315			INCISION, EXPLORATION, AND REM	$874.00	$743.00
33320			REPAIR MAJOR BLOOD VESSEL(S)	$492.00	$418.00
33321			SUTURE REPAIR AORTA W/SHUNT BY	$809.00	$688.00
33322			REPAIR MAJOR BLOOD VESSEL(S)	$820.00	$697.00
33330			INSERT MAJOR VESSEL GRAFT	$820.00	$697.00
33335			INSERT MAJOR VESSEL GRAFT	$1,093.00	$929.00
33340			REPAIR OF LEFT UPPER HEART	$408.46	$347.19
33361			REPLACEMENT OF AORTIC VALVE WI	$697.89	$593.20
33362			REPLACEMENT OF AORTIC VALVE WI	$761.62	$647.38
33363			REPLACEMENT OF AORTIC VALVE WI	$788.71	$670.40
33364			REPLACEMENT OF AORTIC VALVE WI	$813.74	$691.67
33365			TRANSCATHETER AORTIC VALVE REP	$915.68	$778.33
33366			TRANSCATHETER AORTIC VALVE REP	$989.76	$841.29
33367			TRANSCATHETER AORTIC VALVE REP	$322.61	$274.22
33368			REPLACEMENT OF AORTIC VALVE WI	$382.40	$325.04
33369			TRANSCATHETER AORTIC VALVE REP	$504.77	$429.05
33390			SIMPLE REPAIR OF AORTIC VALVE	$990.01	$841.50

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DME/P&O				**PURCHASE**	**RENTAL**
33391			COMPLEX REPAIR OF AORTIC VALVE	$1,171.20	$995.52
33404			CONSTRUCT APICAL-ADRTIC CONDUI	$1,025.00	$871.00
33405			REPLACEMENT OF AORTIC VALVE US	$1,025.00	$871.00
33406			REPLACEMENT OF AORTIC VALVE US	$1,120.00	$952.00
33410			REPLACEMENT OF AORTIC VALVE US	$1,049.00	$892.00
33411			REPLACE AORTIC VALVE:ANNULUS E	$1,025.00	$871.00
33412			REPLACE AORTIC VALVE:TRANSVENT	$1,025.00	$871.00
33413			BY TRANSLOCATE AUTO PUL-VALVE/	$1,215.00	$1,033.00
33414			REPAIR LV OUTFLOW TRACT OBSTIO	$1,048.00	$891.00
33415			REVISION OF AORTIC VALVE	$984.00	$836.00
33416			VENTRICULOMYOTOMY/MYECTOMY	$984.00	$836.00
33417			REPAIR OF AORTIC VALVE	$984.00	$836.00
33418			REPLACEMENT OF AORTIC VALVE WI	$929.44	$790.02
33418	26		REPLACEMENT OF AORTIC VALVE WI	$990.45	$841.88
33419			REPLACEMENT OF AORTIC VALVE WI	$218.79	$185.97
33420			REMOVAL OF SCAR TISSUE OF VALV	$820.00	$697.00
33422			REMOVAL OF VALVE SCAR TISSUE B	$1,025.00	$871.00
33425			REPAIR OF MITRAL VALVE	$1,025.00	$871.00

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DME/P&O				**PURCHASE**	**RENTAL**
33426			VALVULOPLASTY,MITRAL VALUE,CAR	$1,025.00	$871.00
33427			VALVULOPLASTY,MITRAL V W CBYP:	$1,025.00	$871.00
33430			REPLACEMENT OF MITRAL VALVE	$1,025.00	$871.00
33460			REVISION OF TRICUSPID VALVE	$1,025.00	$871.00
33463			TRICUSPID VALVULOPLASTY O RING	$1,024.00	$870.00
33464			TRICUSPID VALVULOPLASTY W RING	$1,084.00	$921.00
33465			REPLACE TRICUSPID VALVE	$1,025.00	$871.00
33468			REVISION OF TRICUSPID VALVE	$1,174.00	$998.00
33470			DILATION OF VALVE BETWEEN RIGH	$820.00	$697.00
33471			DILATION OF VALVE BETWEEN RIGH	$400.00	$340.00
33474			INCISION OF VALVE AT RIGHT LOW	$1,025.00	$871.00
33475			PULMONARY VALVE REPLACEMENT	$1,024.00	$870.00
33476			REVISION OF HEART CHAMBER	$820.00	$697.00
33477			IMPLANTATION OF HEART VALVE (P	$714.32	$607.17
33478			REVISION OF HEART CHAMBER	$1,025.00	$871.00
33496			REP NON-STRUCT PROSTH VALVE DY	$1,026.00	$873.00
33500			RPR CORONARY ARTERIOVENOUS CHA	$925.00	$786.00
33501			REPAIR COR AV FISTULA W/O CP B	$925.00	$786.00

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DME/P&O				**PURCHASE**	**RENTAL**
33502			CORONARY ARTERY CORRECTION	$546.00	$464.00
33503			CORONARY ARTERY GRAFT	$820.00	$697.00
33504			CORONARY ARTERY GRAFT	$1,092.00	$928.00
33505			COR ART REPAIR W INTRAPUL ART	$977.00	$830.00
33506			COR ART REPAIR/TRANSLOCATE PUL	$977.00	$830.00
33507			REPAIR OF ANOMALOUS (EG, INTRA	$879.94	$747.94
33508			ENDOSCOPY SURG W/VIDEO ASSIST	$14.00	$14.00
33510			CORONARY ARTERY BYPASS	$1,025.00	$871.00
33511			COR ART BYP,AUTOGENOUS GRAFT:2	$1,310.00	$1,113.00
33512			COR ART BYP,AUTOGENOUS GRAFT:3	$1,560.00	$1,326.00
33513			COR ART BYP,AUTOGENOUS GRAFT:4	$1,560.00	$1,326.00
33514			COR ART BYPASS,AUTOGEN GRAFT:5	$1,560.00	$1,326.00
33516			COR ART BYPASS,AUTOG GRAFT:6/M	$1,560.00	$1,326.00
33517			CABG VENOUS&ARTERIAL,1 GRAFT	$122.00	$104.00
33518			CABG 2 VENOUS GRAFTS	$230.00	$200.00
33519			CABG 3 VENOUS GRAFTS	$296.00	$252.00
33521			CABG 4 VENOUS GRAFTS	$325.00	$276.00
33522			CABG 5 VENOUS GRAFTS	$361.00	$307.00

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DME/P&O				**PURCHASE**	**RENTAL**
33523			CABG 6 OR MORE VENOUS GRAFTS	$369.00	$314.00
33530			REOPERATION,CORONARY BYPASS>1M	$276.08	$234.67
33533			CABG SINGLE ARTERIAL GRAFT	$1,025.00	$871.00
33534			CABG 2 CORONARY ARTERIAL GRAFT	$1,310.00	$1,113.00
33535			CABG 3 ARTERIAL GRAFTS	$1,560.00	$1,326.00
33536			CABG 4 OR MORE ARTERIAL GRAFTS	$1,560.00	$1,326.00
33542			REMOVAL OF HEART LESION	$1,025.00	$871.00
33545			REPAIR OF HEART DAMAGE	$1,256.00	$1,068.00
33548			SURGICAL VENTRICULAR RESTORATI	$1,518.24	$1,290.50
33572			REMOVAL OF PLAQUE FROM HEART A	$170.00	$144.50
33600			ATRIOVENTRICULAR VALVE SUTURE/	$1,048.00	$891.00
33602			SEMILUNAR VALVE CLOSURE SUTURE	$1,024.00	$870.00
33606			PULMONARY ARTERY ANASTOMOSIS T	$1,072.00	$911.00
33608			COMPLEX CARDIAC ANOMALY REPAIR	$1,096.00	$932.00
33610			COMPLEX CARDIAC REPAIR IVS DEF	$1,072.00	$911.00
33611			RIGHT VENTRLE CARDIAC TUNNEL R	$1,143.00	$972.00
33612			RIGHT VENTRICOLAR CARIAC OUTFL	$1,167.00	$992.00
33615			CARDIAC ANOMALY REPAIR ASD&ANA	$1,120.00	$952.00

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DME/P&O				**PURCHASE**	**RENTAL**
33617			COMPLEX CARDIAC REPAIR VENTRIC	$1,179.00	$1,002.00
33619			VENTRICULO REPAIR W AO OUT FLO	$1,286.00	$1,093.00
33620			PLACEMENT OF BANDS AROUND THE	$844.49	$717.82
33621			TRANSTHORACIC INSERTION OF CAT	$479.47	$407.55
33622			RECONSTRUCTION OF COMPLEX CARD	$1,765.41	$1,500.59
33641			REPAIR HEART SEPTUM DEFECT	$984.00	$836.00
33645			REVISION OF HEART VEINS	$984.00	$836.00
33647			REPAIR ATRIAL/VENTRICULAR SEPT	$984.00	$836.00
33660			REPAIR OF HEART DEFECTS	$1,025.00	$871.00
33665			REPAIR OF HEART DEFECTS	$1,092.00	$928.00
33670			REPAIR OF HEART CHAMBERS	$1,256.00	$1,068.00
33675			CLOSURE OF MULTIPLE VENTRICULA	$998.19	$848.46
33676			CLOSURE OF MULTIPLE VENTRICULA	$1,040.69	$884.59
33677			CLOSURE OF MULTIPLE VENTRICULA	$1,080.65	$918.55
33681			REPAIR HEART SEPTUM DEFECT	$820.00	$697.00
33684			REPAIR HEART SEPTUM DEFECT	$1,025.00	$871.00
33688			REPAIR HEART SEPTUM DEFECT	$1,202.00	$1,022.00
33690			REINFORCE PULMONARY ARTERY	$410.00	$348.00

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DME/P&O				**PURCHASE**	**RENTAL**
33692			REPAIR OF HEART DEFECTS	$1,150.00	$977.00
33694			REPAIR OF HEART DEFECTS	$1,256.00	$1,068.00
33697			COMPLETE CARDIAC TETRALOGY OF	$1,293.00	$1,099.00
33702			REPAIR OF HEART DEFECTS	$1,025.00	$871.00
33710			REPAIR OF HEART DEFECTS	$1,092.00	$928.00
33720			REPAIR OF HEART DEFECT	$1,092.00	$928.00
33722			CLOSURE OF AORTICO LEFT VENTRI	$1,124.00	$955.00
33724			REPAIR OF ISOLATED PARTIAL ANO	$783.82	$666.25
33726			REPAIR OF PULMONARY VENOUS STE	$1,045.28	$888.48
33730			REPAIR HEART-VEIN DEFECT(S)	$1,025.00	$871.00
33732			COR TRIATRIATUM/MV RING REPAIR	$1,045.00	$888.00
33735			BALLOON ENLARGEMENT OF WALL BE	$820.00	$697.00
33736			ENLARGEMENT OF WALL BETWEEN TW	$810.00	$688.00
33737			ENLARGEMENT OF WALL BETWEEN TW	$984.00	$836.00
33750			MAJOR VESSEL SHUNT	$615.00	$523.00
33755			MAJOR VESSEL SHUNT	$615.00	$523.00
33762			MAJOR VESSEL SHUNT	$820.00	$697.00
33764			SHUNT:CENTRAL,WITH PROSTHETIC	$820.00	$697.00

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DME/P&O				**PURCHASE**	**RENTAL**
33766			MAJOR VESSEL SHUNT	$820.00	$697.00
33767			SHUNT FROM SVC TO PULMONARY AR	$852.00	$724.00
33768			ANASTOMOSIS, CAVOPULMONARY, SE	$213.10	$181.14
33770			REPAIR TRANSPOSITION GREAT VES	$1,228.00	$1,044.00
33771			VSD SURGICAL ENLARGEMENT	$1,280.00	$1,088.00
33774			RPR TRANSPOS GT ART W CARDIOP	$906.00	$770.00
33775			RPR TRANSPOS GT ART...:W REM P	$1,256.00	$1,068.00
33776			RPR TRANSPOS GT ART...W CLOS V	$1,312.00	$1,115.00
33777			RPR TRANSPOSIT GT ART...REP SU	$1,256.00	$1,068.00
33778			REP TRANSPOS GT ART,AORTIC PUL	$1,256.00	$1,068.00
33779			RPR TRANSPOS GT ART.REM PULMON	$1,256.00	$1,068.00
33780			RPR TRANSPOS.GT.ART.CLOS VENT	$1,312.00	$1,115.00
33781			RPR TRANSPOS.GT.ART.W RPR SUBP	$1,256.00	$1,068.00
33782			AORTIC ROOT TRANSLOCATION W/VE	$1,660.00	$1,411.00
33783			AORTIC ROOT TRANS W/REIMPLANTA	$1,794.44	$1,525.27
33786			REPAIR ARTERIAL TRUNK	$1,256.00	$1,068.00
33788			REVISION OF PULMONARY ARTERY	$820.00	$697.00
33800			AORTIC SUSP:TRACHEAL DECOMPRES	$490.00	$416.00

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DME/P&O				**PURCHASE**	**RENTAL**
33802			REPAIR VESSEL DEFECT	$615.00	$523.00
33803			REPAIR VESSEL DEFECT	$615.00	$523.00
33813			OBLIT.AORTOPUL.SEPTAL DEF:WO C	$1,025.00	$871.00
33814			OBL.AORTOPUL.SEPTAL DEF.W CARD	$1,025.00	$871.00
33820			REVISE MAJOR VESSEL	$546.00	$464.00
33824			REPAIR OF CONGENITAL HEART DEF	$546.00	$464.00
33840			REMOVE AORTA CONSTRICTION	$820.00	$697.00
33845			REMOVE AORTA CONSTRICTION	$984.00	$836.00
33851			EXCISE COARCTATION-AORTA:WALDH	$825.00	$701.00
33852			EXC COARCTATION AORTA:W RPR AO	$875.00	$744.00
33853			REPAIR AORIC ARCH WITH GRAFT/B	$1,045.00	$888.00
33860			ASCENDING AORTA GRAFT	$1,150.00	$977.00
33863			AORTIC GRAFT CORONARY RECON RO	$1,217.00	$1,034.00
33864			ASCENDING AORTA GRAFT, WITH CA	$1,654.09	$1,405.97
33870			TRANSVERSE AORTIC ARCH GRAFT	$1,530.00	$1,300.00
33875			THORACIC AORTA GRAFT	$1,150.00	$977.00
33877			REPAIR THORACOABDOMINAL ANEURY	$1,150.00	$977.00
33880			ENDOVASCULAR REPAIR OF DESCEND	$916.61	$779.12

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33881			ENDOVASCULAR REPAIR OF DESCEND	$786.92	$668.88
33883			PLACEMENT OF PROXIMAL EXTENSIO	$570.83	$485.20
33884			PLACEMENT OF PROXIMAL EXTENSIO	$199.53	$169.60
33886			PLACEMENT OF DISTAL EXTENSION	$489.22	$415.83
33889			INCISION ON ONE SIDE OF NECK T	$400.83	$340.71
33891			BYPASS GRAFT, WITH OTHER THAN	$484.78	$412.06
33910			REMOVE LUNG ARTERY EMBOLI	$1,204.00	$1,023.00
33915			REMOVE LUNG ARTERY EMBOLI	$656.00	$558.00
33916			PULM ENDARERECTOMY...W CARDIOP	$875.00	$744.00
33917			REPAIR PULM ARTERY STENOSIS W/	$852.00	$724.00
33920			PULMONARY ATRESIA WITH V.S. DE	$1,009.00	$858.00
33922			TRANS.PULMONARY ARTERY WITH BY	$828.00	$704.00
33924			LIGATION/TAKEDOWN/SYS/PULM ART	$179.00	$152.00
33925			REPAIR OF PULMONARY ARTERY ARB	$882.90	$750.47
33926			REPAIR OF PULMONARY ARTERY ARB	$1,241.89	$1,055.61
33927			IMPLANTATION OF ARTIFICIAL HEA	$1,307.75	$1,111.58
33928			REPLACEMENT OF ARTIFICIAL HEAR	BY REPORT	BY REPORT
33929			REMOVAL OF ARTIFICIAL HEART	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
33930			DONOR HEART-LUNG,PREP,MAINTAIN	$264.47	$224.80
33933			BACKBENCH STANDARD PREPARATION	$261.66	$222.41
33935			HEART-LUNG TRANSPLANT,W/ ORG R	$2,000.00	$1,700.00
33940			DONOR CARDIECTOMY,PREP/MAINTAI	$400.00	$340.00
33944			BACKBENCH STANDARD PREPARATION	$242.06	$205.75
33945			HEART TRANSPLANT,W/WO RECI CAR	$2,000.00	$1,700.00
33946			INITIATION OF EXTERNAL VEIN TO	$158.76	$134.95
33947			INITIATION OF EXTERNAL VEIN TO	$175.97	$149.57
33948			DAILY MANAGEMENT OF EXTERNAL V	$122.48	$104.11
33949			DAILY MANAGEMENT OF EXTERNAL V	$118.92	$101.08
33951			INSERTION OF TUBE ACCESSED THR	$218.14	$185.41
33951	26		INSERTION OF TUBE ACCESSED THR	$211.14	$179.46
33952			INSERTION OF TUBE ACCESSED THR	$219.38	$186.47
33952	26		INSERTION OF TUBE ACCESSED THR	$204.90	$174.16
33953			INSERTION OF TUBE OPEN PROCEDU	$243.85	$207.27
33953	26		INSERTION OF TUBE OPEN PROCEDU	$235.20	$199.92
33954			INSERTION OF TUBE OPEN PROCEDU	$244.77	$208.05
33954	26		INSERTION OF TUBE OPEN PROCEDU	$228.15	$193.92

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DME/P&O				**PURCHASE**	**RENTAL**
33955			INSERTION OF TUBE ACCESSED THR	$427.29	$363.20
33955	26		INSERTION OF TUBE ACCESSED THR	$488.62	$415.33
33956			INSERTION OF TUBE ACCESSED THR	$427.03	$362.98
33956	26		INSERTION OF TUBE ACCESSED THR	$460.03	$391.02
33957			REPOSITIONING OF TUBE ACCESSED	$94.92	$80.68
33957	26		REPOSITIONING OF TUBE ACCESSED	$163.19	$138.71
33958			REPOSITIONING OF TUBE ACCESSED	$94.76	$80.54
33958	26		REPOSITIONING OF TUBE ACCESSED	$159.77	$135.80
33959			REPOSITIONING OF TUBE OPEN PRO	$120.60	$102.51
33959	26		REPOSITIONING OF TUBE OPEN PRO	$188.26	$160.02
33962			REPOSITIONING OF TUBE OPEN PRO	$119.95	$101.96
33962	26		REPOSITIONING OF TUBE OPEN PRO	$178.99	$152.14
33963			REPOSITIONING OF TUBE ACCESSED	$241.02	$204.87
33963	26		REPOSITIONING OF TUBE ACCESSED	$306.21	$260.28
33964			REPOSITIONING OF TUBE ACCESSED	$251.68	$213.92
33964	26		REPOSITIONING OF TUBE ACCESSED	$309.75	$263.28
33965			REMOVAL OF TUBE ACCESSED THROU	$94.92	$80.68
33965	26		REMOVAL OF TUBE ACCESSED THROU	$163.19	$138.71

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DME/P&O				**PURCHASE**	**RENTAL**
33966			REMOVAL OF TUBE ACCESSED THROU	$122.02	$103.71
33966	26		REMOVAL OF TUBE ACCESSED THROU	$179.75	$152.78
33967			INSERTION OF ASSISTIVE HEART B	$124.00	$106.00
33968			REMOVAL OF BLOOD FLOW ASSIST D	$30.10	$25.59
33969			REMOVAL OF TUBE OPEN PROCEDURE	$140.67	$119.57
33969	26		REMOVAL OF TUBE OPEN PROCEDURE	$187.37	$159.26
33970			REMOVAL OF BLOOD FLOW ASSIST D	$271.00	$230.00
33971			REMOVE INTRA-AORTIC BALOON,W/	$271.00	$230.00
33973			INSERTION INTRA-AORTIC BALLOON	$246.00	$209.00
33974			REM.INTRA-AORTIC BALLOON ASSIS	$271.00	$230.00
33975			IMPLANTATION VENTRICULAR ASSIS	$648.00	$551.00
33976			IMPLANT.BIVENTRICULAR DEVICE S	$918.00	$780.00
33977			REMOVALVENTRICULAR DEVICE SING	$567.00	$482.00
33978			REMOVAL BIVENTRICULAR SUPPORT	$648.00	$551.00
33979			INSERT VENTRIC ASSIST DEV IMPL	$1,342.25	$1,140.91
33980			REMOVAL VENT ASSIST DEVICE IMP	$1,573.00	$1,337.00
33981			REPLACEMENT OF EXTRACORPOREAL	$428.20	$363.97
33982			REPLACEMENT OF VENTRICULAR ASS	$1,004.30	$853.65

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DME/P&O				**PURCHASE**	**RENTAL**
33983			REPLACEMENT OF VENTRICULAR ASS	$1,182.54	$1,005.16
33984			REMOVAL OF TUBE OPEN PROCEDURE	$145.49	$123.66
33984	26		REMOVAL OF TUBE OPEN PROCEDURE	$182.31	$154.96
33985			REMOVAL OF TUBE ACCESSED THROU	$264.61	$224.92
33985	26		REMOVAL OF TUBE ACCESSED THROU	$347.54	$295.40
33986			REMOVAL OF TUBE ACCESSED THROU	$267.18	$227.10
33986	26		REMOVAL OF TUBE ACCESSED THROU	$329.82	$280.35
33987			INCISION OF ARTERY FOR CREATIO	$106.90	$90.87
33988			INSERTION OF LEFT HEART VENT T	$397.15	$337.58
33988	26		INSERTION OF LIFE HEART VENT T	$402.53	$342.15
33989			REMOVAL OF LEFT HEART VENT THR	$249.11	$211.74
33989	26		INSERTION OF LIFE HEART VENT T	$268.85	$228.52
33990			INSERTION OF VENTRICULAR ASSIS	$219.26	$186.37
33991			INSERTION OF VENTRICULAR ASSIS	$321.62	$273.38
33992			REMOVAL OF LOWER HEART CHAMBER	$102.49	$87.11
33993			REPOSITIONING OF PERCUTANEOUS	$90.11	$76.59
33999			UNLISTED PROCEDURE,CARDIAC SUR	BY REPORT	BY REPORT
34001			REMOVAL OF ARTERY CLOT	$275.00	$234.00

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DME/P&O				**PURCHASE**	**RENTAL**
34051			REMOVAL OF ARTERY CLOT	$275.00	$234.00
34101			REMOVAL OF ARTERY CLOT	$275.00	$234.00
34111			EMBOLECTOMY/THROMBECTOMY,RADIA	$275.00	$234.00
34151			REMOVAL OF ARTERY CLOT	$275.00	$234.00
34201			REMOVAL OF ARTERY CLOT	$275.00	$234.00
34201	50		REMOVAL OF ARTERY CLOT, BILATE	$412.50	$351.00
34203			EMBOL-THROMBECTOMY,POBLITEAL-T	$275.00	$234.00
34401			REMOVAL OF VEIN CLOT	$383.00	$326.00
34421			REMOVAL OF BLOOD CLOT IN VENA	$246.00	$209.00
34451			REMOVAL OF BLOOD CLOT IN VENA	$492.00	$418.00
34471			REMOVAL OF VEIN CLOT	$168.00	$143.00
34490			REMOVAL OF VEIN CLOT	$234.00	$199.00
34501			VALVULOPLASTY,FEMORAL VEIN	$120.00	$102.00
34502			RECONSTRUCTION OF VENA CAVA AN	$1,000.00	$850.00
34510			TRANSPOSE VENOUS VALVE,ANY VEI	$160.00	$136.00
34520			CROSS-OVER VEIN GRAFT TO VENOU	$160.00	$136.00
34530			SAPHENOPOPLITEAL VEIN ANASTOMO	$144.00	$122.00
34701			PLACEMENT OF GRAFT FOR REPAIR	$632.35	$537.49

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DME/P&O				**PURCHASE**	**RENTAL**
34702			PLACEMENT OF GRAFT FOR REPAIR	$943.74	$802.18
34703			PLACEMENT OF GRAFT FOR REPAIR	$710.99	$604.34
34704			PLACEMENT OF GRAFT FOR REPAIR	$1,183.75	$1,006.19
34705			PLACEMENT OF GRAFT FOR REPAIR	$782.33	$664.98
34706			PLACEMENT OF GRAFT FOR REPAIR	$1,177.62	$1,000.98
34707			PLACEMENT OF GRAFT FOR REPAIR	$589.87	$501.39
34708			PLACEMENT OF GRAFT FOR REPAIR	$946.06	$804.15
34709			INSERTION OF PROSTHESIS FOR RE	$164.72	$140.01
34710			DELAYED INSERTION OF PROSTHESI	$411.02	$349.37
34711			DELAYED INSERTION OF PROSTHESI	$152.07	$129.26
34712			DELIVERY OF FIXATION DEVICE TO	$353.57	$300.53
34713			EXPOSURE OF ONE GROIN ARTERY F	$65.86	$55.98
34714			EXPOSURE OF ONE GROIN ARTERY W	$138.50	$117.72
34715			EXPOSURE OF ONE UNDERARM OR UP	$155.17	$131.89
34716			EXPOSURE OF ONE UNDERARM OR UP	$192.29	$163.44
34808			ENDOVASC PLACEMENT ILIAC ART O	$111.00	$94.00
34812			EXPOSURE OF ONE THIGH ARTERY F	$181.00	$154.00
34813			PLACEMENT FEM-FEM PROSTHETIC G	$129.00	$110.00

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DME/P&O				**PURCHASE**	**RENTAL**
34820			EXPOSURE OF ONE GROIN ARTERY F	$432.00	$367.00
34830			REPAIR OF BULGING (ANEURYSM) O	$911.00	$774.00
34831			REPAIR OF BULGING (ANEURYSM) O	$984.00	$837.00
34832			REPAIR OF BULGING (ANEURYSM) O	$984.00	$837.00
34833			EXPOSURE OF ONE GROIN ARTERY W	$324.00	$275.00
34834			EXPOSURE OF ONE ARM ARTERY FOR	$145.00	$123.00
34841			PLACEMENT OF GRAFT FOR REPAIR	$1,021.12	$867.95
34842			PLACEMENT OF GRAFT FOR REPAIR	$1,124.59	$955.90
34843			PLACEMENT OF GRAFT FOR REPAIR	$1,228.06	$1,043.85
34844			PLACEMENT OF GRAFT FOR REPAIR	$1,331.53	$1,131.80
34845			PLACEMENT OF GRAFT FOR REPAIR	$1,021.12	$867.95
34846			PLACEMENT OF GRAFT FOR REPAIR	$1,124.59	$955.90
34847			PLACEMENT OF GRAFT FOR REPAIR	$1,228.06	$1,043.85
34848			PLACEMENT OF GRAFT FOR REPAIR	$1,331.53	$1,131.80
35001			REPAIR DEFECT OF ARTERY	$650.00	$552.00
35002			REPAIR RUPTURED ANEURYSM,NECK	$650.00	$552.00
35005			REPAIR ANEURYSM,OCCLUSIVE DIS,	$650.00	$552.00
35011			REPAIR DEFECT OF ARTERY	$410.00	$348.00

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DME/P&O				**PURCHASE**	**RENTAL**
35013			REPAIR RUPTURED ANEURYSM,AXIL-	$410.00	$348.00
35021			REPAIR DEFECT OF ARTERY	$820.00	$697.00
35022			REPAIR RUPTURED ANEURYSM-SUBCL	$820.00	$697.00
35045			REPAIR ANEURYSM,OCCLU OIS,RAD/	$650.00	$553.00
35081			REPAIR DEFECT OF ARTERY	$759.00	$645.00
35082			REPAIR RUPTURED ANEURYSM-ABDOM	$835.00	$710.00
35091			REPAIR DEFECT OF ARTERY	$759.00	$645.00
35092			REP.RUPTURED ANEURYSM,ABD AORT	$835.00	$710.00
35102			REPAIR DEFECT OF ARTERY	$759.00	$645.00
35103			REP.RUPTURED ANEURYSM,ABD AORT	$835.00	$710.00
35111			REPAIR DEFECT OF ARTERY	$680.00	$578.00
35112			REP.RUPTURED ANEURYSM,SPLENIC	$680.00	$578.00
35121			REPAIR DEFECT OF ARTERY	$760.00	$646.00
35122			RUPTURED ANEURYSM,HEPATIC,CELI	$760.00	$646.00
35131			REPAIR DEFECT OF ARTERY	$660.00	$561.00
35132			RUPTURED ANEURYSM,ILIAC ARTERY	$660.00	$561.00
35141			REPAIR DEFECT OF ARTERY	$680.00	$578.00
35142			REPAIR RUPTURED ANEURYSM/FEMOR	$680.00	$578.00

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DME/P&O				**PURCHASE**	**RENTAL**
35151			REPAIR DEFECT OF ARTERY	$680.00	$578.00
35152			REPAIR RUPT ANEURYSM,POPLITEAL	$680.00	$578.00
35180			REPAIR CONGENITAL FISTULA-HEAD	$680.00	$578.00
35182			REP.CONGENITAL FIST-THORAX/ABD	$793.00	$674.00
35184			REP.CONGENITAL FISTULA,EXTREMI	$680.00	$578.00
35188			REP ACQUIRED/TRAUMA FIST.-HEAD	$680.00	$578.00
35189			REP.ACQUIRED/TRAUMA FIST.THORA	$793.00	$674.00
35190			REP.ACQUIRED/TRAUMA FISTULA/EX	$680.00	$578.00
35201			REPAIR BLOOD VESSEL LESION	$410.00	$348.00
35206			REPAIR BLOOD VESSEL LESION	$410.00	$348.00
35207			REPAIR BLOOD VESSEL,DIRECT-HAN	$342.00	$291.00
35211			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35216			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35221			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35226			REPAIR BLOOD VESSEL LESION	$410.00	$348.00
35231			REPAIR BLOOD VESSEL LESION	$410.00	$348.00
35236			REPAIR BLOOD VESSEL LESION	$410.00	$348.00
35241			REPAIR BLOOD VESSEL LESION	$675.00	$574.00

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DME/P&O				**PURCHASE**	**RENTAL**
35246			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35251			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35256			REPAIR BLOOD VESSEL LESION	$615.00	$523.00
35261			REPAIR BLOOD VESSEL LESION	$615.00	$523.00
35266			REPAIR BLOOD VESSEL LESION	$615.00	$523.00
35271			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35276			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35281			REPAIR BLOOD VESSEL LESION	$675.00	$574.00
35286			REPAIR BLOOD VESSEL LESION	$615.00	$523.00
35301			RECHANNELING OF ARTERY	$615.00	$523.00
35302			THROMBOENDARTERECTOMY, INCLUDI	$573.09	$487.12
35303			THROMBOENDARTERECTOMY, INCLUDI	$633.98	$538.88
35304			THROMBOENDARTERECTOMY, INCLUDI	$652.23	$554.39
35305			THROMBOENDARTERECTOMY, INCLUDI	$627.70	$533.55
35306			THROMBOENDARTERECTOMY, INCLUDI	$224.74	$191.02
35311			RECHANNELING OF ARTERY	$723.00	$615.00
35321			RECHANNELING OF ARTERY	$615.00	$523.00
35331			RECHANNELING OF ARTERY	$765.00	$650.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35341			RECHANNELING OF ARTERY	$765.00	$650.00
35351			RECHANNELING OF ARTERY	$765.00	$650.00
35355			THROMBOENDARTERECTOMY-ILIOFEMO	$765.00	$650.00
35361			RECHANNELING OF ARTERY	$765.00	$650.00
35363			THROMBOENDARTERECTOMY/COMB.AOR	$765.00	$650.00
35371			RECHANNELING OF ARTERY	$615.00	$523.00
35372			THROMBOENDARTERECTOMY...DEEP F	$615.00	$523.00
35390			REOP.CAROTID THROMBOENDARTEREC	$131.42	$111.71
35400			ANGIOSCOPY DURING THERAPEUTIC	$145.21	$123.43
35500			HARVEST UPPER EXTREMITY VEIN	$98.00	$83.00
35501			ARTERY BYPASS GRAFT	$650.00	$552.00
35506			ARTERY BYPASS GRAFT	$650.00	$552.00
35508			BUPASS GRAFT,W/VEIN:CAROTID-VE	$650.00	$552.00
35509			ARTERY BYPASS GRAFT	$650.00	$552.00
35510			BYPASS GRAFT W/VEIN CAROTID-BR	$765.00	$650.00
35511			ARTERY BYPASS GRAFT	$650.00	$552.00
35512			BYPASS GRAFT W/VEIN SUBCLAV/BR	$648.00	$551.00
35515			BYPASS GRAFT,W/VEIN:SUBCLAVIAN	$650.00	$552.00

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DME/P&O				**PURCHASE**	**RENTAL**
35516			ARTERY BYPASS GRAFT	$650.00	$552.00
35518			BYPASS GRAFT,W/VEIN:AXILLARY-A	$650.00	$552.00
35521			ARTERY BYPASS GRAFT	$759.00	$645.00
35522			BYPASS GRAFT W/VEIN AXILLARY/B	$678.00	$577.00
35523			BYPASS GRAFT, WITH VEIN: BRACH	$703.34	$597.83
35525			BYPASS GRAFT W/VEIN BRACHIAL/B	$633.00	$538.00
35526			ARTERY BYPASS GRAFT	$759.00	$645.00
35531			ARTERY BYPASS GRAFT	$759.00	$645.00
35533			BYPASS GRAFT,W/VEIN:AXIL-FEM-F	$759.00	$645.00
35535			BYPASS GRAFT WITH VEIN: HEPA	$964.56	$819.87
35536			ARTERY BYPASS GRAFT	$759.00	$645.00
35537			BYPASS GRAFT, WITH VEIN: AORTO	$1,048.85	$891.52
35538			BYPASS GRAFT, WITH VEIN: AORTO	$1,176.15	$999.73
35539			BYPASS GRAFT, WITH VEIN: AORTO	$1,103.73	$938.17
35540			BYPASS GRAFT, WITH VEIN: AORTO	$1,238.87	$1,053.04
35556			ARTERY BYPASS GRAFT	$650.00	$552.00
35558			ARTERY BYPASS GRAFT	$650.00	$552.00
35560			BYPASS GRAFT,W/VEIN:AORTORENAL	$650.00	$552.00

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DME/P&O				**PURCHASE**	**RENTAL**
35563			ARTERY BYPASS GRAFT	$759.00	$645.00
35565			ARTERY BYPASS GRAFT	$759.00	$645.00
35566			ARTERY BYPASS GRAFT	$650.00	$552.00
35570			BYPASS GRAFT WITH VEIN: TIBI	$845.97	$719.07
35571			ARTERY BYPASS GRAFT	$650.00	$552.00
35572			HARVEST OF FEMOROPOPLITEAL VEI	$184.00	$157.00
35583			IN-SITU BYPASS:FEMORAL-POPLITE	$759.00	$645.00
35585			IN-SITU BYPASS:FEM-ANTER,POST,	$759.00	$645.00
35587			IN-SITU BYPASS:POPLIT-TIBIAL,P	$759.00	$645.00
35600			HARVEST UPPER EXTREM ARTERY 1	$139.00	$118.00
35601			ARTERY BYPASS GRAFT	$650.00	$552.00
35606			ARTERY BYPASS GRAFT	$650.00	$552.00
35612			ARTERY BYPASS GRAFT	$650.00	$552.00
35616			ARTERY BYPASS GRAFT	$650.00	$552.00
35621			ARTERY BYPASS GRAFT	$650.00	$552.00
35623			BYPASS GRAFT AXILLARY POPLITEA	$622.00	$529.00
35626			ARTERY BYPASS GRAFT	$705.00	$599.00
35631			ARTERY BYPASS GRAFT	$759.00	$645.00

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DME/P&O				**PURCHASE**	**RENTAL**
35632			BYPASS GRAFT WITH OTHER THAN	$908.06	$771.85
35633			BYPASS GRAFT WITH OTHER THAN	$1,016.38	$863.92
35634			BYPASS GRAFT WITH OTHER THAN	$892.69	$758.78
35636			ARTERY BYPASS GRAFT	$759.00	$645.00
35637			BYPASS GRAFT,NOT VEIN:AORTOILI	$838.45	$712.68
35638			BYPASS GRAFT,NOT VEIN:AORTOBI-	$897.41	$762.80
35642			BYPASS GRAFT,NOT VEIN,CAROTID-	$650.00	$552.00
35645			BYPASS GRAFT,NOT VEIN:SUBCLAV-	$650.00	$552.00
35646			ARTERY BYPASS GRAFT	$759.00	$645.00
35647			BYPASS GRAFT W/OTHER THAN VEIN	$760.00	$646.00
35650			BYPASS GRAFT,NOT VEIN:AXILLARY	$650.00	$552.00
35654			BYPASS GRAFT,NOT VEIN:AXILL-FE	$1,000.00	$850.00
35656			ARTERY BYPASS GRAFT	$650.00	$552.00
35661			ARTERY BYPASS GRAFT	$650.00	$552.00
35663			ARTERY BYPASS GRAFT	$759.00	$645.00
35665			ARTERY BYPASS GRAFT	$759.00	$645.00
35666			ARTERY BYPASS GRAFT	$650.00	$552.00
35671			ARTERY BYPASS GRAFT	$650.00	$552.00

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DME/P&O				**PURCHASE**	**RENTAL**
35681			BYPASS GRAFT,COMPOSITE	$75.36	$64.06
35682			BYPASS GRAFT, AUTOGENOUS COMPO	$294.54	$250.36
35683			BYPASS GRAFT, AUTOG COMP 3 OR	$347.56	$295.43
35685			PLACEMENT OF VEIN PATCH @ DIST	$178.00	$152.00
35686			CREATION DIST ARTERIOVEN FISTU	$148.00	$126.00
35691			TRANSPOSITION VERTEBRAL TO CAR	$650.00	$552.00
35693			TRANSPOSITION VERTEBRAL TO SUB	$650.00	$552.00
35694			TRANS.SUBCLAVIAN TO CAROTID AR	$650.00	$552.00
35695			TRANSPOSITION CAROTID TO SUBCL	$717.00	$609.00
35697			REIMPLANT VISC ART TO INF AORT	$69.00	$59.00
35700			REOPER.FEMEORAL-POPLITEAL TIBI	$144.98	$123.23
35701			EXPLORATION, CAROTID ARTERY	$228.00	$194.00
35721			EXPLORATION, FEMORAL ARTERY	$171.00	$145.00
35741			EXPLORATION POPLITEAL ARTERY	$171.00	$145.00
35761			EXPLORATION OF ARTERY/VEIN	$171.00	$145.00
35800			EXPLORATION OF NECK FOR POSTSU	$171.00	$145.00
35820			EXPLORATION OF CHEST FOR POSTS	$257.00	$218.00
35840			EXPLORATION OF ABDOMEN FOR POS	$257.00	$218.00

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DME/P&O				**PURCHASE**	**RENTAL**
35860			EXPLORATION OF ARM OR LEG FOR	$171.00	$145.00
35870			REPAIR OF GRAFT-ENTERIC FISTUL	$708.00	$602.00
35875			THROMBECTOMY OF ARTERIAL GRAFT	$300.00	$255.00
35876			THROMECTOMY ARTERIAL VENOUS GR	$418.00	$355.00
35879			REVISION OF ARTERIAL BYPASS OF	$385.00	$327.00
35881			REVISION OF ARTERIAL BYPASS OF	$484.00	$411.00
35883			REVISION OF ARTERIAL BYPASS OF	$613.24	$521.25
35884			REVISION OF ARTERIAL BYPASS OF	$627.50	$533.38
35901			EXCISION OF INFECTED GRAFT OF	$473.07	$402.11
35903			EXCISION INFECTED GRAFT EXTREM	$544.28	$462.64
35905			EXCISION INFECTED GRAFT THORAX	$759.00	$645.00
35907			EXCISION INFECTED GRAFT ABDOME	$759.00	$645.00
36000			ESTABLISH ACCESS TO VEIN	$22.56	$19.18
36000	SA		ESTABLISH ACCESS TO VEIN	NA	$29.00
36000	50		INTRO OF NEEDLE OR INTRACATH V	$45.00	$45.00
36002			INJECTION TO CAUSE BLOOD CLOT	$142.00	$120.00
36005			INJ PROC CONTR VENOGRAPHY	$30.00	$30.00
36010			INTRODUCTION OF CATHETER, SUPE	$85.00	$74.00

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DME/P&O				**PURCHASE**	**RENTAL**
36011			SELECT CATH PLACE,VENOUS SYS:F	$127.50	$108.00
36012			SELECT CATH PLACE,VENOUS SYS:S	$191.25	$162.60
36013			INTRO OF CATHETERMRT HR/MAIN P	$127.50	$108.00
36014			SELECTIVE CATHETER PLACEMENT L	$132.42	$112.56
36015			SELECTIVE CATHETER PLACEMENT,S	$149.38	$126.98
36100			ESTABLISH ACCESS TO ARTERY	$103.00	$88.00
36100	50		INTRO NEEDLE INTRACATH,CAR/VER	$154.00	$131.00
36140			INTRODUCTION OF NEEDLE OR INTR	$62.00	$53.00
36140	50		INTRO NEEDLE/INTRACATH: EXTREM	$93.00	$79.00
36160			ESTABLISH ACCESS TO AORTA	$70.00	$60.00
36200			ESTABLISH ACCESS TO AORTA	$95.00	$81.00
36215			INTRODUCE CATHETER: EACH ADD..	$155.00	$132.00
36216			SELECT CATH PL,ART SYS:INIT SE	$187.50	$160.00
36217			SELECT CATH PL,ART SYS:INIT TH	$225.00	$191.00
36218			SELECT CATH PL,ART SYS:ADDIT S	$37.50	$31.00
36221			NON-SELECTIVE CATHETER PLACEME	$554.28	$471.14
36221	26		NON-SELECTIVE CATHETER PLACEME	$102.33	$86.98
36222			SELECTIVE CATHETER PLACEMENT,	$654.91	$556.67

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DME/P&O				**PURCHASE**	**RENTAL**
36222	26		SELECTIVE CATHETER PLACEMENT,	$145.28	$123.48
36223			SELECTIVE CATHETER PLACEMENT,	$830.92	$706.28
36223	26		SELECTIVE CATHETER PLACEMENT,C	$162.49	$138.12
36224			SELECTIVE CATHETER PLACEMENT,	$1,077.40	$915.79
36224	26		SELECTIVE CATHETER PLACEMENT,	$185.59	$157.75
36225			SELECTIVE CATHETER PLACEMENT,	$799.87	$679.89
36225	26		SELECTIVE CATHETER PLACEMENT,	$162.01	$137.71
36226			SELECTIVE CATHETER PLACEMENT,	$1,018.22	$865.48
36226	26		SELECTIVE CATHETER PLACEMENT,V	$182.93	$155.49
36227			SELECTIVE CATHETER PLACEMENT,	$133.77	$113.70
36227	26		SELECTIVE CATHETER PLACEMENT,	$60.34	$51.28
36228			SELECTIVE CATHETER PLACEMENT,	$712.79	$605.87
36228	26		SELECTIVE CATHETER PLACEMENT,	$124.33	$105.68
36245			INTRO.CATH,@ ADD...ABD.ART PLA	$114.00	$97.00
36246			SELECT CATH PL,ART SYS:INIT SE	$187.50	$159.00
36247			SELECT CATH PLACE,ART SYS:INIT	$230.00	$195.50
36248			INSERTION OF CATHETER INTO EAC	$37.50	$32.00
36251			SELECTIVE CATHETER PLACEMENT (	$742.51	$631.13

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DME/P&O				**PURCHASE**	**RENTAL**
36251	26		SELECTIVE CATHETER PLACEMENT (	$133.68	$113.63
36252			SELECTIVE CATHETER PLACEMENT (	$799.60	$679.66
36252	26		SELECTIVE CATHETER PLACEMENT (	$185.59	$157.75
36253			SUPERSELECTIVE CATHETER PLACEM	$1,188.56	$1,010.28
36253	26		SUPERSELECTIVE CATHETER PLACEM	$184.48	$156.81
36254			SUPERSELECTIVE CATHETER PLACEM	$1,150.54	$977.95
36254	26		SUPERSELECTIVE CATHETER PLACEM	$214.51	$182.33
36260			INSERTION OF IMPLANTABLE PUMP	$342.00	$291.00
36261			REVISE IMPLANTED INFUSION PUMP	$143.00	$122.00
36262			REMOVE IMPLANTED INFUSION PUMP	$143.00	$122.00
36299			UNLISTED PROCEDURE,VASCULAR IN	BY REPORT	BY REPORT
36410			INSERTION OF NEEDLE INTO VEIN,	$18.00	$16.00
36415			ROUTINE VENIPUNCTURE COLLECT S	$1.80	$1.80
36415	FP		ROUTINE VENIPUNCTURE COLLECT S	$3.40	$3.40
36415	HU		ROUTINE VENIPUNCTURE COLL SPEC	NA	$1.80
36415	SA		ROUTINE VENIPUNCTURE COLLECT S	NA	$1.80
36415	UD		ROUTINE VENIPUNCTURE COLLECT S	$1.80	$1.80
36416			COLLECTION OF CAPILLARY BLOOD	$1.80	$1.80

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DME/P&O				**PURCHASE**	**RENTAL**
36416	FP		COLLECTION OF CAPILLARY BLOOD	$1.80	$1.80
36416	HU		COLLECTION OF CAPILLARY BLOOD	NA	$1.80
36416	SA		COLLECTION OF CAPILLARY BLOOD	NA	$1.80
36416	UD		COLLECTION OF CAPILLARY BLOOD	$1.80	$1.80
36425			INCISION OF VEIN FOR INSERTION	$18.00	$16.00
36430			TRANSFUSION,BLOOD/BLOOD COMPON	$13.00	$11.00
36455			EXCHANGE TRANSFUSION SERVICE	$98.53	$83.75
36456			PARTIAL EXCHANGE TRANSFUSION,	$54.01	$45.90
36460			TRANSFUSION SERVICE, FETAL	$151.00	$128.00
36465			INJECTION OF CHEMICAL AGENT IN	$833.48	$708.45
36465	26		INJECTION OF CHEMICAL AGENT IN	$60.85	$51.72
36466			INJECTION OF CHEMICAL AGENT IN	$874.83	$743.60
36466	26		INJECTION OF CHEMICAL AGENT IN	$77.41	$65.80
36473			MECHANOCHEMICAL DESTRUCTION OF	$787.77	$669.60
36473	26		MECHANICOCHEMICAL DESTRUCTION	$90.89	$77.25
36474			MECHANOCHEMICAL DESTRUCTION OF	$147.19	$125.11
36474	26		MECHANICOCHEMICAL DESTRUCTIOM	$45.30	$38.51
36475			DESTRUCTION OF INSUFFICIENT VE	$768.10	$652.89

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36475	26		ENDOVENOUS ABLATION THERAPY OF	$143.51	$121.98
36476			RADIOFREQUENCY DESTRUCTION OF	$158.13	$134.41
36476	26		ENDOVENOUS ABLATION THERAPY OF	$69.32	$58.92
36478			LASER DESTRUCTION OF INCOMPETE	$604.95	$514.20
36478	26		ENDOVENOUS ABLATION THERAPY OF	$142.80	$121.38
36479			LASER DESTRUCTION OF INSUFFICI	$167.49	$142.37
36481			INSERTION OF CATHETER INTO POR	$142.50	$121.00
36482			CHEMICAL DESTRUCTION OF INCOMP	$1,106.66	$940.66
36482	26		CHEMICAL DESTRUCTION OF INCOMP	$90.28	$76.74
36483			CHEMICAL DESTRUCTION OF INCOMP	$77.82	$66.15
36483	26		CHEMICAL DESTRUCTION OF INCOMP	$45.34	$38.53
36500			VEIN CATH/SELECT. ORGAN SAMPLE	$127.00	$108.00
36511			THERAPEUTIC APHORESIS FOR WBC'	$49.00	$42.00
36512			THERAPEUTIC APHERESIS FOR RBC'	$49.00	$42.00
36513			THERAPEUTIC APHERESIS FOR PLAT	$49.00	$42.00
36516			THERAPEUTIC APHERESIS EXT SEL	$49.00	$42.00
36522			PHOTOPHERESIS, EXTRACORPORAL	$88.55	$75.27
36556			INSERTION OF CENTRAL VENOUS CA	$160.00	$136.00

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DME/P&O				**PURCHASE**	**RENTAL**
36556	26		INSERT NON-TUN CV CATH AGE 5 +	$52.00	$44.00
36558			INSERTION OF CENTRAL VENOUS CA	$385.00	$327.00
36558	26		INSERT CV CATH WO/SUBCU PORT A	$154.00	$131.00
36561			INSERTION OF CENTRAL VENOUS CA	$655.00	$557.00
36561	26		SUBCUTANEOUS PORT 5 YRS & OLDE	$164.00	$139.00
36563			SUBCUTANEOUS PORT AGE 5 OR OLD	$1,025.00	$871.00
36563	26		SUBCUTANEOUS PORT AGE 5 OR OLD	$215.00	$183.00
36565			INSERTION OF CENTRAL VENOUS CA	$655.00	$557.00
36565	26		SUBCUTANEOUS PUMP	$164.00	$139.00
36566			INSERTION OF CENTRAL VENOUS CA	$715.00	$607.00
36566	26		SUBCUTANEOUS PORT OR PUMP	$236.00	$201.00
36569			INSERTION OF CENTRAL VENOUS CA	$119.00	$101.00
36569	26		SUBCUTANEOUS PORT/PUMP AGE 5 &	$31.00	$26.00
36571			INSERTION OF CENTRAL VENOUS CA	$595.00	$506.00
36571	26		SUBCUTANEOUS PORT AGE 5 & OLDE	$149.00	$127.00
36575			SUBCUTANEOUS PORT AGE 5 OR > R	$99.00	$84.00
36575	26		SUBCUTANEOUS PORT AGE 5 OR > R	$31.00	$26.00
36576			REP CVA DEVICE W/SUBCU PORT/PU	$278.88	$237.05

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DME/P&O				**PURCHASE**	**RENTAL**
36576	26		REP CVA DEVICE W/SUBCU PORT/PU	$177.00	$151.00
36578			REPLACE CATH OF CVA DEVICE W/P	$436.00	$371.00
36578	26		REPLACE CATH OF CVA DEVICE W/P	$183.00	$156.00
36580			REPLACE COMPL NON-TUN CENTRAL	$139.00	$118.00
36580	26		REPLACE COMPL NON-TUN CNETRAL	$50.00	$43.00
36581			REPLACE COMPL TUNNELED CENTRAL	$417.00	$354.00
36581	26		REPLACE COMPL TUNNELED CENTRAL	$138.00	$117.00
36582			REPLACE COML TUNNEL CVA DEVICE	$595.00	$506.00
36582	26		REPLACE COML TUNNEL CVA DEVICE	$149.00	$127.00
36583			REPLACE COMPL TUNNEL DEV W/PUM	$595.00	$506.00
36583	26		REPLACE COMPL TUNNEL DEV W/PUM	$149.00	$127.00
36584			REPLACEMENT OF CATHETER IN PER	$139.00	$118.00
36584	26		REPLACE COMPL PICC W/O SUBCU P	$50.00	$43.00
36585			REPLACE COMPL CVAD W/SUBCU POR	$1,025.00	$871.00
36585	26		REPLACE COMPL CVAD W/SUBCU POR	$174.00	$148.00
36589			REMOVAL TUNNELED CVC W/O SUBCU	$131.00	$114.00
36589	26		REMOVAL TUNNELED CVC W/O SUBCU	$107.00	$91.00
36590			REMOVAL TUNNELED CVAD W SUBCU	$206.00	$174.00

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DME/P&O				**PURCHASE**	**RENTAL**
36590	26		REMOVAL TUNNELED CVAD W SUBCU	$168.00	$144.00
36591			COLLECTION OF BLOOD SPECIMEN F	$13.24	$11.25
36592			COLLECTION OF BLOOD SPECIMEN U	$14.78	$12.56
36593			DECLOTTING BY THROMBOLYTIC AGE	$17.05	$14.49
36595			MECH REMOV PERICATH OBSTRUCT M	$377.00	$321.00
36595	26		MECH REMOV PERICATH OBSTRUCT M	$168.00	$144.00
36596			MECHAN REMOV INTRALUM OBSTRUCT	$99.00	$84.00
36596	26		MECHAN REMOV INTRALUM OBSTRUCT	$31.00	$26.00
36597			REPOSITION CVC W/FLUOROS GUIDA	$131.00	$114.00
36597	26		REPOSITION CVC W/FLUOROS GUIDA	$41.00	$35.00
36598			CONTRAST INJECTION(S) FOR RADI	$61.97	$52.67
36600			WITHDRAWAL OF ARTERIAL BLOOD	$8.00	$8.00
36620			INSERTION OF ARTERIAL CATHETER	$20.00	$16.00
36620	SA		ESTABLISH ACCESS TO ARTERY BY	NA	$15.20
36625			ESTABLISH ACCESS TO ARTERY	$61.00	$52.00
36640			INSERTION CATHETER, ARTERY	$61.00	$52.00
36680			NEEDLE PLACEMENT-INTRAOSSEOUS	$37.00	$31.50
36800			INSERTION OF CANNULA	$128.67	$109.37

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DME/P&O				**PURCHASE**	**RENTAL**
36810			INSERTION OF CANNULA	$182.00	$158.00
36815			INSERTION OF CANNULA	$132.86	$112.93
36818			RELOCATION OF ARM VEIN WITH CO	$356.48	$303.01
36819			RELOCATION OF ARM VEIN WITH CO	$327.00	$278.00
36820			RELOCATION OF ARM VEIN WITH CO	$327.00	$278.00
36821			RELOCATION OF ARM VEIN WITH CO	$253.00	$220.00
36823			INSERT ARTERIAL/VENOUS CANNULA	$214.00	$182.00
36825			ARTERY-VEIN GRAFT	$470.00	$409.00
36830			ARTERY-VEIN GRAFT	$362.00	$315.00
36831			REMOVAL OF BLOOD CLOT FROM DIA	$194.00	$165.00
36832			REVISION OF DIALYSIS GRAFT, OP	$182.00	$158.00
36833			REVISION OF DIALYSIS GRAFT WIT	$226.00	$192.00
36835			ARTERY TO VEIN SHUNT	$362.00	$315.00
36838			DRIL UPPER EXTREM HEMODIALYSIS	$715.00	$607.00
36860			CANNULA DECLOTTING	$131.00	$114.00
36861			CANNULA DECLOTTING	$131.00	$114.00
36901			INSERTION OF NEEDLE AND/OR CAT	$345.20	$293.42
36901	26		INSERTION OF NEEDL AND/OR CATH	$86.63	$73.64

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DME/P&O				**PURCHASE**	**RENTAL**
36902			INSERTION OF NEEDLE AND/OR CAT	$683.49	$580.97
36902	26		INSERTION OF NEEDLE AND/OR CAT	$123.88	$105.29
36903			INSERTION OF NEEDLE AND/OR CAT	$2,912.08	$2,475.27
36903	26		INSERTION OF NEEDLE AND/OR CAT	$163.60	$139.06
36904			EXCISION OF BLOOD CLOT AND/OR	$1,004.99	$854.24
36904	26		EXCISION OF BLOOD CLOT AND/OR	$191.04	$162.38
36905			EXCISION OF BLOOD CLOT AND/OR	$1,265.06	$1,075.30
36905	26		EXCISION OF BLOOD CLOTAND/OR I	$229.07	$194.71
36906			EXCISION OF BLOOD CLOT AND/OR	$3,564.30	$3,029.66
36906	26		EXCISIOM OF BLOOD CLOT AND/OR	$264.29	$224.64
36907			BALLOON DILATION OF DIALYSIS S	$386.34	$328.38
36907	26		BALLOON DILATION OF DIALYSIS S	$75.48	$64.16
36908			INSERTION OF STENT IN DIALYSIS	$1,298.43	$1,103.67
36908	26		INSERTION OF STENT IN DIALYSIS	$106.73	$90.72
36909			PERMANENT BLOCKAGE OF DIALYSIS	$1,048.03	$890.83
36909	26		PERMANENT BLOCKAGE OF DIALYSIS	$103.36	$87.85
37140			CONNECTION OF VENA CAVA AND PO	$677.00	$575.00
37145			CONNECTION OF RENAL (KIDNEY) V	$677.00	$575.00

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DME/P&O				**PURCHASE**	**RENTAL**
37160			CONNECTION OF VENA CAVA AND AB	$677.00	$575.00
37180			CONNECTION OF SPLENIC (SPLEEN)	$677.00	$575.00
37181			CONNECTION OF SPLENIC (SPLEEN)	$677.00	$575.00
37182			INSERT TRANSVEN INTRAHEP PORTO	$468.00	$398.00
37183			REVIS TRANSVEN INTRAHEP PORTO	$220.00	$187.00
37184			REMOVAL OF BLOOD CLOT AND INJE	$1,138.34	$967.58
37184	26		PRIMARY PERCUTANEOUS TRANSLUMI	$229.61	$195.16
37185			REMOVAL OF BLOOD CLOT AND INJE	$349.16	$296.78
37185	26		PRIMARY PERCUTANEOUS TRANSLUMI	$85.59	$72.75
37186			REMOVAL OF BLOOD CLOT AND INJE	$708.79	$602.47
37186	26		SECONDARY PERCUTANEOUS TRANSLU	$125.15	$106.37
37187			PERCUTANEOUS TRANSLUMINAL MECH	$1,051.27	$893.58
37187	26		PERCUTANEOUS TRANSLUMINAL MECH	$202.33	$171.98
37188			PERCUTANEOUS TRANSLUMINAL MECH	$886.56	$753.58
37188	26		PERCUTANEOUS TRANSLUMINAL MECH	$142.59	$121.20
37191			INSERTION OF VENA CAVA FILTER	$1,335.28	$1,134.98
37191	26		INSERTION OF INTRAVASCULAR VEN	$115.31	$98.01
37192			REPOSITIONING OF VENA CAVA FIL	$703.49	$597.97

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DME/P&O				**PURCHASE**	**RENTAL**
37192	26		REPOSITIONING OF INTRAVASCULAR	$174.63	$148.44
37193			REMOVAL OF VENA CAVA FILTER BY	$831.95	$707.15
37193	26		RETRIEVEL(REMOVAL) OF INTRAVAS	$180.06	$153.05
37195			CEREBRAL THROMBOLYSIS IV INFUS	$195.42	$166.11
37197			RETRIEVAL OF FOREIGN BODY OF B	$821.15	$697.97
37197	26		TRANSCATHETER RETRIEVAL, PERCU	$155.61	$132.26
37200			TRANSCATHETER BIOPSY	$160.00	$136.00
37211			TRANSCATHETER THERAPY, ARTERIA	$198.16	$168.43
37212			TRANSCATHETER THERAPY, VENOUS	$194.09	$164.97
37213			TRANSCATHETER THERAPY, ARTERIA	$119.72	$101.76
37214			REMOVAL OF CATHETER IN ARTERY	$80.18	$68.15
37215			INSERTION OF STENTS AND BLOOD	$517.97	$440.27
37216			INSERTION OF STENTS IN NECK AR	$558.28	$474.54
37217			INSERTION OF INTRAVASCULAR STE	$554.34	$471.19
37218			INSERTION OF STENTS IN BLOOD V	$421.13	$357.96
37218	26		INSERTION OF STENTS IN BLOOD V	$440.43	$374.63
37220			BALLOON DILATION OF ARTERY IN	$1,591.45	$1,352.73
37220	26		REVASCULARIZATION, ENDOVASCULA	$205.77	$174.90

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DME/P&O				**PURCHASE**	**RENTAL**
37221			INSERTION OF STENTS IN ARTERY	$2,262.03	$1,922.73
37221	26		REVASCULARIZATION, ENDOVASCULA	$254.27	$216.13
37222			BALLOON DILATION OF GROIN ARTE	$426.38	$362.42
37222	26		REVASCULARIZATION, ENDOVASCULA	$95.34	$81.04
37223			INSERTION OF STENTS INTO GROIN	$1,193.54	$1,014.51
37223	26		REVASCULARIZATION, ENDOVASCULA	$109.11	$92.74
37224			BALLOON DILATION OF ARTERIES I	$1,914.87	$1,627.64
37224	26		REVASCULARIZATION, ENDOVASCULA	$228.14	$193.92
37225			REMOVAL OF PLAQUE IN ARTERIES	$6,609.79	$5,618.32
37225	26		REVASCULARIZATION, ENDOVASCULA	$310.61	$264.02
37226			INSERTION OF STENTS INTO ARTER	$5,732.93	$4,872.99
37226	26		REVASCULARIZATION, ENDOVASCULA	$267.50	$227.38
37227			REMOVAL OF PLAQUE AND INSERTIO	$8,518.86	$7,241.03
37227	26		REVASCULARIZATION, ENDOVASCULA	$373.20	$317.22
37228			BALLOON DILATION OF ARTERY OF	$2,780.20	$2,363.17
37228	26		REVASCULARIZATION, ENDOVASCULA	$278.56	$236.78
37229			REMOVAL OF PLAQUE IN ARTERY IN	$6,608.99	$5,617.64
37229	26		REVASCULARIZATION, ENDOVASCULA	$362.68	$308.27

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DME/P&O				**PURCHASE**	**RENTAL**
37230			INSERTION OF STENTS INTO ARTER	$5,622.16	$4,778.83
37230	26		REVASCULARIZATION, ENDOVASCULA	$359.74	$305.77
37231			REMOVAL OF PLAQUE AND INSERTIO	$8,089.31	$6,875.91
37231	26		REVASCULARIZATION, ENDOVASCULA	$391.19	$332.51
37232			BALLOON DILATION OF ARTERY IN	$589.14	$500.77
37232	26		REVASCULARIZATION, ENDOVASCULA	$103.15	$87.68
37233			REMOVAL OF PLAQUE IN ARTERY IN	$713.95	$606.85
37233	26		REVASCULARIZATION, ENDOVASCULA	$167.98	$142.78
37234			INSERTION OF STENTS INTO ARTER	$2,096.76	$1,782.25
37234	26		REVASCULARIZATION, ENDOVASCULA	$146.86	$124.83
37235			REMOVAL OF PLAQUE AND INSERTIO	$2,270.64	$1,930.04
37235	26		REVASCULARIZATION, ENDOVASCULA	$206.16	$175.23
37236			INSERTION OF INTRAVASCULAR STE	$1,933.13	$1,643.16
37237			INSERTION OF INTRAVASCULAR STE	$1,149.97	$977.47
37238			INSERTION OF INTRAVASCULAR STE	$1,959.77	$1,665.80
37239			INSERTION OF INTRAVASCULAR STE	$934.47	$794.30
37239	26		INSERTION OF INTRAVASCULAR STE	$78.04	$66.33
37241			OCCLUSION OF VENOUS MALFORMATI	$2,620.76	$2,227.65

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DME/P&O				**PURCHASE**	**RENTAL**
37242			OCCLUSION OF ARTERY (OTHER THA	$4,045.06	$3,438.30
37243			OCCLUSION OF TUMORS OR OBSTRUC	$5,236.80	$4,451.28
37244			OCCLUSION OF ARTERIAL OR VENOU	$3,734.30	$3,174.16
37246			BALLOON DILATION OF ARTERY, AC	$1,124.23	$955.60
37246	26		BALLOON DILATION OF ARTERY, AC	$179.17	$152.29
37247			BALLOON DILATION OF ARTERY, AC	$426.70	$362.69
37247	26		BALLOON DILATION OF ARTERY ACC	$87.97	$74.77
37248			BALLOON DILATION OF FIRST VEIN	$801.89	$681.61
37248	26		BALLOON DIALATION OF FIRST VEI	$153.66	$130.61
37249			BALLOON DILATION OF ADDITIONAL	$356.57	$303.08
37249	26		BALLOON DILATION OF ADDITIONAL	$81.26	$69.07
37252			ULTRASOUND EVALUATION OF BLOOD	$783.63	$666.09
37252	26		ULTRASOUND EVALUATION OF BLOOD	$50.27	$42.73
37253			ULTRASOUND EVALUATION OF BLOOD	$104.24	$88.60
37253	26		ULTRASOUND EVALUATION OF BLOOD	$37.53	$31.90
37500			VASC ENDOSCOPY SURG W/LIG PERF	$310.00	$264.00
37501			UNLISTED VASCULAR ENDOSCOPY PR	BY REPORT	BY REPORT
37565			LIGATION OF NECK VEIN	$154.00	$131.00

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DME/P&O				**PURCHASE**	**RENTAL**
37600			LIGATION OF NECK ARTERY	$205.00	$174.00
37605			LIGATION OF NECK ARTERY	$205.00	$174.00
37606			LIGATION OF NECK ARTERY	$463.00	$394.00
37607			LIGATION ARTERIOVENOUS FISTULA	$350.00	$297.00
37609			TEMPORAL ARTERY PROCEDURE	$72.00	$61.00
37615			LIGATION OF NECK ARTERY	$205.00	$174.00
37616			LIGATE MAJOR ARTERY:CHEST	$205.00	$174.00
37617			LIGATION OF ABDOMEN ARTERY	$205.00	$174.00
37618			LIGATION OF EXTREMITY ARTERY	$205.00	$174.00
37619			LIGATION OF INFERIOR VENA CAVA	$888.56	$755.28
37650			INTERRUPT FEMORAL VEIN:UNILATE	$103.00	$88.00
37650	50		INTERR/PART/COMP,FEM VE/LIG/BI	$155.00	$132.00
37660			REVISION OF MAJOR VEIN	$238.00	$202.00
37700			REVISE LEG VEIN	$103.00	$88.00
37700	50		REVISE LEG VEIN	$155.00	$131.00
37718			LIGATION, DIVISION, AND STRIPP	$222.07	$188.76
37722			LIGATION, DIVISION, AND STRIPP	$243.91	$207.32
37735			REMOVAL OF LEG VEINS/LESION	$385.00	$327.00

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DME/P&O				**PURCHASE**	**RENTAL**
37735	50		REMOVAL OF LEG VEINS/LESION	$578.00	$491.00
37760			TYING OF VARICOSE VEINS IN ONE	$222.00	$189.00
37761			TYING OF VARICOSE VEINS IN ONE	$278.96	$237.12
37765			STAB PHLEBECTOMY VARICOSE VEIN	$344.00	$292.00
37766			STAB PHLEBECT VARICOSE VEINS >	$424.00	$360.00
37780			REVISION OF LEG VEIN	$54.00	$46.00
37780	50		REVISION OF LEG VEIN	$81.00	$69.00
37785	50		LIGAT,DIV EXC SEC VAR VEIN LEG	$59.10	$50.23
37788			PENILE REVASCUL.ARTERY,W/WO VE	$205.00	$174.00
37790			PENILE VENOUS OCCLUSIVE PROCED	$205.00	$174.00
37799			UNLISTED PROCEDURE,VASCULAR SU	BY REPORT	BY REPORT
38100			REMOVAL OF SPLEEN	$302.00	$263.00
38101			SPLENECTOMY: PARTIAL	$302.00	$263.00
38102			SPLENECTOMY TOTAL ENBLOC WITH	$180.00	$153.00
38115			REP.RUP.SPLEEN,W/ORW/OUT SPLEN	$302.00	$263.00
38120			LAPAROSCOPY SURGICAL SPLENECTO	$443.00	$377.00
38129			UNLISTED LAPOROSCOPY PROC SPLE	BY REPORT	BY REPORT
38200			INJECTION FOR SPLEEN X-RAY	$42.00	$37.00

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DME/P&O				**PURCHASE**	**RENTAL**
38205			BLD-DER HEM PROG CELL HARVEST	$65.00	$55.00
38206			BLD-DER HEM PROG CELL HARVEST	$65.00	$55.00
38220			DIAGNOSTIC BONE MARROW ASPIRAT	$142.20	$120.87
38221			BONE MARROW BIOPSY	$143.83	$122.26
38222			BONE MARROW BIOPSY AND ASPIRAT	$90.87	$77.24
38222	26		BONE MARROW BIOPSY AND ASPIRAT	$40.31	$34.26
38230			BONE MARROW HARVEST,FOR TRANSP	$156.73	$133.22
38232			BONE MARROW HARVESTING FOR TRA	$102.87	$87.44
38240			HEMATOPOIETIC PROGENITOR CELL	$109.02	$92.67
38241			HEMATOPOIETIC PROGENITOR CELL	$112.00	$95.20
38242			ALLOGENEIC LYMPHOCYTE INFUSION	$72.91	$61.98
38243			HEMATOPOIETIC PROGENITOR CELL	$62.69	$53.28
38300			DRAIN LYMPH NODE LESION: SIMPL	$30.00	$26.00
38305			DRAINAGE LYMPH NODE LESION	$61.00	$53.00
38308			INCISION OF LYMPH CHANNELS	$171.00	$146.00
38380			THORACIC DUCT PROCEDURE	$228.00	$194.00
38381			THORACIC DUCT PROCEDURE	$362.00	$315.00
38382			SUTURE/LIGATE THOR.DUCT:ABDOME	$285.00	$243.00

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DME/P&O				**PURCHASE**	**RENTAL**
38505			NEEDLE BX,LYMPH NODE(S),SUPERF	$30.00	$26.00
38510			BIOPSY OR REMOVAL OF LYMPH NOD	$61.00	$53.00
38520			BIOPSY OR REMOVAL OF LYMPH NOD	$61.00	$53.00
38525			BIOPSY OR REMOVAL OF LYMPH NOD	$86.00	$74.00
38530			BIOPSY OR REMOVAL OF BREAST LY	$171.00	$146.00
38542			DISSECTION: DEEP JUGULAR NODE	$400.00	$340.00
38550			REMOVAL NECK/ARMPIT LESION	$120.00	$105.00
38555			REMOVAL NECK/ARMPIT LESION	$144.00	$126.00
38562			LIM.LYMPHADECTOMY/STAGING:PELV	$228.00	$194.00
38564			LIM.LYMPHADENECTOMY/STAGE:RETR	$228.00	$194.00
38570			LAP SURG W/RETROPER LYMPH MODE	$253.00	$215.00
38571			LAP SURG W/BIL PELV LYMPHADENE	$380.00	$323.00
38572			LAP SURG W/BIL PELV LYMPH AND	$443.00	$376.00
38573			REMOVAL OF ALL LYMPH NODES OF	$604.19	$513.56
38589			UNLISTED LAP PROC LYMPHATIC SY	BY REPORT	BY REPORT
38700			REMOVAL OF LYMPH NODES, NECK	$273.00	$232.00
38700	50		REMOVAL OF LYMPH NODES, NECK	$410.00	$349.00
38720			REMOVAL OF LYMPH NODES, NECK	$600.00	$510.00

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DME/P&O				**PURCHASE**	**RENTAL**
38720	50		CERVICAL LYMPHADENECTOMY(COMP)	$900.00	$765.00
38724			REMOVAL OF LYMPH NODES, MUSCLE	$273.00	$232.00
38740			REMOVE ARMPIT LYMPH NODES	$164.00	$139.00
38745			REMOVE ARMPITS LYMPH NODES	$273.00	$232.00
38746			THORACIC LYMPHADENECTOMY WITH	$119.00	$101.00
38747			ABDOM.LYMPHADENECTOMY WITH NOD	$130.00	$111.00
38760			REMOVE GROIN LYMPH NODES	$273.00	$232.00
38760	50		INGU/FEM LYMPHHD,W CLOQUET'SND	$410.00	$349.00
38765			REMOVE GROIN LYMPH NODES	$437.00	$371.00
38765	50		REMOVE LYMPH GLANDS,GROIN/PELV	$656.00	$558.00
38770			REMOVE PELVIS LYMPH NODES	$328.00	$278.00
38770	50		PELVIC LYMPHADENECTOMY:BILATER	$492.00	$418.00
38780			REMOVE ABDOMEN LYMPH NODES	$546.00	$464.00
38790			INJECTION FOR LYMPHATIC XRAY	$55.00	$47.00
38790	50		INJ PROC FOR LYMPHANGIOGRAPHY:	$85.00	$74.00
38792			INJECTION FOR ID OF SENTINEL N	$30.00	$26.00
38794			ACCESS THORACIC LYMPH DUCT	$228.00	$194.00
38900			INTRAOPERATIVE IDENTIFICATION	$70.79	$60.17

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DME/P&O				**PURCHASE**	**RENTAL**
38999			UNLISTED PROCEDURE,HEMIS/LYMPH	BY REPORT	BY REPORT
39000			DRAINAGE, BIOPSY, OR REMOVAL O	$316.00	$276.00
39010			DRAINAGE, BIOPSY, OR REMOVAL O	$456.00	$388.00
39200			REMOVAL MEDIASTINAL LESION	$483.00	$420.00
39220			REMOVAL MEDIASTINAL LESION	$483.00	$420.00
39401			EXAMINATION OF CHEST USING AN	$158.98	$135.13
39402			EXAMINATION OF CHEST USING AN	$207.80	$176.63
39499			UNLISTED PROCEDURE,MEDIASTINUM	BY REPORT	BY REPORT
39501			REPAIR,LACERATION OF DIAPHRAGM	$528.00	$449.00
39540			REPAIR OF DIAPHRAGM HERNIA	$518.00	$449.00
39541			REPAIR OF DIAPHRAGM HERNIA	$528.00	$449.00
39545			REVISION OF DIAPHRAGM	$513.00	$437.00
39560			RESECTION DIAPHRAGM W/SIMPLE R	$705.00	$600.00
39561			RESECTION DIAPHRAGM W/COMPLEX	$917.00	$779.00
39599			UNLISTED PROCEDURE, DIAPHRAGM	BY REPORT	BY REPORT
40500			VERMILIONECTOMY (LIP SHAVE)	$242.00	$210.00
40510			PARTIAL EXCISION OF LIP	$151.00	$131.00
40520			PARTIAL EXCISION OF LIP	$72.00	$63.00

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DME/P&O				**PURCHASE**	**RENTAL**
40525			EXCISE LIP,FULL THICKNESS,W/LO	$200.00	$170.00
40527			EXCISE LIP,FULL THICKNESS-CROS	$228.00	$194.00
40530			PARTIAL REMOVAL OF LIP	$151.00	$131.00
40650			REPAIR LIP	$97.00	$83.00
40652			REPAIR LIP	$228.00	$194.00
40654			REPAIR LIP..:>ONE HALF VERT HG	$276.00	$234.60
40700			REPAIR CLEFT LIP	$302.00	$263.00
40701			REPAIR CLEFT LIP	$423.00	$368.00
40702			REPAIR CLEFT LIP	$181.00	$158.00
40720			REPAIR CLEFT LIP	$302.00	$263.00
40720	50		REPAIR CLEFT LIP	$453.00	$385.00
40761			REPAIR CLEFT LIP	$456.00	$388.00
40799			UNLISTED PROCEDURE, LIPS	BY REPORT	BY REPORT
40801			INCISION OF ABSCESS, CYST, OR	$46.00	$40.00
40806			INCISION OF LIP FOLD	$32.00	$28.00
40810			EXCISION OF MOUTH LESION	$32.00	$28.00
40812			EXCISE/REPAIR MOUTH LESION	$64.00	$56.00
40814			EXCISE/REPAIR MOUTH LESION	$128.00	$112.00

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DME/P&O				**PURCHASE**	**RENTAL**
40816			EXCISION OF MOUTH LESION	$164.00	$139.00
40818			EXCISE ORAL MUCOSA FOR GRAFT	$188.00	$160.00
40820			TREATMENT OF MOUTH LESION	$32.00	$28.00
40831			REPAIR MOUTH LACERATION	$45.00	$38.00
40840			RECONSTRUCTION OF MOUTH	$160.00	$136.00
40842			RECONSTRUCTION OF MOUTH	$160.00	$136.00
40843			RECONSTRUCTION OF MOUTH	$240.00	$204.00
40844			RECONSTRUCTION OF MOUTH	$357.00	$303.00
40845			RECONSTRUCTION OF MOUTH	$400.00	$340.00
40899			UNLISTED PROCEDURE,VESTIBLE OF	BY REPORT	BY REPORT
41000			DRAINAGE OF ABSCESS, CYST, OR	$42.00	$37.00
41005			DRAINAGE OF ABSCESS, CYST, OR	$42.00	$37.00
41006			DRAINAGE OF ABSCESS, CYST, OR	$70.00	$60.00
41007			DRAINAGE OF ABSCESS, CYST, OR	$42.00	$37.00
41008			DRAINAGE OF ABSCESS, CYST, OR	$42.00	$37.00
41010			INCISION OF TONGUE FOLD	$32.00	$28.00
41015			DRAINAGE OF ABSCESS, CYST, OR	$57.00	$49.00
41016			DRAINAGE OF ABSCESS, CYST, OR	$57.00	$49.00

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DME/P&O				**PURCHASE**	**RENTAL**
41017			DRAINAGE OF ABSCESS, CYST, OR	$57.00	$49.00
41018			DRAINAGE OF ABSCESS, CYST, OR	$57.00	$49.00
41019			INSERTION OF NEEDLES, CATHETER	$247.74	$210.58
41105			BIOPSY OF TONGUE	$29.00	$26.00
41108			BIOPSY OF FLOOR OF MOUTH	$18.00	$16.00
41112			EXCISION OF TONGUE LESION	$86.00	$74.00
41113			EXCISION OF TONGUE LESION	$114.00	$97.00
41114			EXCISE TONGUE LESION/LOCAL	$228.00	$194.00
41115			EXCISION OF TONGUE FOLD	$32.00	$28.00
41116			EXCISION OF MOUTH LESION	$57.00	$49.00
41120			PARTIAL REMOVAL OF TONGUE	$242.00	$210.00
41130			PARTIAL REMOVAL OF TONGUE	$242.00	$210.00
41135			TONGUE AND NECK SURGERY	$483.00	$420.00
41140			REMOVAL OF TONGUE	$362.00	$315.00
41145			TONGUE REMOVAL: NECK SURGERY	$646.00	$549.00
41150			REMOVAL OF TONGUE, FLOOR OF MO	$679.00	$577.00
41153			REMOVAL OF TONGUE, FLOOR OF MO	$792.00	$673.00
41155			REMOVAL OF TONGUE, FLOOR OF MO	$905.00	$769.00

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DME/P&O				**PURCHASE**	**RENTAL**
41250			REPAIR TONGUE LACERATION	$36.00	$31.00
41251			REPAIR TONGUE LACERATION	$45.00	$38.00
41252			REPAIR TONGUE LACERATION	$171.00	$146.00
41510			TONGUE TO LIP SURGERY	$228.00	$194.00
41512			TONGUE BASE SUSPENSION PERMA	$349.70	$297.24
41520			RECONSTRUCTION, TONGUE FOLD	$114.00	$97.00
41530			DESTRUCTION OF TONGUE TISSUE,	$520.03	$442.02
41530	26		SUBMUCOSAL ABLATION OF THE TON	$198.60	$168.81
41599			UNLISTED PROCEDURE,TONGUE,FLOO	BY REPORT	BY REPORT
41805			REMOVAL FOREIGN BODY, GUM	$45.00	$38.00
41806			REMOVAL FOREIGN BODY,JAWBONE	$114.00	$97.00
41820			GINGIVECTOMY,EXC.GING, EACH QU	$44.00	$38.00
41821			EXCISION OF GUM FLAP	$42.00	$37.00
41822			EXCISION OF GUM LESION	$36.00	$31.00
41825			EXCISION OF GUM LESION	$36.00	$31.00
41826			EXCISION OF GUM LESION	$36.00	$31.00
41827			EXCISION OF GUM LESION	$80.00	$68.00
41828			EXC.ALVEOLAR MUCOSA	$45.00	$39.00

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DME/P&O				**PURCHASE**	**RENTAL**
41830			REMOVAL OF GUM TISSUE	$45.00	$39.00
41850			TREATMENT OF GUM LESION	$29.00	$25.00
41870			GUM GRAFT	$49.00	$42.00
41872			REPAIR GUM	$44.00	$39.00
41874			REPAIR TOOTH SOCKET	$44.00	$38.00
41899			UNLISTED PROCEDURE,DENTOALVEOL	BY REPORT	BY REPORT
41899	52		UNLISTED PROCEDURE, DENTOALVEO	BY REPORT	BY REPORT
42000			DRAINAGE MOUTH ROOF LESION	$18.00	$16.00
42100			BIOPSY ROOF OF MOUTH	$18.00	$16.00
42104			EXCISION LESION, MOUTH ROOF	$27.00	$23.00
42106			EXCISION LESION, MOUTH ROOF	$135.00	$115.00
42107			EXCISE UVULA LESION:LOCAL FLAP	$180.00	$153.00
42120			REMOVE PALATE/LESION	$207.00	$180.00
42145			PALATPHARYNGOPLASTY	$371.00	$316.00
42160			TREATMENT MOUTH ROOF LESION	$60.00	$51.00
42180			REPAIR PALATE	$80.00	$68.00
42182			REPAIR LACERATED PALATE:>2CM O	$114.00	$97.00
42200			PALATOPLASTY...SOFT &/HARD PAL	$203.00	$176.00

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DME/P&O				**PURCHASE**	**RENTAL**
42205			PALATOPLASTY....SOFT TISSUE ON	$393.00	$341.00
42210			RECONSTRUCT CLEFT PALATE	$513.00	$437.00
42215			RECONSTRUCT CLEFT PALATE	$203.00	$176.00
42220			PALATOPLASTY...SECONDARY LENGT	$332.00	$289.00
42225			PALATOPLASTY...ATTACH PHARYNGE	$332.00	$289.00
42226			LENGTHEN PALATE,PHARYNGEAL FLA	$399.00	$340.00
42227			LENGTHEN PALATE, WITH ISLAND F	$399.00	$340.00
42235			REPAIR ANTERIOR PALATE,INCL VO	$171.00	$145.00
42260			REPAIR NASOLABIAL FISTULA	$114.00	$97.00
42280			MAXILLARY IMPRESSION-PALATAL P	$23.00	$20.00
42281			INSERT PIN-RETAINED PALATAL PR	$98.07	$83.36
42299			UNLISTED PROCEDURE,PALATE,UVUL	BY REPORT	BY REPORT
42300			DRAINAGE ABSCESS:PAROTID, SIMP	$42.00	$37.00
42305			DRAINAGE OF SALIVARY GLAND	$85.00	$72.00
42310			DRAINAGE ABSCESS:SUBMAXILLARY/	$42.00	$37.00
42320			DRAINAGE OF SALIVARY GLAND	$42.00	$37.00
42330			REMOVAL OF SALIVARY STONE	$29.00	$26.00
42335			REMOVAL OF SALIVARY STONE	$60.00	$53.00

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DME/P&O				**PURCHASE**	**RENTAL**
42340			REMOVAL OF SALIVARY STONE	$121.00	$105.00
42400			BIOPSY OF SALIVARY GLAND: NEED	$21.00	$18.00
42408			EXCISION OF SALIVARY CYST	$114.00	$97.00
42409			DRAINAGE OF SALIVARY CYST	$114.00	$97.00
42410			REMOVAL OF SALIVARY GLAND GROW	$182.00	$158.00
42415			EXCISE PAROTID GLAND/LESION	$242.00	$210.00
42420			EXCISE PAROTID GLAND/LESION	$362.00	$315.00
42425			EXCISE PAROTID GLAND/LESION	$242.00	$210.00
42426			EXCISE PAROTID GLAND/LESION	$656.00	$558.00
42440			EXCISION SUBMAXILLARY GLAND	$182.00	$158.00
42450			EXCISION SUBLINGUAL GLAND	$228.00	$194.00
42500			REPAIR SALIVARY DUCT	$151.00	$131.00
42505			REPAIR SALIVARY DUCT	$215.00	$187.00
42507			PAROTID DUCT DIVERSION	$428.00	$364.00
42509			PAROTID DUCT DIVERSION	$542.00	$461.00
42510			CREATION OF NEW DRAINAGE TRACT	$485.00	$413.00
42550			INJECTION PROC FOR SIALOGRAPHY	$16.00	$14.00
42600			CLOSURE OF SALIVARY FISTULA	$151.00	$131.00

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DME/P&O				**PURCHASE**	**RENTAL**
42650			DILATION OF SALIVARY DUCT	$16.00	$14.00
42660			DILATION OF SALIVARY DUCT	$18.00	$16.00
42665			LIGATION OF SALIVARY DUCT	$45.00	$38.00
42699			UNLISTED PROCEDURE,SALIVARY GL	BY REPORT	BY REPORT
42700			I&D ABSCESS: PERITONSILLAR	$37.00	$32.00
42720			DRAINAGE OF THROAT ABSCESS	$61.00	$53.00
42725			DRAINAGE OF THROAT ABSCESS	$151.00	$131.00
42800			BIOPSY: OROPHARYNX	$18.00	$16.00
42804			BIOPSY OF UPPER NOSE/THROAT	$39.00	$26.00
42806			BIOPSY OF UPPER NOSE/THROAT	$39.00	$26.00
42808			EXCISE PHARYNX LESION	$62.00	$53.00
42809			REMOVE PHARYNX FOREIGN BODY	$62.00	$53.00
42810			EXCISION OF NECK CYST	$90.00	$79.00
42815			EXCISION OF NECK CYST	$211.00	$184.00
42821			REMOVE TONSILS AND ADENOIDS	$103.00	$89.00
42826			REMOVAL OF TONSILS	$103.00	$89.00
42831			REMOVAL OF ADENOIDS	$55.00	$47.00
42836			REMOVAL OF ADENOIDS	$55.00	$47.00

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DME/P&O				**PURCHASE**	**RENTAL**
42842			REMOVAL OF TONSILS, TISSUE, MU	$155.00	$136.00
42844			REMOVAL OF TONSILS, TISSUE, MU	$206.00	$178.00
42860			EXCISION OF TONSIL TAGS	$37.00	$32.00
42860	52		EXCISION OF TONSIL TAGS	$22.00	$19.00
42890			PARTIAL REMOVAL OF PHARYNX	$206.00	$178.00
42892			RESECTION OF LATERAL PHARYNGEA	$258.00	$223.00
42894			REMOVAL OF THROAT TISSUE	$516.00	$446.00
42900			REPAIR THROAT WOUND	$84.00	$74.00
42950			RECONSTRUCTION OF THROAT	$242.00	$210.00
42953			PHARYNGOESPHAGEAL REPAIR	$363.00	$315.00
42955			SURGICAL OPENING OF THROAT	$168.00	$148.00
42960			CONTROL THROAT BLEEDING	$42.00	$37.00
42961			CONTROL THROAT BLEEDING	$84.00	$74.00
42962			CONTROL THROAT BLEEDING	$168.00	$148.00
42971			CONTROL NOSE/THROAT BLEEDING	$84.00	$74.00
42972			CONTROL NOSE/THROAT BLEEDING	$168.00	$148.00
42999			THROAT, ADENOIDS, OR TONSILS P	BY REPORT	BY REPORT
43020			INCISION OF ESOPHAGUS	$310.00	$268.00

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DME/P&O				**PURCHASE**	**RENTAL**
43030			THROAT MUSCLE SURGERY	$320.00	$270.00
43045			INCISION OF ESOPHAGUS	$454.00	$393.00
43100			EXCISION OF ESOPHAGUS LESION	$464.00	$401.00
43101			EXCISION OF ESOPHAGUS LESION	$464.00	$401.00
43107			TOT ESOPHAGEC/WO THORA W/PHARY	$1,247.00	$1,060.00
43108			TOT ESOPHAGEC W/SMALL BOWEL RE	$1,455.00	$1,237.00
43112			REMOVAL OF ESOPHAGUS, OPEN CHE	$1,282.00	$1,090.00
43113			TOT ESOPHAGEC W/THOR/SM BOWEL	$1,294.00	$1,100.00
43116			ESOPHAGECTOMY W INST GF MIC AN	$1,386.00	$1,178.00
43117			ESOPHAGECTOMY W/WO PROX GASTRE	$1,363.00	$1,159.00
43118			PARTIAL REMOVAL OF LOWER ESOPH	$1,432.00	$1,217.00
43121			PARTIAL REMOVAL OF LOWER ESOPH	$1,224.00	$1,040.00
43122			PARTIAL REMOVAL OF LOWER ESOPH	$1,197.00	$1,017.00
43123			W COLON INTERPOSITION/SM BW RE	$1,368.00	$1,163.00
43124			WO RECONSTRUCTION W CERV ESOPH	$1,069.00	$909.00
43130			REMOVAL OF ESOPHAGUS POUCH	$252.00	$218.00
43135			REMOVAL OF ESOPHAGUS POUCH	$252.00	$218.00
43180			REMOVAL OF ESOPHAGUS TISSUE US	$283.24	$240.75

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DME/P&O				**PURCHASE**	**RENTAL**
43180	26		REMOVAL OF ESOPHAGUS TISSUE US	$288.43	$245.17
43191			DIAGNOSTIC EXAMINATION OF ESOP	$80.54	$68.46
43192			INJECTIONS OF SUBSTANCE IN TIS	$87.79	$74.62
43193			BIOPSY OF ESOPHAGUS USING AN E	$87.79	$74.62
43194			REMOVAL OF FOREIGN BODIES OF E	$99.52	$84.59
43195			BALLOON DILATION OF ESOPHAGUS	$95.68	$81.32
43196			INSERTION OF WIRE AND DILATION	$101.88	$86.59
43197			DIAGNOSTIC EXAMINATION OF ESOP	$99.29	$84.40
43197	26		DIAGNOSTIC EXAMINATION OF ESOP	$42.77	$36.35
43198			BIOPSY OF ESOPHAGUS USING AN E	$109.10	$92.74
43198	26		BIOPSY OF ESOPHAGUS USING AN E	$51.05	$43.39
43200			DIAGNOSTIC EXAMINATION OF ESOP	$85.00	$74.00
43201			INJECTIONS INTO ESOPHAGUS USIN	$136.00	$126.00
43201	26		ESOPHAGOSCOPY W/DIRECT SUBMUCO	$68.00	$58.00
43202			BIOPSY OF ESOPHAGUS USING AN E	$97.00	$84.00
43204			INJECTION OF DILATED ESOPHAGEA	$121.00	$105.00
43205			TYING OF ESOPHAGEAL VEINS USIN	$121.00	$105.00
43206			MICROSCOPIC EXAMINATION OF ESO	$146.08	$124.16

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DME/P&O				**PURCHASE**	**RENTAL**
43206	26		MICROSCOPIC EXAMINATION OF ESO	$70.15	$59.62
43210			DIAGNOSTIC EXAMINATION OF ESOP	$238.37	$202.61
43211			REMOVAL OF TISSUE LINING OF ES	$123.08	$104.62
43212			PLACEMENT OF STENT ON ESOPHAGU	$98.84	$84.01
43213			DILATION OF ESOPHAGUS USING AN	$640.58	$544.49
43213	26		DILATION OF ESOPHAGUS USING AN	$135.37	$115.06
43214			BALLOON DILATION OF ESOPHAGUS	$100.60	$85.51
43215			REMOVAL OF FOREIGN BODIES IN E	$230.46	$195.89
43216			REMOVAL OF ESOPHAGEAL POLYPS O	$121.00	$105.00
43217			REMOVAL OF ESOPHAGEAL POLYPS O	$121.00	$105.00
43226			INSERTION OF GUIDE WIRE FOR DI	$100.00	$85.00
43227			CONTROL OF ESOPHAGEAL BLEEDING	$143.00	$122.00
43229			DESTRUCTION OF GROWTHS OF ESOP	$359.59	$305.65
43229	26		DESTRUCTION OF GROWTHS OF ESOP	$103.52	$87.99
43231			ULTRASOUND EXAMINATION OF ESOP	$150.00	$128.00
43232			ULTRASOUND GUIDED FINE NEEDLE	$225.00	$191.00
43233			BALLOON DILATION OF ESOPHAGUS,	$119.59	$101.65
43235			DIAGNOSTIC EXAMINATION OF ESOP	$151.00	$131.00

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DME/P&O				**PURCHASE**	**RENTAL**
43236			INJECTIONS OF ESOPHAGUS, STOMA	$140.00	$132.00
43236	26		UPPER GI ENDOSCOPY W/DIR SUBMU	$53.00	$45.00
43237			ULTRASOUND EXAMINATION OF ESOP	$140.00	$119.00
43238			ULTRASOUND GUIDED NEEDLE ASPIR	$173.00	$147.00
43239			BIOPSY OF THE ESOPHAGUS, STOMA	$163.00	$142.00
43240			DRAINAGE OF CYST OF THE ESOPHA	$210.00	$179.00
43241			INSERTION OF CATHETER OR TUBE	$125.42	$106.60
43242			ULTRASOUND GUIDED NEEDLE ASPIR	$270.00	$230.00
43243			INJECTION OF DILATED VEINS OF	$143.00	$122.00
43244			TYING OF DILATED VEINS OF STOM	$151.00	$131.00
43245			DILATION OF STOMACH OUTLET USI	$152.33	$129.48
43246			INSERTION OF STOMACH TUBE USIN	$121.00	$105.00
43247			REMOVAL OF FOREIGN BODIES OF E	$151.00	$131.00
43248			INSERTION OF GUIDE WIRE WITH D	$140.00	$119.00
43249			BALLOON DILATION OF ESOPHAGUS	$132.00	$112.00
43250			REMOVAL OF POLYPS OR GROWTHS O	$151.00	$131.00
43251			REMOVAL OF POLYPS OR GROWTHS O	$151.00	$131.00
43252			MICROSCOPIC EXAMINATION OF ESO	$165.91	$141.02

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DME/P&O				**PURCHASE**	**RENTAL**
43252	26		MICROSCOPIC EXAMINATION OF ESO	$88.81	$75.49
43253			INJECTION OF DIAGNOSTIC OR THE	$138.11	$117.39
43254			REMOVAL OF TISSUE LINING OF ES	$141.85	$120.57
43255			CONTROL OF BLEEDING OF ESOPHAG	$242.64	$206.24
43257			HEAT DELIVERY TO MUSCLE AT ESO	$121.86	$103.58
43259			ULTRASOUND EXAMINATION OF ESOP	$140.00	$119.00
43260			DIAGNOSTIC EXAMINATION OF GALL	$174.00	$148.00
43261			BIOPSY OF GALLBLADDER, PANCREA	$238.00	$202.00
43262			OPERATIVE UPPER GI ENDOSCOPY	$218.00	$185.00
43263			PRESSURE MEASUREMENT OF PANCRE	$190.00	$161.00
43264			REMOVAL OF STONE FROM BILE OR	$329.82	$280.35
43265			DESTRUCTION OF STONE IN BILE O	$282.15	$239.82
43266			PLACEMENT OF STENT IN ESOPHAGU	$114.43	$97.27
43270			DESTRUCTION OF GROWTHS ON ESOP	$369.35	$313.94
43270	26		DESTRUCTION OF GROWTHS ON ESOP	$117.89	$100.21
43273			ENDOSCOPIC CANNULATION OF PAPI	$62.41	$53.05
43274			PLACEMENT OF STENT PANCREATIC	$242.89	$206.45
43275			REMOVAL OF FOREIGN BODY OR STE	$197.83	$168.15

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DME/P&O				**PURCHASE**	**RENTAL**
43276			REPLACEMENT OF STENT PANCREATI	$252.92	$214.98
43277			BALLOON DILATION OF PANCREATIC	$198.75	$168.93
43278			DESTRUCTION OF MASS ON GALLBLA	$226.98	$192.93
43279			LAPAROSCOPY SURGICAL ESOPHA	$665.00	$565.25
43280			LAP SURG ESOPHAGOGASTRIC FUNDO	$406.00	$345.00
43281			LAPAROSCOPY, SURGICAL, REPAIR	$796.02	$676.61
43282			LAPAROSCOPY, SURGICAL, REPAIR	$894.50	$760.33
43283			LAPAROSCOPY, SURGICAL, ESOPHAG	$81.25	$69.06
43284			PLACEMENT OF AUGMENTATION DEVI	$334.56	$284.38
43285			REMOVAL OF AUGMENTATION DEVICE	$341.38	$290.17
43286			REMOVAL OF ESOPHAGUS AND PARTI	$1,622.33	$1,378.89
43287			REMOVAL OF LOWER ESOPHAGUS AND	$1,854.26	$1,576.12
43288			REMOVAL OF ESOPHAGUS USING AN	$1,932.36	$1,642.51
43289			UNLISTED LAPOROSCOPY PROC ESOP	BY REPORT	BY REPORT
43300			REPAIR OF ESOPHAGUS	$453.00	$394.00
43305			REPAIR ESOPHAGUS AND FISTULA	$619.00	$526.00
43310			REPAIR OF ESOPHAGUS	$688.00	$585.00
43312			REPAIR ESOPHAGUS AND FISTULA	$757.00	$643.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43313			ESOPHAGOPLASTY THROACIC WO REP	$1,123.00	$955.00
43314			ESOPHAGOPLASTY THORACIC W/REPA	$1,235.00	$1,049.00
43320			FUSE ESOPHAGUS & STOMACH	$483.00	$420.00
43325			REVISE ESOPHAGUS & STOMACH	$482.00	$357.00
43327			ESOPHAGOGASTRIC FUNDOPLASTY PA	$424.20	$360.57
43328			ESOPHAGOGASTRIC FUNDOPLASTY PA	$578.31	$491.56
43330			REPAIR OF ESOPHAGUS	$483.00	$420.00
43331			REPAIR OF ESOPHAGUS	$483.00	$420.00
43332			REPAIR, PARAESOPHAGEAL HIATAL	$597.89	$508.20
43333			REPAIR, PARAESOPHAGEAL HIATAL	$650.92	$553.28
43334			REPAIR, PARAESOPHAGEAL HIATAL	$642.25	$545.91
43335			REPAIR, PARAESOPHAGEAL HIATAL	$686.45	$583.48
43336			REPAIR, PARAESOPHAGEAL HIATAL	$779.22	$662.34
43337			REPAIR, PARAESOPHAGEAL HIATAL	$790.62	$672.02
43338			ESOPHAGEAL LENGTHENING PROCEDU	$59.43	$50.51
43340			FUSE ESOPHAGUS & INTESTINE	$654.00	$556.00
43341			FUSE ESOPHAGUS & INTESTINE	$654.00	$556.00
43351			SURGICAL OPENING, ESOPHAGUS	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
43352			SURGICAL OPENING, ESOPHAGUS	$242.00	$210.00
43360			GI RECONSTRUCTN FOR SP ESOPHAG	$520.00	$442.00
43361			W COLON/INTESTINE RECONSTRUCTI	$693.00	$589.00
43400			LIGATE ESOPHAGUS VEINS	$302.00	$263.00
43401			TRANSECT ESOPHAGUS W/REPAIR-VA	$516.00	$439.00
43405			LIGATE/STAPLE GE JT FOR PERFOR	$345.00	$295.00
43410			REPAIR ESOPHAGUS WOUND	$211.00	$184.00
43415			REPAIR ESOPHAGUS WOUND	$393.00	$341.00
43420			REPAIR ESOPHAGUS OPENING	$272.00	$236.00
43425			REPAIR ESOPHAGUS OPENING	$393.00	$341.00
43450			DILATE ESOPHAGUS	$35.00	$32.00
43460			PRESSURE TREATMENT ESOPHAGUS	$51.00	$44.00
43496			FREE JEJUNUM TRANSFER W/MICROV	$700.82	$595.70
43499			UNLISTED PROCEDURE, ESOPHAGUS	BY REPORT	BY REPORT
43500			SURGICAL OPENING OF STOMACH	$242.00	$210.00
43501			GASTROTOMY: WITH SUTURE REPAIR	$242.00	$210.00
43502			GASTROSTOMY W REPAIR EG LACERA	$442.00	$376.00
43510			SURGICAL OPENING OF STOMACH	$315.00	$267.00

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DME/P&O				**PURCHASE**	**RENTAL**
43520			INCISION OF PYLORIC MUSCLE	$211.00	$184.00
43605			BIOPSY,STOMACH,BY LAPAROTOMY	$242.00	$210.00
43610			EXCISION OF STOMACH LESION	$290.00	$256.00
43611			EXCISION MALIGNANT TUMOR OF ST	$405.00	$345.00
43620			REMOVAL OF STOMACH	$573.00	$499.00
43621			GASTRECTOMY W ROUX-EN-Y RECONS	$593.00	$504.00
43622			GASTRECTOMY W INTESTINAL POUCH	$634.00	$539.00
43631			GASTRECTOM PARTIAL GASTRODUODE	$483.00	$410.00
43632			GASTRECTOMY W GASTROJEJUNOSTOM	$483.00	$410.00
43633			GASTRECTOMY ROUX-EC-Y RECONSTR	$503.00	$428.00
43634			GASTRECTOMY W INTESTINAL POUCH	$774.00	$658.00
43635			PARTIAL REMOVAL OF STOMACH	$96.86	$82.33
43640			VAGOTOMY & PYLORUS REPAIR	$370.00	$320.00
43641			VAGOTOMY W/PYLOROPLASTY:PARIET	$401.00	$341.00
43644			LAPAROSCOPY, SURGICAL, GASTRIC	$894.24	$760.10
43645			LAPAROSCOPY, SURGICAL, GASTRIC	$956.62	$813.13
43647			LAPAROSCOPY, SURGICAL: IMPLANT	$374.00	$317.90
43648			LAPAROSCOPY, SURGICAL: REVISIO	$264.24	$224.60

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DME/P&O				**PURCHASE**	**RENTAL**
43651			LAPOROSCOPY TRANSECT VAGUS NER	$284.00	$241.00
43652			LAP SURG TRANSECT VAGUS NERVES	$467.00	$397.00
43653			LAP SURG GASTROSTOMY WO/CONSTR	$196.00	$167.00
43659			UNLISTED LAPAROSCOPY PROC STOM	BY REPORT	BY REPORT
43752			INSERTION OF NASAL OR ORAL STO	$35.70	$30.35
43753			INSERTION OF STOMACH TUBE AND	$11.16	$9.49
43754			GASTRIC INTUBATION AND ASPIRAT	$87.86	$74.68
43754	26		GASTRIC INTUBATION & ASPIRATIO	$19.05	$16.19
43755			GASTRIC INTUBATION AND ASPIRAT	$83.19	$70.71
43755	26		GASTRIC INTUBATION & ASPIRATIO	$31.48	$26.76
43756			DUODENAL INTUBATION AND ASPIRA	$123.72	$105.16
43756	26		DUODENAL INTUBATION & ASPIRATI	$26.83	$22.81
43757			DUODENAL INTUBATION AND ASPIRA	$171.91	$146.12
43757	26		DUODENAL INTUBATION & ASPIRATI	$40.23	$34.20
43770			LAPAROSCOPY, SURGICAL, GASTRIC	$582.20	$494.87
43771			LAPAROSCOPY, SURGICAL, GASTRIC	$656.69	$558.19
43772			LAPAROSCOPY, SURGICAL, GASTRIC	$489.66	$416.21
43773			LAPAROSCOPY, SURGICAL, GASTRIC	$657.72	$559.06

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DME/P&O				**PURCHASE**	**RENTAL**
43774			LAPAROSCOPY, SURGICAL, GASTRIC	$496.39	$421.93
43775			LAPAROSCOPY, SURGICAL, GASTRIC	$572.52	$486.64
43800			RECONSTRUCTION OF PYLORUS	$242.00	$210.00
43810			FUSION OF STOMACH AND BOWEL	$272.00	$236.00
43820			FUSION OF STOMACH AND BOWEL	$272.00	$236.00
43825			FUSION OF STOMACH AND BOWEL	$384.00	$334.00
43830			INSERTION OF STOMACH FEEDING T	$242.00	$210.00
43832			CREATION OF STOMACH FEEDING TU	$242.00	$210.00
43840			SUTURE OF PERFORATED ULCER, WO	$272.00	$236.00
43842			GASTROPLASTY, MORBID OBESITY	$423.00	$368.00
43843			GASTROPLASTY, MORBID OBESITY	$423.00	$368.00
43845			BILIOPANC DIVERS W/DUODENAL SW	$1,005.89	$855.00
43846			ROUX-EN-Y/GASTRIC BYPASS	$513.00	$436.00
43847			GI RESTRICTIVE W SM BWL RECONS	$540.00	$459.00
43848			REVISION OF UPPER STOMACH BYPA	$594.00	$505.00
43850			REVISE STOMACH-BOWEL FUSION	$393.00	$341.00
43855			REVISE STOMACH-BOWEL FUSION	$393.00	$341.00
43860			REVISE STOMACH-BOWEL FUSION	$393.00	$341.00

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DME/P&O				**PURCHASE**	**RENTAL**
43865			REVISE STOMACH-BOWEL FUSION	$393.00	$341.00
43870			REPAIR STOMACH OPENING	$242.00	$210.00
43880			REPAIR STOMACH-BOWEL FISTULA	$372.00	$317.00
43881			REPLACEMENT OF STIMULATOR ELEC	$340.47	$289.40
43882			REMOVAL OF STIMULATOR ELECTROD	$363.16	$308.68
43886			REVISION OF SKIN LEVEL PORT OF	$190.15	$161.63
43887			REMOVAL OF SKIN LEVEL PORT OF	$170.96	$145.31
43888			REMOVAL AND REPLACEMENT OF SKI	$240.40	$204.34
43999			UNLISTED PROCEDURE, STOMACH	BY REPORT	BY REPORT
44005			FREEING OF BOWEL ADHESION	$316.00	$275.00
44010			INCISION OF SMALL BOWEL	$344.00	$292.00
44015			NEEDLE CATHETER JEJUNOSTOMY	$90.00	$79.00
44020			INCISION OF SMALL BOWEL FOR EX	$302.00	$263.00
44021			ENTEROTOMY...:FOR DECOMPRESSIO	$400.00	$340.00
44025			EXPLORATION OF LARGE BOWEL	$302.00	$263.00
44050			REDUCE BOWEL OBSTRUCTION	$272.00	$236.00
44055			CORRECT MALROTATION-CG, LADD P	$342.00	$291.00
44100			BIOPSY OF BOWEL	$57.00	$49.00

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DME/P&O				**PURCHASE**	**RENTAL**
44110			EXCISION OF BOWEL LESION(S)	$302.00	$263.00
44111			EXCISION OF BOWEL LESION(S)	$332.00	$289.00
44120			REMOVAL OF SMALL INTESTINE	$332.00	$289.00
44121			ENTERECTOMY EA ADD RESECTION/A	$139.00	$118.00
44125			REMOVAL OF SMALL INTESTINE	$272.00	$236.00
44126			ENTERECTOMY SM INTEST WO TAPER	$844.00	$717.00
44127			ENTERECTOMY SM INTEST W/TAPERI	$970.00	$825.00
44128			ENTERECTOMY EACH ADDIT RESEC/A	$103.00	$88.00
44130			BOWEL TO BOWEL FUSION	$302.00	$263.00
44132			REMOVAL OF DONOR SMALL BOWEL,	BY REPORT	BY REPORT
44133			PARTIAL REMOVAL OF DONOR SMALL	BY REPORT	BY REPORT
44135			INTEST ALLOTRANSPLANT FROM CAD	BY REPORT	BY REPORT
44136			INTEST ALLOTRANSPLANT LIVING D	$970.00	$825.00
44137			REMOVAL OF TRANSPLANTED INTEST	$837.75	$712.08
44139			MOBILIZE SPLENIC FLEXURE W P C	$61.00	$52.00
44140			PARTIAL REMOVAL OF COLON	$362.00	$315.00
44141			PARTIAL REMOVAL OF COLON	$408.00	$347.00
44143			PARTIAL REMOVAL OF COLON	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
44144			PARTIAL REMOVAL OF COLON	$408.00	$347.00
44145			PARTIAL REMOVAL OF COLON	$486.00	$413.00
44146			PARTIAL REMOVAL OF COLON	$563.00	$479.00
44147			PARTIAL COLECTOMY-ABDO&TRANSAN	$486.00	$413.00
44150			REMOVAL OF COLON	$604.00	$525.00
44151			COLECTOMY: W/ CONTINENT ILEOST	$604.00	$525.00
44155			REMOVAL OF COLON	$604.00	$525.00
44156			COLECTOMY...:W/ CONTINENT ILEO	$604.00	$525.00
44157			COLECTOMY, TOTAL, ABDOMINAL, W	$1,134.95	$964.71
44158			COLECTOMY, TOTAL, ABDOMINAL, W	$1,164.70	$990.00
44160			REMOVAL OF COLON	$604.00	$525.00
44180			LAPAROSCOPY, SURGICAL, ENTEROL	$475.78	$404.41
44186			LAPAROSCOPY, SURGICAL: JEJUNOS	$337.25	$286.66
44187			LAPAROSCOPY, SURGICAL: ILEOSTO	$572.68	$486.77
44188			LAPAROSCOPY, SURGICAL, COLOSTO	$635.82	$540.44
44202			LAP SURG INTEST RESECT W/ANAST	$487.00	$414.00
44203			LAPOROSCOPY SURG EA ADDIT SM I	$122.00	$104.00
44204			LAPOROSCOPY SURG PART COLECTOM	$706.00	$600.00

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DME/P&O				**PURCHASE**	**RENTAL**
44205			LAPOROSCOPY SURG PART COLEC W/	$625.00	$531.00
44206			LAP SURG HARTMANN TYPE PROCEDU	$756.00	$643.00
44207			LAP SURG LOW PELVIC ANASTOMOSI	$840.00	$714.00
44208			LAP SURG LOW PELV ANAST W/COLO	$890.00	$764.00
44210			LAP SURG COLECTOMY ABD W/ILEOS	$784.00	$666.00
44211			LAP SURG COLECTOMY W/PROCTECTO	$980.00	$833.00
44212			LAP SURG COLECTOMY TOT W/PROCT	$896.00	$762.00
44213			LAPAROSCOPY, SURGICAL, MOBILIZ	$96.63	$82.13
44227			LAPAROSCOPY, SURGICAL, CLOSURE	$859.81	$730.84
44238			UNLISTED LAPORSCOPY PROC INTES	BY REPORT	BY REPORT
44300			INSERTION OF SMALL BOWEL TUBE,	$242.00	$210.00
44310			ILEOSTOMY	$302.00	$263.00
44314			REVISION OF ILEOSTOMY	$604.00	$525.00
44316			DEVISE BOWEL POUCH	$753.00	$655.00
44320			COLOSTOMY	$242.00	$210.00
44322			COLOSTOMY/CECOSTOMY: MULTIPLE	$242.00	$210.00
44345			REVISION OF COLOSTOMY	$121.00	$105.00
44346			REVISE COLOSTOMY: REPAIR HERNI	$143.00	$122.00

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DME/P&O				**PURCHASE**	**RENTAL**
44360			SMALL BOWEL ENDOSCOPY	$114.23	$97.10
44361			SMALL BOWEL ENDOSCOPY,BIOPSY	$125.90	$107.01
44363			REMOVAL OF FOREIGN BODIES IN S	$153.00	$133.00
44364			SMALL BOWEL ENDOSCOPY	$153.00	$133.00
44365			SMALL INTESTINAL ENDOSCOPY REM	$153.00	$133.00
44366			SMALL BOWEL ENDOSCOPY	$163.00	$142.00
44369			SMALL BOWEL ENDOSCOPY	$163.00	$142.00
44370			SMALL INTEST ENDOSCOPY W/STENT	$192.00	$163.00
44372			SMALL INTESTINE ENDOSCOPY..PLA	$153.00	$133.00
44373			SMALL INTESTINE ENDOSCOPY..CON	$153.00	$133.00
44376			SMALL INTESTINAL ENDOSCOPY W O	$153.00	$133.00
44377			SMALL INTESTINAL ENDOSCOPY W B	$162.00	$136.00
44378			ENDOSCOPY SM INTESTN CONTROL B	$182.00	$155.00
44379			SMALL INTEST ENDOSCOPY W/STENT	$192.00	$163.00
44380			DIAGNOSTIC EXAMINATION OF SMAL	$54.22	$46.09
44381			BALLOON DILATION OF SMALL BOWE	$517.65	$440.00
44382			BIOPSY OF SMALL BOWEL USING AN	$65.07	$55.31
44384			PLACEMENT OF STENT IN SMALL BO	$80.06	$68.05

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44385			ENDOSCOPY OF BOWEL POUCH	$86.00	$74.00
44386			BIOPSY OF SMALL BOWEL USING AN	$114.00	$97.00
44388			DIAGNOSTIC EXAMINATION OF LARG	$86.00	$74.00
44389			BIOPSIES OF LARGE BOWEL USING	$114.00	$97.00
44390			REMOVAL OF FOREIGN BODIES FROM	$114.00	$97.00
44391			CONTROL OF BLEEDING IN LARGE B	$143.00	$122.00
44392			REMOVAL OF POLYPS OR GROWTHS O	$114.00	$97.00
44394			COLONOSCOPY W REMOVAL OF TUMOR	$114.00	$97.00
44401			DESTRUCTION OF LARGE BOWEL GRO	$1,648.16	$1,400.93
44402			STENT PLACEMENT IN LARGE BOWEL	$137.40	$116.79
44403			RESECTION OF LARGE BOWEL TISSU	$159.34	$135.43
44404			INJECTIONS OF LARGE BOWEL USIN	$201.17	$170.99
44405			BALLOON DILATION OF LARGE BOWE	$292.52	$248.64
44406			ULTRASOUND EXAMINATION OF LARG	$120.75	$102.64
44407			ULTRASOUND GUIDED FINE NEEDLE	$144.90	$123.17
44408			DECOMPRESSION OF LARGE BOWEL U	$121.65	$103.40
44500			INTRODUCTION OF MILLER ABBOTT	$19.00	$16.00
44602			SUTURE OF SMALL BOWEL FOR PERF	$272.00	$236.00

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DME/P&O				**PURCHASE**	**RENTAL**
44603			SUTURE OF MULTIPLE SMALL BOWEL	$301.00	$229.00
44604			SUTURE OF LARGE BOWEL ULCER, D	$301.00	$229.00
44605			SUTURE OF LARGE BOWEL ULCER, D	$281.00	$213.00
44615			SUTUR LRG INTESTINE W COLOSTOM	$301.00	$229.00
44620			REPAIR BOWEL OPENING	$211.00	$184.00
44625			REPAIR BOWEL OPENING	$316.00	$275.00
44626			ENTEROSTOMY CLOSURE W/RESECT/A	$566.00	$482.00
44640			REPAIR BOWEL-SKIN FISTULA	$211.00	$184.00
44650			REPAIR BOWEL FISTULA	$316.00	$275.00
44660			REPAIR BOWEL-BLADDER FISTULA	$316.00	$275.00
44661			REPAIR BOWEL-BLADDER FISTULA	$475.00	$414.00
44680			SURGICAL REVISION, INTESTINE	$316.00	$275.00
44700			EXCLUS SM BOWEL FROM PELVIS BY	$458.00	$389.00
44701			INTRAOPERATIVE COLONIC LAVAGE	$130.00	$111.00
44705			PREPARATION OF FECAL MICROBIOT	BY REPORT	BY REPORT
44715			BACKBENCH STANDARD PREPARATION	$213.59	$181.55
44720			BACKBENCH RECONSTRUCTION OF CA	$141.30	$120.10
44721			BACKBENCH RECONSTRUCTION OF CA	$197.52	$167.89

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DME/P&O				**PURCHASE**	**RENTAL**
44799			SMALL BOWEL PROCEDURE	BY REPORT	BY REPORT
44800			REPAIR OF CONGENITAL BOWEL DEF	$211.00	$184.00
44820			EXCISION OF MESENTERY LESION	$362.00	$315.00
44850			REPAIR OF MESENTERY	$211.00	$184.00
44899			PROCEDURE FOR CONGENITAL BOWEL	BY REPORT	BY REPORT
44900			DRAINAGE OF ABSCESS OF APPENDI	$182.00	$158.00
44950			APPENDECTOMY	$211.00	$184.00
44955			APPENDECTOMY	$72.60	$61.71
44960			APPENDECTOMY	$211.00	$184.00
44970			LAPAROSCOPY SURGICAL APPENDECT	$211.00	$179.00
44979			UNLISTED LAPAROSCOPY PROC APPE	BY REPORT	BY REPORT
45000			DRAINAGE OF PELVIC ABSCESS	$61.00	$53.00
45005			DRAINAGE OF RECTAL ABSCESS	$29.00	$25.00
45020			DRAINAGE OF RECTAL ABSCESS	$90.00	$79.00
45100			BIOPSY OF RECTUM	$68.00	$60.00
45108			REMOVAL OF ANORECTAL LESION	$211.00	$184.00
45110			REMOVAL OF RECTUM WITH CREATIO	$544.00	$473.00
45111			PARTIAL REMOVAL OF RECTUM, OPE	$264.00	$224.00

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DME/P&O				**PURCHASE**	**RENTAL**
45112			REMOVAL OF RECTUM, OPEN ABDOMI	$544.00	$473.00
45113			PROCTECTOMY/CREATE ILEAL RESER	$565.00	$480.00
45114			PARTIAL REMOVAL OF RECTUM	$570.00	$485.00
45116			PARTIAL REMOVAL OF RECTUM	$435.00	$378.00
45119			REMOVAL OF RECTUM, OPEN ABDOMI	$565.00	$480.00
45120			REMOVAL OF RECTUM	$544.00	$473.00
45121			REMOVAL OF CONGENITAL RECTAL D	$570.00	$485.00
45123			PROCTECTOMY W PERINEAL APPROAC	$296.00	$252.00
45126			REMOVAL OF LARGE BOWEL, RECTUM	$783.00	$666.00
45130			EXCISION OF RECTAL PROLAPSE	$326.00	$284.00
45135			EXCISION OF RECTAL PROLAPSE	$544.00	$473.00
45136			EXCISION ILEOANAL RESERVOIR W/	$765.00	$650.00
45150			EXCISION OF RECTAL STRICTURE	$108.00	$95.00
45160			EXCISION OF RECTAL LESION	$253.00	$215.00
45171			EXCISION OF RECTAL TUMOR, TRAN	$316.30	$268.85
45172			EXCISION OF RECTAL TUMOR, TRAN	$424.53	$360.85
45190			DESTRUCTION RECTAL TUMOR ANY M	$185.00	$157.00
45300			PROCTOSIGMOIDOSCOPY: DIAGNOSTI	$18.00	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
45305			PROCTOSIGMOIDOSCOPY WITH BIOPS	$30.00	$26.00
45307			PROCTOSIGMOIDOSCOPY:REMOVE FOR	$42.00	$37.00
45308			PROCTOSIGMOIDOSCOPY REMOVAL TU	$53.00	$45.00
45309			PROCTOSIGMOIDOSCOPY REMOVAL TU	$53.00	$45.00
45315			PROCTOSIGMOIDOSCOPY: REMOVE MU	$61.00	$53.00
45315	22		PROCTOSIGMOIDOSCOPY: REMOVE MU	$76.00	$65.00
45320			PROCTOSIGMOIDOSCOPY:ABLATE TUM	$93.64	$79.59
45321			PROCTOSIGMOIDOSCOPY/DECOM/VOLU	$59.83	$50.86
45327			RIGID PROCTOSIGMOIDOSCOPY W/ST	$77.00	$65.00
45330			SIGMOIDOSCOPY,FLEX FIBEROPTIC:	$43.00	$37.00
45331			SIGMOIDOSCOPY,FLEX FIBEROPT W/	$54.00	$47.00
45332			REMOVAL OF FOREIGN BODIES IN L	$91.00	$79.00
45333			SIGMOIDOSCOPY: DIAGNOSTIC	$91.00	$79.00
45334			SIGMOIDOSCOPY: DIAGNOSTIC	$91.00	$79.00
45335			SIGMOID FLEX W/DIRECT SUBMUCOS	$130.00	$111.00
45335	26		SIGMOID FLEX W/DIRECT SUBMUCOS	$45.00	$39.00
45337			SIGMOIDOSCOPY:DECOMPRESS VOLVU	$114.74	$97.53
45338			SIGMOIDOSCOPY REMOVAL TUMOR SN	$123.00	$105.00

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DME/P&O				**PURCHASE**	**RENTAL**
45340			SIGMOID FLEX W/DILATION BY BAL	$223.00	$190.00
45340	26		SIGMOID FLEX W/DILATION BY BAL	$42.00	$36.00
45341			SIGMOIDOSCOPY W/ENDOSCOPIC US	$124.12	$105.50
45342			SIGMOID W/US OR FINE NEEDLE BI	$156.42	$132.95
45346			DESTRUCTION OF POLYPS OR GROWT	$1,577.34	$1,340.73
45347			PLACEMENT OF STENT IN LARGE BO	$81.15	$68.97
45349			REMOVAL OF LARGE BOWEL TISSUE	$104.11	$88.49
45350			RUBBER BANDING OF LARGE BOWEL	$311.48	$264.75
45378			DIAGNOSTIC COLONOSCOPY	$112.00	$95.00
45379			REMOVAL OF FOREIGN BODIES IN L	$182.00	$158.00
45380			COLONOSCOPY AND BIOPSY	$182.00	$158.00
45381			COLONOSCOPY FLEX W/DIR SUBMUCO	$201.00	$171.00
45381	26		COLONOSCOPY FLEX W/DIR SUBMUCO	$80.00	$68.00
45382			COLONOSCOPY,CONTROL BLEEDING	$182.00	$158.00
45384			COLONOSCOPY REMOVAL TUMOR ETC.	$271.00	$236.00
45385			COLONOSCOPY, LESION REMOVAL	$271.00	$236.00
45386			COLONOSCOPY FLEX W/DILAT BY BA	$382.00	$325.00
45386	26		COLONOSCOPY FLEX W/DILAT BY BA	$87.00	$74.00

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DME/P&O				**PURCHASE**	**RENTAL**
45388			DESTRUCTION OF LARGE BOWEL GRO	$1,659.39	$1,410.48
45389			STENT PLACEMENT OF LARGE BOWEL	$152.09	$129.27
45390			REMOVAL OF LARGE BOWEL TISSUE	$174.57	$148.38
45391			ULTRASOUND EXAMINATION OF LOWE	$135.41	$115.10
45392			ULTRASOUND GUIDED NEEDLE ASPIR	$159.75	$135.78
45393			DECOMPRESSION OF LARGE BOWEL U	$132.40	$112.54
45395			REMOVAL OF RECTUM WITH CREATIO	$1,023.32	$869.82
45397			REMOVAL OF RECTUM USING AN END	$1,113.26	$946.27
45398			TYING OF LARGE BOWEL USING AN	$391.97	$333.17
45399			LARGE BOWEL PROCEDURE	BY REPORT	BY REPORT
45400			LAPAROSCOPY, SURGICAL: PROCTOP	$590.08	$501.56
45402			LAPAROSCOPY, SURGICAL: PROCTOP	$782.82	$665.39
45499			UNLISTED LAPAROSCOPY PROCEDURE	BY REPORT	BY REPORT
45500			REPAIR OF RECTUM	$181.00	$158.00
45505			REPAIR OF RECTUM	$181.00	$158.00
45520			PERIRECTAL INJ..FOR PROLAPSE:	$22.00	$19.00
45540			FIXATION OF RECTUM TO SACRUM,	$272.00	$236.00
45541			FIXATION OF RECTUM TO SACRUM,	$272.00	$236.00

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DME/P&O				**PURCHASE**	**RENTAL**
45550			FIXATION OF RECTUM TO SACRUM W	$393.00	$341.00
45560			REPAIR OF RECTOCELE	$143.00	$143.00
45562			EXPLOR/REPAIR/PRESACRAL DRAINA	$245.00	$209.00
45563			RECTA SURGERY W COLOSTOMY	$385.00	$328.00
45800			REPAIR RECTUMBLADDER FISTULA	$272.00	$236.00
45805			REPAIR FISTULA: COLOSTOMY	$386.00	$328.00
45820			REPAIR RECTOURETHRAL FISTULA	$393.00	$341.00
45825			REPAIR FISTULA: COLOSTOMY	$386.00	$328.00
45905			DILATION OF ANAL SPHINCTER	$35.00	$30.00
45910			DILATION OF RECTAL NARROWING	$50.00	$43.00
45915			REMOVE RECTAL OBSTRUCTION	$57.00	$49.00
45990			ANORECTAL EXAM, SURGICAL, REQU	$55.31	$47.01
45999			UNLISTED PROCEDURE, RECTUM	BY REPORT	BY REPORT
46020			PLACEMENT OF SETON	$96.00	$82.00
46030			REMOVAL OF RECTAL MARKER	$16.00	$14.00
46040			INCISION OF RECTAL ABSCESS	$61.00	$53.00
46045			INCISION OF RECTAL ABSCESS	$61.00	$53.00
46050			INCISION OF ANAL ABSCESS	$30.00	$26.00

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DME/P&O				**PURCHASE**	**RENTAL**
46060			INCISION OF RECTAL ABSCESS	$151.00	$131.00
46080			INCISION OF ANAL SPHINCTER	$30.00	$26.00
46200			REMOVAL OF ANAL FISSURE	$90.00	$79.00
46221			LIGATION OF HEMORRHOID(S)	$30.00	$26.00
46230			REMOVAL OF ANAL TABS	$37.00	$32.00
46250			HEMORRHOIDECTOMY, EXTERNAL: CO	$139.00	$121.00
46255			HEMORRHOIDECTOMY	$151.00	$131.00
46257			REMOVE HEMORRHOIDS & FISSURE	$163.00	$142.00
46258			REMOVE HEMORRHOIDS & FISTULA	$163.00	$142.00
46260			HEMORRHOIDECTOMY	$206.00	$179.00
46261			REMOVE HEMORRHOIDS & FISSURE	$163.00	$142.00
46262			HEMORRHOIDECTOMU..W FISTULECTO	$163.00	$142.00
46270			REMOVAL OF ANAL FISTULA	$90.00	$79.00
46275			REMOVAL OF ANAL FISTULA	$244.00	$210.00
46280			REMOVAL OF ANAL FISTULA	$305.00	$263.00
46285			REMOVAL OF ANAL FISTULA	$61.00	$53.00
46288			REPAIR ANAL FISTULA W ADVACE F	$232.00	$198.00
46320			REMOVAL OF HEMORRHOID CLOT	$25.00	$21.00

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DME/P&O				**PURCHASE**	**RENTAL**
46505			CHEMODENERVATION OF INTERNAL A	$153.36	$130.36
46505	26		CHEMODENERVATION OF INTERNAL A	$126.06	$107.15
46600			ANOSCOPY: DIAGNOSTIC	$16.00	$14.00
46601			DIAGNOSTIC EXAMINATION OF ANUS	$73.04	$62.08
46607			BIOPSIES OF ANUS WITH MAGNIFIC	$102.88	$87.45
46608			ANOSCOPY:REMOVE FOREIGN BODY	$42.00	$37.00
46610			ANOSCOPY: REMOVE POLYP	$48.00	$42.00
46611			ANOSCOPY WITH REMOVAL SINGLE T	$48.00	$42.00
46612			ANOSCOPY: REMOVE MULTIPLE POLY	$61.00	$53.00
46614			ANOSCOPY: CONTROL OF HEMORRHAG	$48.00	$42.00
46615			ANOSCOPY W ABLATION FO TUMORS	$76.00	$65.00
46700			PLASTIC REPAIR OF ANAL STRICTU	$242.00	$210.00
46706			REPAIR ANAL FISTULA W/FIBRIN G	$65.00	$55.00
46707			REPAIR OF ANORECTAL FISTULA WI	$257.12	$218.55
46710			REPAIR OF ILEOANAL POUCH FISTU	$575.29	$489.00
46712			REPAIR OF ILEOANAL POUCH FISTU	$1,154.74	$981.53
46715			REPAIR OF ANOVAGINAL FISTULA	$342.00	$291.00
46716			REPAIR OF ANOVAGINAL FISTULA	$513.00	$437.00

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DME/P&O				**PURCHASE**	**RENTAL**
46730			CONSTRUCTION OF ABSENT ANUS	$264.00	$229.00
46735			CONSTRUCTION OF ABSENT ANUS	$421.00	$366.00
46740			CONSTRUCTION OF ABSENT ANUS	$570.00	$485.00
46742			REP IMPERF ANUS/TRANSABD + SAC	$756.00	$642.00
46744			REPAIR OF DEFECT FOR SINGLE CH	$861.00	$731.00
46746			REPAIR OF DEFECT FOR SINGLE CH	$945.00	$803.00
46748			REPAIR OF DEFECT FOR SINGLE CH	$1,050.00	$892.00
46750			REPAIR OF ANAL MUSCLE FOR INCO	$242.00	$210.00
46751			REPAIR OF ANAL MUSCLE FOR INCO	$242.00	$210.00
46753			RECONSTRUCTION OF ANUS	$150.00	$131.00
46754			REMOVAL OF SUTURE FROM ANUS	$143.00	$122.00
46760			REPAIR OF ANAL MUSCLE TO CORRE	$301.00	$263.00
46761			REPAIR OF ANAL MUSCLE TO CORRE	$285.00	$243.00
46900			REMOVAL OF ANAL LESION	$37.00	$32.00
46910			REMOVAL OF ANAL LESION	$37.00	$32.00
46916			CRYOSURGERY-ANAL LESIONS	$37.00	$32.00
46922			DESTROY ANAL LESION(S)-SURG EX	$61.00	$53.00
46924			DESTROY ANAL LESIONS,ANY METH,	$147.00	$126.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
46930			DESTRUCTION OF INTERNAL HEMORR	$115.10	$97.84
46930	26		DESTRUCTION OF INTERNAL HEMORR	$81.82	$69.55
46940			TREATMENT OF ANAL FISSURE	$114.00	$97.00
46942			TREATMENT OF ANAL FISSURE	$57.00	$49.00
46946			LIGATION OF HEMORRHOIDS:MULT P	$90.00	$79.00
46947			HEMORRHOIDOPEXY (EG, FOR PROLA	$199.99	$169.99
46999			UNLISTED PROCEDURE, ANUS	BY REPORT	BY REPORT
47001			BIOPSY LIVER(NOT SEPARATE PROC	$22.75	$19.35
47010			DRAINAGE OF LIVER ABSCESS OR C	$285.00	$243.00
47015			LAP W ASP/INJ HEPAR PARASITE C	$285.00	$243.00
47100			WEDGE BIOPSY OF LIVER	$211.00	$184.00
47120			PARTIAL REMOVAL OF LIVER	$393.00	$341.00
47122			HEPATECTOMY,RESECT LIVER:TRISE	$456.00	$388.00
47125			PARTIAL REMOVAL OF LIVER	$456.00	$388.00
47130			PARTIAL REMOVAL OF LIVER	$456.00	$388.00
47133			DONOR HEPATECTOMY,W/PREP-MAINT	$400.00	$340.00
47135			LIVER TRANSPLANT,W/W/O RECI HE	$2,000.00	$1,700.00
47140			DONOR HEPATECTOMY LT LAT SEGME	$945.00	$803.00

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DME/P&O				**PURCHASE**	**RENTAL**
47141			DONOR HEPATECTOMY TOT LT LOBEC	$1,155.00	$982.00
47142			DONOR HEPATECTOMY TOT RT LOBEC	$1,270.00	$1,080.00
47143			BACKBENCH STANDARD PREPARATION	$227.95	$193.75
47144			BACKBENCH STANDARD PREPARATION	$298.12	$253.40
47145			BACKBENCH STANDARD PREPARATION	$298.12	$253.40
47146			BACKBENCH RECONSTRUCTION OF CA	$166.87	$141.84
47147			BACKBENCH RECONSTRUCTION OF CA	$196.56	$167.07
47300			SURGERY FOR LIVER LESION	$272.00	$236.00
47350			REPAIR LIVER WOUND	$272.00	$236.00
47360			REPAIR LIVER WOUND	$272.00	$236.00
47361			EXPLORE HEP WOUND/EXTEN DEBRID	$887.00	$754.00
47362			RE-EXPLORE HEP WOUND/REMOVE PA	$322.00	$273.00
47370			LAPOROSCOPY SURGICAL RADIOFREQ	$329.00	$280.00
47371			LAPOROSCOPY SURGICAL CRYOSURGI	$310.00	$264.00
47379			UNLISTED LAPOROSCOPIC LIVER PR	BY REPORT	BY REPORT
47380			DESTRUCTION OF 1 OR MORE GROWT	$387.00	$329.00
47381			DESTRUCTION OF 1 OR MORE GROWT	$382.00	$325.00
47383			DESTRUCTION OF 1 OR MORE LIVER	$3,753.66	$3,190.61

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DME/P&O				**PURCHASE**	**RENTAL**
47383	26		DESTRUCTION OF 1 OR MORE LIVER	$236.98	$201.43
47399			UNLISTED PROCEDURE, LIVER	BY REPORT	BY REPORT
47400			INCISION OF LIVER DUCT	$393.00	$341.00
47420			INCISION OF BILE DUCT	$332.00	$289.00
47425			INCISION OF BILE DUCT	$393.00	$341.00
47460			INCISE BILE DUCT SPHINCTER	$393.00	$341.00
47480			DRAINAGE OR REMOVAL OF STONES	$242.00	$210.00
47490			PERCUTANEOUS CHOLECYSTOSTOMY	$150.00	$127.00
47531			INJECTION OF BILE DUCT FOR X-R	$187.55	$159.41
47531	26		INJECTION OF BILE DUCT FOR X-R	$37.02	$31.46
47532			INJECTION OF BILE DUCT FOR X-R	$438.11	$372.39
47532	26		INJECTION OF BILE DUCT FOR X-R	$110.34	$93.79
47533			PLACEMENT OF DRAINAGE CATHETER	$666.82	$566.80
47533	26		PLACEMENT OF DRAINAGE CATHETER	$138.16	$117.44
47534			PLACEMENT OF DRAINAGE CATHETER	$774.38	$658.22
47534	26		PLACEMENT OF DRAINAGE CATHETER	$192.85	$163.92
47535			CONVERSION OF EXTERNAL BILIARY	$539.13	$458.26
47535	26		CONVERSION OF EXTERNAL BILIARY	$102.74	$87.33

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DME/P&O				**PURCHASE**	**RENTAL**
47536			REPLACEMENT OF LIVER DUCT DRAI	$371.45	$315.73
47536	26		REPLACEMENT OF LIVER DUCT DRAI	$68.67	$58.37
47537			REMOVAL OF BILIARY DRAINAGE CA	$217.65	$185.00
47537	26		REMOVAL OF BILIARY DRAINAGE CA	$50.01	$42.51
47538			PLACEMENT OF STENT OF BILIARY	$2,332.12	$1,982.30
47538	26		PLACEMENT OF STENT OF BILIARY	$122.89	$104.45
47539			PLACEMENT OF STENT OF BILIARY	$2,579.69	$2,192.74
47539	26		PLACEMENT OF STENT OF BILIARY	$221.66	$188.41
47540			PLACEMENT OF STENT AND DRAINAG	$2,623.57	$2,230.03
47540	26		PLACEMENT OF STENT AND DRAINAG	$228.81	$194.49
47541			PLACEMENT OF ACCESS DEVICE INT	$636.60	$541.11
47541	26		PLACEMENT OF ACCESS DEVICE INT	$171.95	$146.16
47542			BALLOON DILATION OF BILE DUCT	$261.98	$222.68
47542	26		BALLOON DILATION OF BILE DUCT	$70.12	$59.60
47543			BIOPSY OF BILE DUCT OR LIVER D	$251.28	$213.59
47543	26		BIOPSY OF BILE DUCT OR LIVER D	$74.81	$63.58
47544			REMOVAL OF BILIARY DUCT OR GAL	$615.87	$523.49
47544	26		REMOVAL OF BILIARY DUCT OR GAL	$82.09	$69.77

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DME/P&O				**PURCHASE**	**RENTAL**
47550			BILIARY ENDOSCOPY, INTRAOPERAT	$29.00	$25.00
47552			DIAGNOSTIC EXAMINATION OF BILE	$100.00	$85.00
47553			BIOPSY OF BILE DUCTS USING AN	$125.00	$106.00
47554			REMOVAL OF BILE DUCT STONES US	$150.00	$127.00
47555			DILATION OF BILE DUCTS USING A	$125.00	$106.00
47556			DILATION OF BILE DUCTS WITH ST	$256.00	$206.00
47562			LAPAROSCOPY SURGICAL CHOLECYST	$302.00	$257.00
47563			LAP SURG CHOLECYSTECTOMY W/CHO	$325.00	$276.00
47564			LAP SURG CHOLECYST W/EXPL COM	$406.00	$345.00
47570			LAP SURG CHOLECYSTOENTEROSTOMY	$426.00	$362.00
47579			UNLISTED LAPAROSCOPY PROC BILI	BY REPORT	BY REPORT
47600			REMOVAL OF GALLBLADDER	$302.00	$263.00
47605			REMOVAL OF GALLBLADDER	$314.00	$273.00
47610			REMOVAL OF GALLBLADDER	$362.00	$315.00
47612			CHOLECYSTECTOMY:W/CHOLEDOCHOEN	$517.00	$440.00
47620			REMOVAL OF GALLBLADDER	$414.00	$352.00
47700			EXPLORATION OF BILE DUCTS	$252.00	$218.00
47701			PORTOENTEROSTOMY	$440.00	$374.00

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DME/P&O				**PURCHASE**	**RENTAL**
47711			EXCISION BILE DUCT TUMOR EXTRA	$419.00	$356.00
47712			EXC BILE DUCT TUMOR INTRAHEPAT	$552.00	$469.00
47715			EXCISE CHOLEDOCAL CYST	$388.00	$330.00
47720			FUSE GALLBLADDER & BOWEL	$302.00	$263.00
47721			FUSE UPPER GI STRUCTURES	$336.00	$286.00
47740			FUSE GALLBLADDER & BOWEL	$328.00	$284.00
47741			ROUX-EN-Y W GASTROENTEROSTOMY	$382.00	$325.00
47760			FUSE BILE DUCTS AND BOWEL	$362.00	$315.00
47765			FUSE LIVER DUCTS & BOWEL	$440.00	$374.00
47780			FUSE BILE DUCTS AND BOWEL	$428.00	$371.00
47785			ROUX-EN-Y INTRAHEPATIC DUCT/GI	$572.00	$486.00
47800			RECONSTRUCTION OF BILE DUCTS	$453.00	$394.00
47801			PLACEMENT OF CHOLEDOCHAL STENT	$388.00	$330.00
47802			U-TUBE HEPATICOENTEROSTOMY	$388.00	$330.00
47900			EXTRA HEPATIC DUCT REPAIR	$368.00	$313.00
47999			UNLISTED PROCEDURE, BILIARY TR	BY REPORT	BY REPORT
48000			INSERTION OF EXTERNAL DRAINS F	$242.00	$210.00
48001			INSERTION OF EXTERNAL DRAINS F	$458.00	$389.00

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DME/P&O				**PURCHASE**	**RENTAL**
48020			REMOVAL OF PANCREATIC STONE	$393.00	$341.00
48100			BIOPSY OF PANCREAS, OPEN PROCE	$240.00	$204.00
48102			NEEDLE BIOPSY OF PANCREAS, ACC	$65.00	$55.00
48105			RESECTION OR DEBRIDEMENT OF PA	$1,466.68	$1,246.67
48120			REMOVAL OF PANCREAS LESION	$289.00	$246.00
48140			PARTIAL REMOVAL OF PANCREAS	$332.00	$289.00
48145			PARTIAL REMOVAL OF PANCREAS	$302.00	$263.00
48146			PACREATOMY CHILD-TYPE PROCEDUR	$724.00	$615.00
48148			REMOVAL OF PANCREATIC DUCT	$414.00	$352.00
48150			PARTIAL REMOVAL OF PANCREAS, B	$724.00	$615.00
48152			PARTIAL REMOVAL OF PANCREAS, B	$796.00	$676.00
48153			PARTIAL REMOVAL OF PANCREAS, B	$844.00	$717.00
48154			PARTIAL REMOVAL OF PANCREAS, B	$796.00	$676.00
48155			REMOVAL OF PANCREAS	$724.00	$615.00
48160			PANCREATECTOMY,TOTAL:W TRANSPL	$2,000.00	$1,700.00
48400			INJECTION PANCREATOGRAPHY INTR	$57.00	$49.00
48500			SURGERY OF PANCREAS CYST	$302.00	$263.00
48520			FUSE PANCREAS CYST AND BOWEL	$302.00	$263.00

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DME/P&O				**PURCHASE**	**RENTAL**
48540			FUSE PANCREAS CYST AND BOWEL	$302.00	$263.00
48545			PANCREATORRHAPHY FOR TRAUMA	$446.00	$379.00
48547			DUODENALEXCLUSION W GASTROJEJU	$615.00	$523.00
48548			PANCREATICOJEJUNOSTOMY, SIDE-T	$858.52	$729.74
48550			DONOR PANCREATECTOMY CAD W/WO	BY REPORT	BY REPORT
48551			BACKBENCH STANDARD PREPARATION	$160.06	$136.05
48552			BACKBENCH RECONSTRUCTION OF CA	$121.49	$103.27
48554			TRANSPLANTATION PANCREAS ALLOG	$1,145.17	$973.39
48556			REMOVE PANCREATIC ALLOGRAFT	$562.42	$478.05
48999			UNLISTED PROCEDURE, PANCREAS	BY REPORT	BY REPORT
49000			EXPLORATION OF ABDOMEN	$211.00	$184.00
49002			REEXPLORATION OF ABDOMEN	$211.00	$184.00
49010			EXPLORE,RETROPERITONEAL AREA	$211.00	$184.00
49020			DRAINAGE OF ABDOMINAL ABSCESS	$217.00	$189.00
49040			DRAINAGE OF ABSCESS OF MUSCLE	$272.00	$236.00
49060			DRAINAGE OF ABSCESS BEHIND ABD	$217.00	$189.00
49062			DRAINAGE OF ACCUMULATED ABDOMI	$217.00	$189.00
49082			ABDOMINAL PARACENTESIS (DIAGNO	$106.39	$90.43

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DME/P&O				**PURCHASE**	**RENTAL**
49082	26		ABDOMINAL PARACENTESIS (DIAGNO	$38.15	$32.42
49083			ABDOMINAL PARACENTESIS (DIAGNO	$158.30	$134.55
49083	26		ABDOMINAL PARACENTESIS (DIAGNO	$55.83	$47.45
49084			PERITONEAL LAVAGE, INCLUDING I	$55.45	$47.13
49180			NEEDLE BIOPSY OF ABDOMINAL CAV	$61.00	$52.00
49185			INJECTION OF ABNORMAL FLUID AC	$577.43	$490.82
49185	26		INJECTION OF ABNORMAL FLUID AC	$62.22	$52.89
49203			REMOVAL OR DESTRUCTION OF (5 C	$619.32	$526.42
49204			REMOVAL OR DESTRUCTION OF (5.1	$790.93	$672.29
49205			REMOVAL OR DESTRUCTION OF (GRE	$909.21	$772.82
49215			EXCISE PRESACRAL/SACROCOCCYGEA	$362.00	$315.00
49220			STAGING CELIOTOMY:HODGKINS/LYM	$272.00	$236.00
49250			EXCISION OF UMBILICUS	$171.00	$146.00
49255			OMENTECTOMY...RESECT OMENTUM	$228.00	$194.00
49320			DIAG LAP ABD PERIT OMENT W/WO	$182.00	$158.00
49321			LAP ABDOMEN/OMENTUM/PERITONEUM	$182.00	$158.00
49322			LAP ABDOMEN/PERITONEUM/OMENT W	$182.00	$158.00
49323			LAP ABD/PERIT/OMENT W DRAIN LY	$211.00	$179.00

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DME/P&O				**PURCHASE**	**RENTAL**
49324			LAPAROSCOPY, SURGICAL: WITH IN	$200.17	$170.14
49325			LAPAROSCOPY, SURGICAL: WITH RE	$213.33	$181.33
49326			LAPAROSCOPY, SURGICAL: WITH OM	$96.66	$82.16
49327			LAPAROSCOPY, SURGICAL: WITH PL	$66.70	$56.70
49329			UNLISTED LAP PROC ABD/PERIT/OM	BY REPORT	BY REPORT
49400			PNEUMOPERITONEUM..:INITIAL	$30.00	$26.00
49402			REMOVAL OF PERITONEAL FOREIGN	$443.17	$376.69
49405			FLUID COLLECTION DRAINAGE BY C	$452.15	$384.33
49405	26		FLUID COLLECTION DRAINAGE BY C	$102.08	$86.76
49406			FLUID COLLECTION DRAINAGE BY C	$451.96	$384.16
49406	26		FLUID COLLECTION DRAINAGE BY C	$102.08	$86.76
49407			FLUID COLLECTION DRAINAGE BY C	$365.06	$310.30
49407	26		FLUID COLLECTION DRAINAGE BY C	$108.03	$91.83
49411			INSERTION OF DEVICES IN ABDOMI	$257.30	$218.71
49411	26		PLACEMENT OF INTERSTITIAL DEVI	$95.63	$81.28
49412			INSERTION OF DEVICES FOR RADIA	$42.62	$36.22
49418			INSERTION OF TUNNELED INTRAPER	$686.43	$583.47
49418	26		INSERTION OF TUNNELED INTRAPER	$105.29	$89.49

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49419			INSERT INTRAPERITON CANNULA/CA	$226.00	$192.00
49421			INSERTION OF ABDOMINAL CAVITY	$182.00	$158.00
49422			INTRAPERITONEAL CANNULA/CATH R	$323.00	$274.00
49423			EXCH ABSCESS DRAIN CATH W/RAD	$78.00	$66.00
49424			CONTRAST INJECT VIA PREV PLACE	$41.00	$34.00
49425			PERITONEAL-VENOUS SHUNT	$410.00	$349.00
49426			REVISION OF PERITONEAL-VENOUS	$308.00	$261.00
49427			INJ PROC EVAL PLACED PER VENOU	$35.32	$30.02
49428			PERITONEAL VENOUS SHUNT LIGATI	$108.00	$91.00
49429			PERITONEAL VENOUS SHUNT REMOVA	$344.00	$293.00
49435			INSERTION OF ABDOMINAL CAVITY	$60.86	$51.73
49436			DELAYED CREATION OF EXIT SITE	$96.44	$81.97
49440			INSERTION OF GASTROSTOMY TUBE,	$511.03	$434.38
49441			INSERTION OF DUODENOSTOMY OR J	$579.44	$492.52
49442			INSERTION OF CECOSTOMY OR OTHE	$482.63	$410.23
49446			CONVERSION OF STOMACH TUBE TO	$492.83	$418.90
49450			REPLACEMENT OF STOMACH OR LARG	$358.70	$304.89
49451			REPLACEMENT OF SMALL BOWEL TUB	$389.45	$331.03

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DME/P&O				**PURCHASE**	**RENTAL**
49452			REPLACEMENT OF STOMACH TO SMAL	$478.04	$406.33
49460			MECHANICAL REMOVAL OF OBSTRUCT	$391.00	$332.35
49465			CONTRAST INJECTIONS FOR X-RAY	$84.92	$72.18
49492			REP INIT ING HERNIA PRETERM IN	$399.00	$339.00
49505			REP INGUINAL HERNIA,AGE 5 OR>:	$182.00	$158.00
49505	50		REP INGUINAL HERNIA,AGE 5 OR>:	$272.00	$236.00
49507			INGUINAL HERNIA REP >5 Y INCAR	$257.00	$218.00
49520			REREPAIR INGUINAL HERNIA	$211.00	$184.00
49520	50		REP RECURRENT INGUINAL HERNIA:	$317.00	$269.00
49521			REPAIR INGUINAL HERNIA INCA/ST	$313.00	$266.00
49525			REPAIR INGUINAL HERNIA:SLIDING	$182.00	$158.00
49525	50		REPAIR SLIDING BILATERAL INGUI	$273.00	$232.00
49540			REPAIR LUMBAR HERNIA	$207.00	$176.00
49540	50		REPAIR BILATERAL LUMBAR HERNIA	$310.00	$264.00
49550			REPAIR FEMORAL HERNIA	$182.00	$158.00
49550	50		REPAIR BILATERAL FEMORAL HERNI	$273.00	$232.00
49553			REPAIR FEMEROL HERNIA ANY AGE	$266.00	$226.00
49555			REPAIR RECURRENT FEMORAL HERNI	$211.00	$184.00

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DME/P&O				**PURCHASE**	**RENTAL**
49555	50		REP BILATERAL RECURRENT FEMORA	$317.00	$269.00
49557			REPAIR FEMEROL HERNIA INCARCER	$302.00	$257.00
49560			REPAIR VENTRAL HERNIA (SEPARAT	$211.00	$184.00
49561			REPAIR INCSIONAL HERNIA INCARC	$325.00	$276.00
49565			REREPAIR ABDOMINAL HERNIA	$234.00	$204.00
49566			REP INCIS INCARC HERNIA/STRANG	$284.00	$241.00
49568			PLACEMENT OF MESH TO REPAIR IN	$150.00	$127.00
49570			REPAIR EPIGASTRIC HERNIA	$151.00	$131.00
49572			REP.EPIGASTRIC HERNIA INCAR ST	$256.00	$218.00
49582			REP UMBIL HERNIA INCARCE/STRAN	$222.00	$189.00
49585			REP UMBILICAL HERNIA OVER 5YRS	$182.00	$155.00
49587			REP.UMBILICAL HERNIA OVER 5 IN	$245.00	$208.00
49590			REPAIR SPIGELIAN HERNIA	$151.00	$131.00
49600			REPAIR UMBILICAL LESION	$207.00	$176.00
49606			REPAIR UMBILICAL LESION	$337.00	$287.00
49610			REPAIR UMBILICAL LESION	$259.00	$225.00
49611			REPAIR UMBILICAL LESION	$259.00	$225.00
49650			LAP SURG REP INITIAL INGUINAL	$182.00	$155.00

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DME/P&O				**PURCHASE**	**RENTAL**
49651			LAP REP RECURRENT INGUINAL HER	$211.00	$179.00
49652			LAPAROSCOPY SURGICAL REPAIR	$385.21	$327.43
49653			LAPAROSCOPY SURGICAL REPAIR	$480.86	$408.73
49654			LAPAROSCOPY SURGICAL REPAIR	$437.28	$371.69
49655			LAPAROSCOPY SURGICAL REPAIR	$533.95	$453.86
49656			LAPAROSCOPY SURGICAL REPAIR	$473.89	$402.81
49657			LAPAROSCOPY SURGICAL REPAIR	$681.29	$579.10
49659			UNLISTED LAP PROC FOR HERNIA	BY REPORT	BY REPORT
49900			REPAIR OF ABDOMINAL WALL	$121.00	$105.00
49904			OMENTAL FLAP, EXTRA ABDOMINAL	$760.00	$646.00
49905			OMENTAL FLAP	$246.00	$209.00
49906			FRE OMENTAL FLAP W/MICROVASC A	$700.82	$595.70
49999			ABDOMEN SURGERY PROCEDURE	BY REPORT	BY REPORT
50010			EXPLORATION OF KIDNEY	$337.00	$287.00
50020			INCISION AND DRAINAGE OF KIDNE	$272.00	$236.00
50040			NEPHROSTOMY,NEPHROTOMY W DRAIN	$393.00	$341.00
50045			EXPLORATION OF KIDNEY	$393.00	$341.00
50060			REMOVAL OF KIDNEY STONE	$302.00	$263.00

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DME/P&O				**PURCHASE**	**RENTAL**
50065			INCISION OF KIDNEY	$467.00	$397.00
50070			INCISION OF KIDNEY	$467.00	$397.00
50075			REMOVAL OF KIDNEY STONE	$340.00	$294.00
50080			REMOVAL OR CRUSHING KIDNEY STO	$160.00	$136.00
50081			REMOVAL OR CRUSHING KIDNEY STO	$160.00	$136.00
50100			REVISE KIDNEY BLOOD VESSELS	$332.00	$289.00
50120			EXPLORATION OF KIDNEY	$393.00	$341.00
50125			EXPLORE AND DRAIN KIDNEY	$393.00	$341.00
50130			REMOVAL OF KIDNEY STONE	$393.00	$341.00
50135			EXPLORATION OF KIDNEY	$467.00	$397.00
50205			RENAL BIOPSY:SURG EXPOSURE OF	$155.00	$132.00
50220			REMOVAL OF KIDNEY AND PARTIAL	$393.00	$341.00
50225			REMOVAL OF KIDNEY AND PARTIAL	$415.00	$352.00
50230			REMOVAL OF KIDNEY, LYMPH NODES	$393.00	$341.00
50234			REMOVAL OF KIDNEY & URETER	$483.00	$420.00
50236			REMOVAL OF KIDNEY & URETER	$483.00	$420.00
50240			PARTIAL REMOVAL OF KIDNEY	$332.00	$289.00
50250			DESTRUCTION OF 1 OR MORE GROWT	$630.93	$536.29

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DME/P&O				**PURCHASE**	**RENTAL**
50280			REMOVAL OF KIDNEY LESION	$362.00	$315.00
50290			REMOVAL OF KIDNEY LESION	$363.00	$309.00
50300			DONAR NEPHRECTOMY,CADAVER,CARE	$240.00	$204.00
50320			REMOVAL OF DONOR KIDNEY, OPEN	$491.00	$417.00
50323			BACKBENCH STANDARD PREPARATION	$192.43	$163.56
50325			PREPARATION OF DONOR KIDNEY FO	$131.81	$112.04
50327			BACKBENCH RECONSTRUCTION OF CA	$111.32	$94.62
50328			BACKBENCH RECONSTRUCTION OF CA	$97.52	$82.89
50329			BACKBENCH RECONSTRUCTION OF CA	$92.80	$78.88
50340			RECIPIENT NEPHRECTOMY:,UNILATE	$393.00	$334.00
50340	50		RECIPIENT NEPHRECTOMY:,BILATER	$590.00	$501.00
50360			HOMOTRANSPLANT/IMPLANT GRF,NO	$720.00	$612.00
50365			SEE 50360-W/UNILAT RECI NEPHRE	$1,200.00	$1,020.00
50365	50		SEE 50360-W/UNILAT RECI NEPHRE	$1,800.00	$1,530.00
50370			REMOVE TRANSPLANTED KIDNEY	$393.00	$334.00
50380			RENAL AUTOTRANSPLANT,REIMPLANT	$720.00	$612.00
50382			REMOVAL AND REPLACEMENT OF IND	$592.29	$503.45
50384			REMOVAL OF INDWELLING STENT IN	$471.96	$401.17

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DME/P&O				**PURCHASE**	**RENTAL**
50385			REMOVAL (VIA SNARE/CAPTURE) AN	$583.10	$495.63
50386			REMOVAL (VIA SNARE/CAPTURE) OF	$384.26	$326.62
50387			REMOVAL AND REPLACEMENT OF EXT	$278.39	$236.63
50389			REMOVAL OF NEPHROSTOMY TUBE, R	$180.26	$153.22
50390			ASPIRATION AND/OR INJECTION KI	$30.00	$26.00
50391			INSTILLATIONS OF DRUG INTO KID	$63.75	$54.18
50391	26		INSTILLATION(S) OF THERAPEUTIC	$50.68	$43.07
50396			MANOMETRIC STUDIES NEPH/PYE TU	$20.00	$17.00
50400			REVISION OF KIDNEY/URETER	$423.00	$368.00
50405			REVISION OF KIDNEY/URETER	$529.00	$450.00
50430			INJECTION PROCEDURE FOR X-RAY	$273.56	$232.52
50430	26		INJECTION PROCEDURE FOR X-RAY	$79.97	$67.97
50431			INJECTION PROCEDURE FOR X-RAY	$91.24	$77.55
50431	26		INJECTION PROCEDURE FOR X-RAY	$34.35	$29.19
50432			PLACEMENT OF CATHETER OF KIDNE	$444.27	$377.63
50432	26		PLACEMENT OF CATHETER OF KIDNE	$107.08	$91.01
50433			PLACEMENT OF CATHETER OF KIDNE	$590.81	$502.18
50433	26		PLACEMENT OF CATHETER OF KIDNE	$133.08	$113.11

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DME/P&O				**PURCHASE**	**RENTAL**
50434			CONVERSION OF NEPHROSTOMY CATH	$466.67	$396.67
50434	26		CONVERSION OF NEPHROSTOMY CATH	$100.26	$85.22
50435			REPLACEMENT OF KIDNEY DRAINAGE	$277.66	$236.01
50435	26		REPLACEMENT OF KIDNEY DRAINAGE	$52.16	$44.34
50500			REPAIR OF KIDNEY WOUND	$663.07	$563.31
50520			CLOSE KIDNEY-SKIN FISTULA	$272.00	$236.00
50525			REPAIR RENAL-ABDOMEN FISTULA	$272.00	$236.00
50526			REPAIR RENAL-ABDOMEN FISTULA	$272.00	$236.00
50540			REVISION OF HORSESHOE KIDNEY	$339.00	$295.00
50541			LAP SURG ABLATION OF RENAL CYS	$385.00	$327.00
50542			LAPOROSCOPY SURG RENAL MASS LE	$546.00	$464.00
50543			LAPOROSCOPY SURG PARTIAL NEPHR	$696.00	$592.00
50544			LAPAROSCOPY SURGICAL PYELOPLAS	$503.00	$428.00
50545			REMOVAL OF KIDNEY AND LYMPH NO	$573.00	$487.00
50546			LAPAROSCOPY SURGICAL NEPHRECTO	$449.00	$382.00
50547			LAP SURG DONOR NEPHRECTOMY/LIV	$696.00	$591.00
50548			LAP ASSISTED NEPHROURETERECTOM	$514.00	$437.00
50549			UNLISTED LAPAROSCOPY PROC RENA	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
50551			KIDNEY ENDOSCOPY	$114.00	$97.00
50553			RENALENDOSCOPY W URETERAL CATH	$129.00	$110.00
50555			KIDNEY ENDOSCOPY & BIOPSY	$126.00	$108.00
50557			KIDNEY ENDOSCOPY & TREATMENT	$126.00	$108.00
50561			RENAL ENDOSCOPY:REMOVE FOREIGN	$143.00	$122.00
50562			RENAL ENDOSCOPY W/WO IRRIG W/R	$197.00	$167.00
50570			RENAL ENDOSCOPY:EXCLUSIVE OF R	$114.00	$97.00
50572			RENAL ENDOSCOPY W URETERAL CAT	$129.00	$110.00
50574			KIDNEY ENDOSCOPY & BIOPSY	$126.00	$108.00
50575			RENAL ENDOSCOPY W ENDOPYELOTOM	$239.00	$203.00
50576			REANL ENDOSCOPY W FULGURATION/	$126.00	$108.00
50580			RENAL ENDOSCOPY:REM FOREIGN BO	$143.00	$122.00
50590			LITHOTRIPSY,ESW	$351.00	$298.00
50592			DESTRUCTION OF 1 OR MORE GROWT	$178.37	$151.61
50592	50		ABLATION RENAL TUMOR(S) PERC B	$266.99	$226.94
50593			DESTRUCTION OF GROWTHS IN ONE	$239.25	$203.36
50593	50		ABLATION, RENAL TUMOR(S), BILA	$358.40	$304.64
50600			EXPLORATION OF URETER	$362.00	$315.00

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DME/P&O				**PURCHASE**	**RENTAL**
50605			URETEROYOMY/INSERT STENT	$399.00	$340.00
50606			BIOPSY OF URINARY DUCT USING I	$396.74	$337.23
50606	26		BIOPSY OF URINARY DUCT USING I	$78.92	$67.08
50610			REMOVAL OF URETER STONE	$362.00	$315.00
50620			REMOVAL OF URETER STONE	$362.00	$315.00
50630			REMOVAL OF URETER STONE	$380.00	$331.00
50650			REMOVAL OF URETER	$393.00	$341.00
50660			REMOVAL OF URETER	$442.00	$376.00
50684			INJECTION FOR URETER XRAY	$20.00	$17.00
50686			MEASURE URETER PRESSURE	$20.00	$17.00
50688			CHANGE OF URETER TUBE	$30.00	$26.00
50690			INJECTION OF BLADDER AND URINA	$20.00	$17.00
50693			PLACEMENT OF STENT OF URINARY	$544.69	$462.98
50693	26		PLACEMENT OF STENT OF URINARY	$106.37	$90.41
50694			PLACEMENT OF STENT OF URINARY	$599.09	$509.22
50694	26		PLACEMENT OF STENT OF URINARY	$139.06	$118.20
50695			PLACEMENT OF STENT OF URINARY	$730.78	$621.16
50695	26		PLACEMENT OF STENT OF URINARY	$177.89	$151.20

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50700			REVISION OF URETER	$393.00	$341.00
50705			OCCLUSION OF URINARY DUCT (URE	$1,100.14	$935.12
50705	26		OCCLUSION OF URINARY DUCT (URE	$101.39	$86.18
50706			BALLOON DILATION TREATMENT OF	$563.88	$479.30
50706	26		BALLOON DILATION TREATMENT OF	$94.57	$80.38
50715			RELEASE OF URETER	$237.00	$206.00
50715	50		RELEASE OF URETER	$305.00	$265.00
50722			RELEASE OF URETER	$359.00	$305.00
50725			RELEASE/REVISE URETER	$513.00	$446.00
50727			REVISION URINARY-CUTANEOUS ANA	$362.00	$307.00
50728			REVISION URIN-CUTAN ANAST W/RE	$413.00	$350.00
50740			FUSION OF URETER & KIDNEY	$423.00	$368.00
50750			FUSION OF URETER & KIDNEY	$487.00	$414.00
50760			FUSION OF URETERS	$423.00	$368.00
50770			TRANSURETEROURETEROSTOMY....	$490.00	$416.50
50780			REIMPLANT URETER IN BLADDER	$423.00	$368.00
50780	50		URETERONEOCYSTOSTOMY...	$635.00	$540.00
50782			URETERONEOCYSTOSTOMY TO BLADDE	$423.00	$368.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50783			REIMPLANT URETER IN BLADDER	$423.00	$368.00
50785			REIMPLANT URETER IN BLADDER	$487.00	$414.00
50785	50		REIMPLANT URETER IN BLADDER	$731.00	$621.00
50800			IMPLANT URETER IN BOWEL	$423.00	$368.00
50800	50		IMPLANT URETER IN BOWEL	$635.00	$540.00
50810			FUSION OF URETER & BOWEL	$616.00	$523.00
50815			URETEROCOLON CONDUIT/ANASTOMOS	$616.00	$523.00
50815	50		URETEROCOLON CONDUIT/ANASTOMOS	$924.00	$785.00
50820			CONSTRUCT BOWEL BLADDER	$604.00	$525.00
50820	50		CONSTRUCT BOWEL BLADDER	$906.00	$770.00
50825			CONTINENT DIVISION,W/BOWEL ANA	$718.00	$610.00
50830			URINARY UNDIVERSION	$616.00	$523.00
50840			REPLACE URETER BY BOWEL	$616.00	$523.00
50840	50		REPLACE URETER BY BOWEL	$924.00	$785.00
50845			CUTANEOUS APPENDICO-VESICOSTOM	$616.00	$523.00
50860			TRANSPLANT URETER TO SKIN	$362.00	$315.00
50860	50		TRANSPLANT URETER TO SKIN	$543.00	$462.00
50900			REPAIR OF URETER	$272.00	$236.00

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DME/P&O				**PURCHASE**	**RENTAL**
50920			CLOSURE URETER/SKIN FISTULA	$237.00	$206.00
50930			CLOSURE URETER/BOWEL FISTULA	$487.00	$414.00
50940			RELEASE OF URETER	$423.00	$368.00
50945			LAPAROSCOPY SURG URETEROLITHOT	$413.00	$351.00
50947			SURG LAP: URETERONEO W/CYSTO/U	$620.00	$527.00
50948			SURG LAP: URETERONEOCYS WO CYS	$566.00	$481.00
50949			UNLISTED LAPAROSCOPY PROCEDURE	BY REPORT	BY REPORT
50951			UTERAL ENDOSCOPY...EXCL OF RAD	$45.00	$38.00
50953			ENDOSCOPY OF URETER	$60.00	$51.00
50955			URETER ENDOSCOPY & BIOPSY	$60.00	$51.00
50957			URETER ENDOSCOPY & TREATMENT	$70.00	$60.00
50961			URETER ENDOSCOPY & TREATMENT	$70.00	$60.00
50970			URETER ENDOSCOPY	$45.00	$38.00
50974			URETER ENDOSCOPY & BIOPSY	$60.00	$51.00
50976			URETER ENDOSCOPY & TREATMENT	$70.00	$60.00
50980			URETER ENDOSCOPY & TREATMENT	$70.00	$60.00
51020			INCISE & TREAT BLADDER	$272.00	$236.00
51030			INCISE & TREAT BLADDER	$308.00	$262.00

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DME/P&O				**PURCHASE**	**RENTAL**
51040			INCISE & DRAIN BLADDER	$242.00	$210.00
51045			INCISE BLADDER, DRAIN URETER	$257.00	$218.00
51050			REMOVAL OF BLADDER STONE	$272.00	$236.00
51060			REMOVAL OF URETER STONE	$359.00	$305.00
51065			REMOVAL OF URETER STONE	$257.00	$218.00
51080			DRAINAGE OF BLADDER ABSCESS	$151.00	$131.00
51100			ASPIRATION OF BLADDER: BY NEED	$33.77	$28.70
51101			ASPIRATION OF BLADDER: BY TROC	$70.75	$60.14
51102			ASPIRATION OF BLADDER: WITH IN	$121.42	$103.20
51500			REMOVAL OF BLADDER CYST	$283.00	$240.00
51520			REMOVAL OF BLADDER LESION	$211.00	$184.00
51525			REMOVAL OF BLADDER LESION	$393.00	$341.00
51530			REMOVAL OF BLADDER LESION	$302.00	$263.00
51535			INCISION, REMOVAL, OR REPAIR O	$308.00	$262.00
51535	50		CYSTOTOMY/EXC,INC/REP URETEROC	$462.00	$393.00
51550			PARTIAL REMOVAL OF BLADDER	$362.00	$315.00
51555			PARTIAL REMOVAL OF BLADDER	$362.00	$315.00
51565			REVISE BLADDER & URETER(S)	$483.00	$420.00

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DME/P&O				**PURCHASE**	**RENTAL**
51570			REMOVAL OF BLADDER	$665.00	$578.00
51575			REMOVAL OF BLADDER & NODES	$798.00	$678.00
51580			REMOVE BLADDER: REVISE TRACT	$798.00	$678.00
51585			REMOVAL OF BLADDER & NODES	$998.00	$848.00
51590			REMOVE BLADDER: REVISE TRACT	$928.00	$789.00
51595			REMOVE BLADDER: REVISE TRACT	$1,192.00	$1,014.00
51596			REMOVAL OF BLADDER AND LYMPH N	$928.00	$789.00
51597			REMOVAL OF BLADDER, URINARY DU	$998.00	$848.00
51600			INJECTION FOR BLADDER XRAY	$21.00	$18.00
51605			INJECTION PROCEDURE FOR X-RAY	$32.00	$27.00
51610			INJECTION FOR BLADDER XRAY	$21.00	$18.00
51700			IRRIGATION OF BLADDER	$21.00	$18.00
51700	SA		IRIGATION OF BLADDER	NA	$17.10
51701			INSERT NON-INDWELLING BLADDER	$38.00	$36.00
51701	SA		INSERT NON-INDWELLING BLADDER	NA	$34.20
51701	SA	26	INSERT NON-INDWELLING BLADDER	NA	$9.50
51701	26		INSERT NON-INDWELLING BLADDER	$12.00	$10.00
51702			INSERT TEMP INDWELLING BLADDER	$38.00	$36.00

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DME/P&O				**PURCHASE**	**RENTAL**
51702	SA		INSERT TEMP INDWELLING BLADDER	NA	$34.20
51702	SA	26	INSERT TEMP INDWELLING BLADDER	NA	$9.50
51702	26		INSERT TEMP INDWELLING BLADDER	$12.00	$10.00
51703			INSERT TEMP INDW BLAD CATH COM	$83.00	$78.00
51703	26		INSERT TEMP INDW BLAD CATH COM	$35.00	$30.00
51705			CHANGE OF BLADDER TUBE	$21.00	$18.00
51705	SA		CHANGE OF BLADDER TUBE	NA	$17.10
51710			CHANGE OF BLADDER TUBE	$32.00	$27.00
51715			ENDOSCOPIC INJECT OF IMPL MAT/	$109.00	$92.00
51720			BLADDER INSTILLATION OF CANCER	$40.00	$34.00
51725			SIMPLE CYSTOMETROGRAM	$36.00	$32.00
51725	SA		SIMPLE CYSTOMETROGRAM	NA	$30.40
51726			COMPLEX CYSTOMETROGRAM	$36.00	$32.00
51727			COMPLEX CYSTOMETROGRAM (IE, CA	$176.11	$149.69
51727	TC		COMPLEX CYSTOMETROGRAM (IE, CA	$121.44	$103.22
51727	26		COMPLEX CYSTOMETROGRAM (IE, CA	$54.68	$46.48
51728			COMPLEX CYSTOMETROGRAM (IE, CA	$179.41	$152.50
51728	TC		COMPLEX CYSTOMETROGRAM (IE, CA	$125.66	$106.81

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DME/P&O				**PURCHASE**	**RENTAL**
51728	26		COMPLEX CYSTOMETROGRAM (IE, CA	$53.75	$45.69
51729			COMPLEX CYSTOMETROGRAM (IE, CA	$191.30	$162.60
51729	TC		COMPLEX CYSTOMETROGRAM (IE, CA	$126.43	$107.47
51729	26		COMPLEX CYSTOMETROGRAM (IE, CA	$64.87	$55.14
51736			SIMPLE UROFLOWMETRY	$13.26	$11.27
51741			COMPLEX UROFLOWMETRY	$13.57	$11.53
51784			EMG OF ANAL OR URETHRAL SPHINC	$61.00	$54.00
51784	TC		EMG OF ANAL OR URETHRAL SPHINC	NA	$17.00
51784	26		EMG OF ANAL OR URETHRAL SPHINC	$32.53	$27.65
51785			ELECTROMYOGRAPHY STUDIES-ANAL/	$29.00	$25.00
51792			ELECTROMYOGRAPHY	$46.00	$40.00
51797			VOIDING PRESSURE STUDIES (VP):	$58.00	$50.00
51798			MEASURE RESID URINE BY ULTRASO	$16.00	$13.00
51798	SA		MEASURE RESID URINE BY ULTRASO	NA	$12.35
51800			REVISION OF BLADDER/URETHRA	$423.00	$368.00
51820			REPAIR OF BLADDER, BLADDER CAN	$635.00	$539.00
51840			ATTACH BLADDER/URETHRA	$302.00	$263.00
51841			ATTACH BLADDER/URETHRA	$368.00	$313.00

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DME/P&O				**PURCHASE**	**RENTAL**
51845			ABDOMINO-VAGINAL VESICAL NECK	$407.00	$354.00
51860			SUTURE OF WOUND, INJURY, OR RU	$318.00	$270.00
51865			SUTURE OF WOUND, INJURY, OR RU	$350.00	$298.00
51880			REPAIR OF BLADDER OPENING	$151.00	$131.00
51900			REPAIR BLADDER/VAGINA LESION	$350.00	$298.00
51920			CLOSE BLADDER-UTERUS FISTULA	$350.00	$298.00
51925			HYSTERECTOMY/BLADDER REPAIR	$525.00	$446.00
51940			CORRECTION OF BLADDER DEFECT	$583.00	$495.00
51960			REVISION OF BLADDER & BOWEL	$635.00	$539.00
51980			CONSTRUCT BLADDER OPENING	$408.00	$347.00
51990			LAP SURG URETH SUSP FOR STRESS	$263.00	$224.00
51992			LAP SURG SLING OP FOR STRESS I	$307.00	$261.00
51999			UNLISTED LAPAROSCOPY PROCEDURE	BY REPORT	BY REPORT
52000			CYSTOSCOPY	$30.00	$26.00
52000	22		CYSTOSCOPY	$61.00	$53.00
52001			CYSTOURETHROSCOPY W/IRRIG/EVAC	$49.00	$42.00
52005			CYSTOURETHROSCOPY	$61.00	$50.00
52005	22		CYSTOURETHROSCOPY	$87.00	$75.00

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DME/P&O				**PURCHASE**	**RENTAL**
52007			CYSTOURETHOSCOPY W/BRUSH BIOPS	$117.00	$99.00
52010			CYSTOSCOPY W/ DUCT CATHETER	$91.00	$79.00
52204			CYSTOURETHROSCOPY WITH BIOPSY:	$42.00	$37.00
52234			CYSTOURETHROSCOPY WITH FULGURA	$90.00	$79.00
52235			CYSTOURETHROSCOPY WITH FULGURA	$182.00	$158.00
52240			CYSTOURETHROSCOPY WITH FULGURA	$182.00	$158.00
52250			CYSTOURETHROSCOPY, INSERT RADI	$108.00	$95.00
52260			CYSTOSCOPY & TREATMENT	$54.00	$47.00
52265			CYSTOSCOPY AND TREATMENT	$54.00	$47.00
52270			INCISION OF THE BLADDER CANAL	$61.00	$53.00
52275			INCISION OF THE BLADDER CANAL	$61.00	$53.00
52276			CYSTOURETHROSCOPY W/DIRECT VIS	$61.00	$53.00
52277			CYSTOSCOPY AND TREATMENT	$143.00	$122.00
52281			CYSTOURETHROSCOPY FOR URETHRAL	$46.00	$40.00
52282			CYSTOURETHROSCOPY W/URETHRAL S	$143.00	$122.00
52283			CYSTOURETHROSCOPY, STEROID INJ	$63.00	$54.00
52285			CYSTOSCOPY AND TREATMENT	$91.00	$79.00
52287			CYSTOURETHROSCOPY, WITH INJECT	$178.95	$152.11

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DME/P&O				**PURCHASE**	**RENTAL**
52287	26		CYSTOURETHROSCOPY WITH INJECTI	$87.45	$74.33
52290			CYSTOSCOPY AND TREATMENT	$61.00	$53.00
52300			CYSTOSCOPY AND TREATMENT	$61.00	$53.00
52301			CYSTOURETHROSCOPY W/RESEC UNIL	$62.00	$53.00
52305			CYSTOSCOPY AND TREATMENT	$117.00	$99.00
52310			REMOVAL OF FOREIGN BODY, STONE	$61.00	$53.00
52315			COMPLICATED REMOVAL OF FOREIGN	$61.00	$53.00
52317			CRUSHING, FRAGMENTING, AND REM	$211.00	$184.00
52318			CRUSHING, FRAGMENTING, AND REM	$211.00	$184.00
52320			CYSTOSCOPY AND TREATMENT	$145.00	$126.00
52325			CYSTOURETHEROSCOPY,FRAGMENT CA	$145.00	$126.00
52327			CYSTOSCOPE/SUBURETER INJ IMPLA	$141.00	$120.00
52330			CYSTOSCOPY AND TREATMENT	$103.00	$89.00
52332			CYSTOURETHROSCOPY/INSERT STENT	$78.00	$68.00
52334			CYSTO TO EST PERC NEPHROSTOMY,	$121.00	$105.00
52341			CYSTOURETHROSCOPY W/TX URETERA	$182.00	$155.00
52342			CYSTOURETHROS W/TX URETEROPELV	$185.00	$158.00
52343			CYSTOURETHROS W/TX INTRA-RENAL	$193.00	$164.00

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DME/P&O				**PURCHASE**	**RENTAL**
52344			CYTOURETHROS W/URETEROSCOPY	$196.00	$167.00
52345			CYSTOURETHROS W/URETEROSCOPY W	$200.00	$170.00
52346			CYSTOURETHROS W/URETEROSCOPY W	$224.00	$190.00
52351			DIAGNOSTIC EXAMINATION OF THE	$175.00	$149.00
52352			CYSTOURETHROS W/URETEROSCOPY/P	$224.00	$190.00
52353			CYSTOURETH W/URETERO/PYEL W/LI	$252.00	$214.00
52354			CYTOURETHROSCOPY W/URETEROS W/	$245.00	$208.00
52355			CYTOURETHROS W/URETEROS W/RESE	$252.00	$214.00
52356			CRUSHING OF STONE IN URINARY D	$215.28	$182.98
52400			INCISION, DESTRUCTION, OR REMO	$182.00	$155.00
52402			INCISION OR REMOVAL OF EJACULA	$137.84	$117.16
52441			INSERTION OF IMPLANT IN BLADDE	$686.16	$583.24
52441	26		INSERTION OF IMPLANT MATERIAL	$116.74	$99.23
52442			INSERTION OF IMPLANT IN BLADDE	$519.11	$441.24
52442	26		INSERTION OF IMPLANT MATERIAL	$31.20	$26.52
52450			TRANSURETHRAL INCISION PROSTAT	$196.00	$166.00
52500			REVISION OF BLADDER NECK	$211.00	$184.00
52601			PROSTATECTOMY (TUR)	$393.00	$341.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
52630			REMOVE PROSTATE REGROWTH	$393.00	$341.00
52640			RELIEVE BLADDER CONTRACTURE	$228.00	$194.00
52647			NON-CONTACT LASER TX OF POST O	$315.00	$268.00
52648			LASER VAPOR W/WO TURP CONTROL	$369.00	$313.00
52649			LASER ENUCLEATION OF THE PROST	$428.53	$364.25
52700			DRAINAGE OF PROSTATE ABSCESS	$182.00	$158.00
53000			INCISION OF URETHRA	$61.00	$53.00
53010			INCISION OF URETHRA	$121.00	$105.00
53020			MEATOTOMY..,EXCEPT INFANT	$18.00	$16.00
53040			DRAINAGE OF URETHRA ABSCESS	$61.00	$53.00
53060			DRAINAGE OF ABSCESS OR CYST OF	$30.00	$26.00
53080			DRAINAGE OF URINARY LEAKAGE	$72.00	$63.00
53085			DRAINAGE OF URINARY LEAKAGE	$121.00	$105.00
53200			BIOPSY OF URETHRA	$48.00	$41.00
53210			REMOVAL OF BLADDER AND BLADDER	$330.00	$281.00
53215			REMOVAL OF BLADDER AND BLADDER	$420.00	$357.00
53220			TREATMENT OF URETHRA LESION	$211.00	$184.00
53230			EXCISE URETHRAL DIVERTICULUM:F	$211.00	$184.00

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DME/P&O				**PURCHASE**	**RENTAL**
53235			EXCISE URETHRAL DIVERTICULUM:M	$211.00	$184.00
53240			MARSUPIALIZE URETH DIVERT,MALE	$86.00	$74.00
53250			REMOVAL OF SEMINAL FLUID GLAND	$250.00	$213.00
53260			TREATMENT OF URETHRA LESION	$30.00	$26.00
53265			TREATMENT OF URETHRA LESION	$61.00	$53.00
53270			REMOVAL OR DESTRUCTION OF BLAD	$30.00	$26.00
53275			REPAIR OF URETHRA DEFECT	$72.00	$61.00
53400			REPAIR OF BLADDER CANAL (URETH	$426.00	$362.00
53405			REVISE URETHRA, 2ND STAGE	$426.00	$362.00
53410			RECONSTRUCTION OF BLADDER CANA	$242.00	$210.00
53415			URETHROPLASTY,TRANSPUBIC,ONE S	$456.00	$388.00
53420			RECONSTRUCT URETHRA, STAGE 1	$426.00	$362.00
53425			RECONSTRUCT URETHRA, STAGE 2	$426.00	$362.00
53430			RECONSTRUCTION OF BLADDER CANA	$242.00	$210.00
53431			REPAIR OF BLADDER CANAL (URETH	$517.00	$440.00
53440			CORRECT MALE URIN INCONT,W/W/O	$242.00	$210.00
53442			PERINEAL PROSTHESIS REMOVAL	$285.00	$243.00
53444			INSERTION OF TANDEM CUFF	$372.00	$316.00

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DME/P&O				**PURCHASE**	**RENTAL**
53445			PLMT INFLATABLE URETH/BLADDER	$456.00	$388.00
53446			REMOV INFLAT URETH/BLADDER NEC	$347.00	$295.00
53447			INFLATABLE SPHINCTER REMOVAL	$456.00	$388.00
53448			REMOVE/REPLACE INFLAT URETH/BL	$622.00	$529.00
53449			REPAIR OF INFLATABLE BLADDER C	$228.00	$194.00
53450			URETHROMEATOPLASTY W MUCOSAL A	$86.00	$74.00
53460			URETHROMEATOPLASTY..(RICHARDSO	$121.00	$105.00
53500			URETHROLYSIS TRANSVAG SECONDAR	$302.00	$263.00
53502			SUTURE OF BLADDER CANAL (URETH	$121.00	$105.00
53505			SUTURE OF BLADDER CANAL (URETH	$121.00	$105.00
53510			REPAIR OF URETHRA INJURY	$121.00	$105.00
53515			SUTURE OF BLADDER CANAL (URETH	$121.00	$105.00
53520			CLOSURE OF ABNORMAL DRAINAGE T	$121.00	$105.00
53600			DILATION OF NARROWING OF BLADD	$16.00	$14.00
53601			DILATION OF NARROWING OF BLADD	$16.00	$14.00
53605			DILATION OF NARROWING OF BLADD	$36.00	$31.00
53620			DILATION OF NARROWING OF BLADD	$16.00	$14.00
53621			DILATION OF NARROWING OF BLADD	$16.00	$14.00

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DME/P&O				**PURCHASE**	**RENTAL**
53660			DILATION OF BLADDER CANAL (URE	$16.00	$14.00
53661			DILATION OF BLADDER CANAL (URE	$16.00	$14.00
53665			DILATION OF BLADDER CANAL (URE	$35.00	$30.00
53850			TRANSURETH DESTRUC PROST/MICRO	$330.00	$280.00
53852			TRANSURETH DESTRUC PROST/RADIO	$345.00	$293.00
53855			INSERTION OF A TEMPORARY BLADD	$415.36	$353.05
53855	26		INSERT TEMP PROSTATIC URETHRAL	$42.60	$36.21
53860			TRANSURETHRAL RADIOFREQUENCY M	$1,005.41	$854.60
53860	26		TRANSURETHRAL RADIOFREQUENCY M	$116.49	$99.01
53899			UNLISTED PROCEDURE, URINARY SY	BY REPORT	BY REPORT
54050			TREATMENT OF PENIS LESION	$16.00	$14.00
54055			TREATMENT OF PENIS LESION	$32.00	$27.00
54056			DESTROY PENILE LESION: CRY0SUR	$32.00	$27.00
54056	FP		DESTROY PENILE LESION: CRYOSUR	$32.00	$32.00
54056	SA		DESTROY PENILE LESION CRYOSURG	NA	$25.65
54057			DESTROY PENILE LESION:LASER SU	$32.00	$27.00
54060			TREATMENT OF PENIS LESION	$53.00	$45.00
54065			TREATMENT OF PENIS LESION	$114.00	$97.00

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DME/P&O				**PURCHASE**	**RENTAL**
54065	SA		TREATMENT OF PENIS LESION	NA	$92.15
54105			BIOPSY OF PENIS	$35.00	$30.00
54110			TREATMENT OF PENIS LESION	$171.00	$146.00
54111			EXCISE PENILE PLAQUE/<5CM GRAF	$228.00	$194.00
54112			EXC. PENILE PLAQUE/>5CM GRAFT	$285.00	$243.00
54115			TREATMENT OF PENIS LESION	$114.00	$97.00
54120			PARTIAL REMOVAL OF PENIS	$121.00	$105.00
54125			REMOVAL OF PENIS	$242.00	$210.00
54130			REMOVE PENIS & NODES	$600.00	$510.00
54135			REMOVE PENIS & NODES	$720.00	$612.00
54161			REMOVAL OF FORESKIN, PATIENT O	$97.00	$84.00
54162			LYSIS/EXCIS PENILE POST CIRC A	$144.00	$115.00
54163			REPAIR INCOMPLETE CIRCUMCISION	$133.00	$113.00
54164			FRENULOTOMY OF PENIS	$100.14	$85.11
54200			TREATMENT OF PENIS LESION	$32.00	$27.00
54205			INJ PROC PYRONIE DISEASE:W EXP	$171.00	$146.00
54220			IRRIGATION CORPORA CAVERNOSA/P	$64.00	$54.00
54230			INJ FOR CORPORA CAVERNOSOGRAPH	$32.00	$27.00

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DME/P&O				**PURCHASE**	**RENTAL**
54231			DYNAMIC CAVERNOSOMETRY W DRUGS	$91.00	$78.00
54235			INJ CORPORA CAVERNOSA W/PHARM.	$32.00	$27.00
54240			PENILE PLETHYSMOGRAPHY	$24.00	$20.00
54250			NOCTURNAL PENILE TUMESCENCE TE	$29.00	$25.00
54300			PLASTIC REPAIR FOR CHORDEE	$90.00	$79.00
54304			REVISE PENIS/CORRECT CHORDEE	$393.00	$341.00
54308			URETHROPLASTY,SEC STAGE HYPOSP	$242.00	$210.00
54312			URETHROPLASTY...:MORE THAN 3 C	$342.00	$291.00
54316			URETHROPLASTY/RELEASE FROM SCR	$399.00	$340.00
54318			URETHROPLASTY/RELEASE FROM SCR	$285.00	$243.00
54322			ONE STAGE REP,W/ SIMP.MEATAL A	$106.00	$92.00
54324			1 STAGE REP.URETHROPLASTY-SKIN	$212.00	$184.00
54326			1 STAGE REP.URETHROPLASTY-MOB.	$285.00	$243.00
54328			1 STAGE REP,CORRECT CHORDEE&UR	$342.00	$291.00
54332			1 STAGE PROX PEMILE/PENOSCROTA	$399.00	$340.00
54336			1 STAGE PERINEAL HYPOSPADIAS R	$456.00	$388.00
54340			REP.HYPOSPADIAS COMPLICATIONS,	$171.00	$146.00
54344			REP.HYPOSPADIAS COMPLICATION/F	$257.00	$219.00

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DME/P&O				**PURCHASE**	**RENTAL**
54348			REP.HYPOSPADIAS COMPLICATION/E	$342.00	$291.00
54352			REP HYPOSPADIAS CRIPPLE...EXTE	$513.00	$437.00
54360			PLASTIC PENILE REPAIR/ANGULATI	$285.00	$243.00
54380			REPAIR PENIS	$285.00	$243.00
54385			REPAIR PENIS	$342.00	$291.00
54390			REPAIR PENIS AND BLADDER	$741.00	$630.00
54400			INSERT PENILE PROSTH,NON-INFLA	$393.00	$334.00
54401			INSERTION OF PENILE PROSTHESIS	$393.00	$334.00
54405			INSERT INFLATABLE PENILE PROST	$600.00	$510.00
54406			REMOVAL COMPON INFLAT PENILE P	$353.00	$300.00
54408			REPAIR COMPON INFLAT PENILE PR	$372.00	$316.00
54410			REMOVE/REPLACE COMPON INFLAT P	$440.00	$374.00
54411			REMOVE/REPLACE COMP INFLAT PEN	$481.00	$409.00
54415			REMOVE NONINFLAT/INFLAT PENILE	$263.00	$224.00
54416			REMOVE/REPL NONINFLAT/INFLAT P	$343.00	$292.00
54417			REM/REPLACE NONINFLAT/INFLAT P	$422.00	$359.00
54420			REVISION OF PENIS	$285.00	$243.00
54430			REVISION OF PENIS	$285.00	$243.00

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DME/P&O				**PURCHASE**	**RENTAL**
54435			PENILE FISTULATION FOR PRIAPIS	$114.00	$97.00
54437			REPAIR OF PENIS	$351.04	$298.38
54438			REPLANTATION OF AMPUTATED PENI	$694.39	$590.23
54440			PLASTIC REPAIR-PENIS,FOR INJUR	$200.00	$170.00
54450			PREPUTIAL STRETCHING	$35.00	$30.00
54500			BIOPSY OF TESTIS	$16.00	$14.00
54505			BIOPSY OF TESTIS	$30.00	$26.00
54505	50		BIOPSY OF TESTIS,INCISIONAL:BI	$45.00	$38.00
54512			EXCIS EXTRAPARENCHYMAL LESION	$208.00	$177.00
54520			REMOVAL OF TESTIS	$121.00	$105.00
54520	50		ORCHIECTOMY,SIMPLE:BILATERAL	$182.00	$155.00
54522			PARTIAL ORCHIECTOMY	$237.00	$201.00
54530			RADICAL ORCHIECTOMY:INGUINAL A	$271.00	$236.00
54535			EXTENSIVE TESTIS SURGERY	$285.00	$243.00
54550			EXPLORATION FOR TESTIS	$171.00	$146.00
54550	50		EXPLORATION FOR UNDESCENDED TE	$256.00	$218.00
54560			EXPLORATION FOR TESTIS	$285.00	$243.00
54560	50		EXPL UNDESC TESTIS W ABD EXP:B	$428.00	$363.00

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DME/P&O				**PURCHASE**	**RENTAL**
54600			REDUCE TESTIS TORSION	$121.00	$105.00
54600	22		REDUCE TESTIS TORSION	$181.00	$158.00
54620			SUSPENSION OF TESTIS	$61.00	$53.00
54640			SUSPENSION OF TESTIS	$242.00	$210.00
54640	50		ORCHIOPEXY W/WO HERNIA REP:BIL	$363.00	$309.00
54650			ORCHIOPEXY ABDOMINAL APPROACH	$385.00	$327.00
54660			REVISION OF TESTIS	$86.00	$74.00
54660	50		INSERT TESTICULAR PROSTH:BILAT	$129.00	$110.00
54670			REPAIR TESTIS INJURY	$171.00	$146.00
54680			RELOCATION OF TESTIS(ES)	$228.00	$194.00
54690			LAPAROSCOPY SURG ORCHIECTOMY	$256.00	$218.00
54692			LAP SURG ORCHIOPEXY FOR INTRA-	$242.00	$210.00
54699			UNLISTED LAPAROSCOPY PROC TEST	BY REPORT	BY REPORT
54700			INCISION AND DRAINAGE OF SPERM	$61.00	$53.00
54800			BIOPSY OF EPIDIDYMIS	$16.00	$14.00
54830			REMOVE EPIDIDYMIS LESION	$143.00	$122.00
54840			REMOVE EPIDIDYMIS LESION	$121.00	$105.00
54860			REMOVAL OF EPIDIDYMIS	$121.00	$105.00

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DME/P&O				**PURCHASE**	**RENTAL**
54861			REMOVAL OF EPIDIDYMES	$182.00	$154.00
54865			EXPLORATION OF EPIDIDYMIS, WIT	$187.58	$159.44
54900			FUSION OF SPERMATIC DUCTS	$182.00	$158.00
54901			FUSION OF SPERMATIC DUCTS	$242.00	$210.00
55000			DRAINAGE OF HYDROCELE	$16.00	$14.00
55040			REMOVAL OF HYDROCELE	$121.00	$105.00
55041			REMOVAL OF HYDROCELES	$207.00	$176.00
55060			REPAIR OF HYDROCELE	$81.00	$70.00
55100			DRAINAGE OF SCROTUM ABSCESS	$30.00	$26.00
55110			SCROTAL EXPLORATION	$121.00	$105.00
55150			REMOVAL OF SCROTUM	$121.00	$105.00
55175			SCROTOPLASTY: SIMPLE	$121.00	$105.00
55180			SCROTOPLASTY: COMPLICATED	$157.00	$134.00
55200			INCISION OF SPERM DUCT	$61.00	$53.00
55250			VASECTOMY, UNILATERAL OR BILAT	$90.00	$79.00
55300			VASOTOMY FOR VASOGRAM, SEMINAL	$61.00	$53.00
55400			REPAIR OF SPERM DUCT	$182.00	$158.00
55400	50		VASOVASOSTOMY/VASOVASORRAPHY:B	$273.00	$232.00

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DME/P&O				**PURCHASE**	**RENTAL**
55500			REMOVAL OF HYDROCELE	$109.00	$95.00
55520			REMOVAL OF SPERM CORD LESION	$100.00	$85.00
55530			REVISE SPERMATIC CORD VEINS	$121.00	$105.00
55535			REVISE SPERMATIC CORD VEINS	$193.00	$168.00
55540			REVISE HERNIA & SPERM VEINS	$193.00	$168.00
55550			LAP SURG W/LIGATION SPERMATIC	$193.00	$164.00
55559			UNLISTED LAP PROC SPERMATIC CO	BY REPORT	BY REPORT
55600			VESICULOTOMY:UNILATERAL	$182.00	$158.00
55600	50		VESICULOTOMY:BILATERAL	$273.00	$232.00
55605			INCISE SPERM DUCT POUCH	$273.00	$232.00
55650			REMOVE SPERM DUCT POUCH	$362.00	$315.00
55650	50		VESICULECTOMY,ANY APPROACH:BIL	$543.00	$462.00
55680			EXCISION MULLERIAN DUCT CYST	$278.42	$236.66
55700			BIOPSY OF PROSTATE	$30.00	$26.00
55705			BIOPSY,PROSTATE:INCISIONAL,ANY	$110.00	$105.00
55706			BIOPSIES PROSTATE NEEDLE T	$194.47	$165.30
55720			PROSTATOTOMY,EXT DRAIN PROS AB	$121.00	$105.00
55725			DRAINAGE OF PROSTATE ABSCESS	$242.00	$210.00

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DME/P&O				**PURCHASE**	**RENTAL**
55801			REMOVAL OF PROSTATE	$393.00	$341.00
55810			REMOVAL OF PROSTATE GLAND, GLA	$513.00	$446.00
55812			PROSTATE SURG W/LYMPH NODE BIO	$599.00	$510.00
55815			PROSTATE SURG W BILAT PELVIC L	$684.00	$582.00
55821			REMOVAL OF PROSTATE	$393.00	$341.00
55831			REMOVAL OF PROSTATE	$393.00	$341.00
55840			EXTENSIVE PROSTATE SURGERY	$513.00	$446.00
55842			PROSTATE SURG/LYMPH NODE BIOPS	$513.00	$437.00
55845			EXTENSIVE PROSTATE SURGERY	$398.00	$347.00
55860			EXPOSE PROSTATE-INSERT RADIOAC	$171.00	$146.00
55862			EXPOSE PROSTATE:LYMPH NODE BIO	$200.00	$170.00
55865			EXPOSE PROSTATE:BILATERAL LYMP	$428.00	$364.00
55866			LAP SURG PROSTATECTOMY RETROPU	$553.00	$470.00
55870			ELECTROEJACULATION	$91.23	$77.55
55874			INJECTION OF BIODEGRADABLE MAT	$1,889.97	$1,606.47
55874	26		INJECTION OF BIODEGRADABLE MAT	$85.97	$73.07
55875			TRANSPERINEAL PLACEMENT OF NEE	$398.51	$338.73
55876			PLACEMENT OF INTERSTITIAL DEVI	$74.36	$63.20

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DME/P&O				**PURCHASE**	**RENTAL**
55876	26		PLACEMENT OF INTERSTITIAL DEVI	$52.44	$44.57
55899			UNLISTED PROCEDURE, MALE URINA	BY REPORT	BY REPORT
55920			PLACEMENT OF NEEDLES OR CATHET	$233.84	$198.76
56405			I&D OF PERINEAL ABSCESS(NONOBS	$30.00	$26.00
56420			INCISION AND DRAINAGE OF FEMAL	$30.00	$26.00
56440			CREATION OF DRAINAGE TRACT FOR	$72.00	$63.00
56441			LYSIS OF LABIAL ADHESIONS	$30.00	$26.00
56442			HYMENOTOMY, SIMPLE INCISION	$24.36	$20.70
56501			DESTROY VULVA LESION(S):SIMPLE	$29.00	$25.00
56501	FP		DESTROY VULVA LESION(S): SIMPL	$29.00	$29.00
56515			TREATMENT OF VULVA LESIONS:EXT	$121.00	$105.00
56605			BIOPSY OF PERINEAL: 1 LESION	$18.00	$16.00
56606			BX VULVA/PERINEUM E ADDIT LEIS	$18.00	$16.00
56620			PARTIAL REMOVAL OF VULVA	$182.00	$158.00
56625			REMOVAL OF VULVA	$272.00	$236.00
56630			EXTENSIVE VULVA SURGERY	$456.00	$388.00
56631			VULVECT RAD PART W UNILATERAL	$483.00	$420.00
56632			VULVECTOMY W BILATERAL ING/FEM	$629.00	$534.00

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DME/P&O				**PURCHASE**	**RENTAL**
56633			VULVECTOMY RAD. COMPLETE	$456.00	$388.00
56634			VULVECT. RAD. COMPL. W. UNILAT	$483.00	$420.00
56637			VULVECT. RAD. COMPL. W. UNILAT	$483.00	$420.00
56640			EXTENSIVE VULVA SURGERY	$483.00	$420.00
56640	50		VULVECTOMY,RAD W/ING/ILI/PEL L	$724.00	$615.00
56700			PARTIAL REMOVAL OF MEMBRANE AT	$48.00	$42.00
56740			REMOVAL OF FEMALE GENITAL GLAN	$90.00	$79.00
56800			REPAIR OF VAGINA	$81.00	$70.00
56805			CLITOROPLASTY ADRENOGENITAL SY	$202.50	$172.15
56810			PERINEOPLASTY, REPAIR OF PERIN	$90.00	$79.00
56820			COLPOSCOPY OF VULVA	$88.00	$82.00
56820	FP		COLPOSCOPY OF VULVA	NA	$88.00
56820	26		COLPOSCOPY OF VULVA	$41.00	$35.00
56821			COLPOSCOPY OF VULVA W/BIOPSY	$113.00	$103.00
56821	FP		COLPOSCOPY OF VULVA W/BIOPSY	NA	$113.00
56821	26		COLPOSCOPY OF VULVA W/BIOPSY	$68.00	$58.00
57000			EXPLORATION OF VAGINA	$79.00	$68.00
57010			DRAINAGE OF PELVIC ABSCESS	$79.00	$68.00

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DME/P&O				**PURCHASE**	**RENTAL**
57020			COLPOCENTESIS(SEPARATE PROCEDU	$24.00	$21.00
57022			I&D VAGINAL HEMATOMA POST-OBST	$76.00	$65.00
57023			I&D VAGINAL HEMATOMA NON-OBSTE	$76.00	$65.00
57061			DESTROY VAGINAL LESIONS:SIMPLE	$35.00	$30.00
57065			DESTROY VAGINAL LESION(S):EXTE	$50.00	$43.00
57100			BIOPSY OF VAGINA	$16.00	$14.00
57100	FP		ENDOMETRIAL BIOPSY, SUCTION TY	$18.00	$16.00
57105			BIOPSY OF VAGINA:EXTENSIVE,REQ	$60.00	$51.00
57106			VAGINECTOMY, PARTIAL REMOV VAG	$200.00	$170.00
57107			RADICAL VAGINECTOMY	$428.00	$364.00
57109			RAD VAGINECTOMY/BIL TOT PELV L	$532.00	$452.00
57110			REMOVAL OF VAGINA	$242.00	$210.00
57111			RAD VAGINECTOMY/COMPL REM VAGI	$532.00	$452.00
57112			RAD VAGINECTOMY/BIL TOT PELV L	$581.00	$494.00
57120			CLOSURE OF VAGINA	$242.00	$210.00
57130			REMOVE VAGINA LESION	$61.00	$53.00
57135			REMOVE VAGINA LESION	$86.00	$74.00
57150			TREAT VAGINAL INFECTION	$16.00	$14.00

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DME/P&O				**PURCHASE**	**RENTAL**
57150	SA		TREAT VAGINAL INFECTION	NA	$13.30
57155			INSERT UTERINE TANDEMS/VAG OVO	$148.00	$126.00
57156			INSERTION OF A VAGINAL RADIATI	$108.62	$92.32
57156	26		INSERTION OF VAGINAL RADIATION	$76.90	$65.36
57160			INSERT PESSARY	$16.00	$14.00
57160	SA		INSERT PESSARY	NA	$13.30
57180			TREAT NON-OBSTETRICAL HEMORRHA	$30.00	$26.00
57200			REPAIR OF VAGINA	$48.00	$42.00
57210			REPAIR VAGINA/PERINEUM	$48.00	$42.00
57220			REVISION OF URETHRA	$121.00	$105.00
57230			REPAIR OF URETHRAL LESION	$121.00	$105.00
57240			REPAIR OF HERNIATION OF BLADDE	$151.00	$131.00
57250			REPAIR RECTUM & VAGINA	$151.00	$131.00
57260			PLASTIC REPAIR OF VAGINA AND T	$242.00	$210.00
57265			REPAIR OF HERNIATION OF RECTUM	$314.00	$267.00
57267			INSERTION OF MESH OR OTHER PRO	$129.34	$109.93
57268			REPAIR ENTEROCELE,VAGINAL APPR	$272.00	$236.00
57270			REPAIR OF BOWEL POUCH	$272.00	$236.00

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DME/P&O				**PURCHASE**	**RENTAL**
57280			SUSPENSION OF VAGINA	$212.00	$184.00
57282			FIXATION FOR VAGINAL PROLAPSE	$257.00	$219.00
57283			COLPOPEXY, VAGINAL: INTRA-PERI	$353.08	$300.11
57284			REPAIR THROUGH ABDOMEN OF VAGI	$302.00	$263.00
57285			PARAVAGINAL DEFECT REPAIR (INC	$346.74	$294.73
57287			REM/REVIS SLING FOR STRESS INC	$289.00	$246.00
57288			SLING OPERATION/STRESS INCONTI	$354.00	$301.00
57289			REPAIR BLADDER & VAGINA	$285.00	$243.00
57291			CONSTRUCT ARTIFICIAL VAGINA,W/	$281.00	$245.00
57292			CONSTRUCT ARTIFICIAL VAG W/GRA	$281.00	$245.00
57295			REVISION (INCLUDING REMOVAL) O	$248.58	$211.29
57296			REVISION AND REMOVAL OF PROSTH	$482.80	$410.38
57300			REPAIR RECTUM-VAGINA FISTULA	$302.00	$263.00
57305			REPAIR RECTUM-VAGINA FISTULA	$302.00	$263.00
57307			CLOSURE OF ABNORMAL DRAINAGE T	$399.00	$340.00
57308			RECTOVAGINAL FIST CLOS W/PERIN	$342.00	$291.00
57310			REPAIR URETHRA-VAGINA LESION	$272.00	$236.00
57311			CLOSE FISTULA:W/BULBOCAV.TRANS	$342.00	$291.00

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DME/P&O				**PURCHASE**	**RENTAL**
57320			REPAIR BLADDER-VAGINA LESION	$342.00	$291.00
57330			REPAIR BLADDER-VAGINA LESION	$272.00	$236.00
57335			VAGINOPLASTY/ADRENOGENITAL SYN	$320.00	$272.00
57400			DILATE VAGINA UNDER ANESTHESIA	$35.00	$30.00
57410			PELVIC EXAM UNDER ANESTHESIA	$35.00	$30.00
57410	HU		CHILD SEX ABUSE EXAMINATION (D	CONTRACT PRICING	NA
57410	HU	22	CHILD SEX ABUSE EXAM-SERVICE G	CONTRACT PRICING	NA
57415			REM. IMP. VAGINAL UNDER ANESTH	$35.00	$30.00
57420			COLPOSCOPY ENTIRE VAGINA W/CER	$71.00	$66.00
57420	FP		COLPOSCOPY ENTIRE VAGINA W/CER	NA	$71.00
57420	26		COLPOSCOPY ENTIRE VAGINA W/CER	$34.00	$29.00
57421			COLPOSCOPY ENTIRE VAG W/CERV W	$93.00	$83.00
57421	FP		COLPOSCOPY ENTIRE VAG W/CERV W	NA	$93.00
57421	26		COLPOSCOPY ENTIRE VAG W/CERV W	$68.00	$58.00
57423			PARAVAGINAL DEFECT REPAIR (INC	$468.87	$398.54
57425			SURGICAL LAPAROSCOPY COLPOPEXY	$477.00	$405.00
57426			REVISION (INCLUDING REMOVAL) O	$435.83	$370.46
57452			EXAMINATION OF VAGINA: COLPOSC	$21.00	$18.00

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DME/P&O				**PURCHASE**	**RENTAL**
57452	FP		EXAMINATION OF VAGINA:COLPOSCO	$39.90	$39.90
57452	SA		EXAMINATION OF VAGINA: COLPOSC	CONTRACT PRICING	NA
57454			VAGINA EXAMINATION & BIOPSY	$34.00	$29.00
57454	FP		VAGINA EXAMINATION & BIOPSY	$64.60	$64.60
57454	SA		VAGINA EXAMINATION & BIOPSY	CONTRACT PRICING	NA
57454	SB		VAGINAL EXAMINATION & BIOPSY	CONTRACT PRICING	NA
57455			COLPOSCOPY CERVIX W/BIOPSY CER	$85.00	$76.00
57455	26		COLPOSCOPY CERVIX W/BIOPSY CER	$62.00	$53.00
57456			COLPOSCOPY CERVIX W/ENDOCERV C	$81.00	$76.00
57456	26		COLPOSCOPY CERVIX W/ENDOCERV C	$58.00	$50.00
57460			COLPOSCOPY:W.LOOP ELECT.EXC.CE	$60.00	$51.00
57460	FP		COLPOSCOPY:W/LOOP ELECT.EXC.CE	$60.00	$51.00
57461			COLPOSCOPY CERV W/CONIZATION C	$190.00	$180.00
57461	26		COLPOSCOPY CERV W/CONIZATION C	$72.00	$62.00
57500			BIOPSY OF CERVIX	$18.00	$16.00
57500	FP		BIOPSY OF CERVIX	$18.00	$16.00
57505			ENDOCERVICAL CURETTAGE (NOT AS	$26.00	$22.00
57505	SA		ENDOCERVICAL CURETTAGE(NOT AS	CONTRACT PRICING	NA

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DME/P&O				**PURCHASE**	**RENTAL**
57510			CAUTERIZATION OF CERVIX	$16.00	$14.00
57511			CRYOCAUTERY OF CERVIX	$24.00	$21.00
57511	FP		CRYOCAUTERY OF CERVIX	$45.60	$45.60
57513			LASER SURGERY	$24.00	$21.00
57520			BIOPSY OF CERVIX	$85.00	$74.00
57522			CX LOOP ELECTRODE EXCESION	$129.00	$109.00
57530			REMOVAL OF CERVIX	$90.00	$79.00
57531			RAD TRACHELECTOMY W/BIL PELV L	$484.00	$420.00
57540			REMOVAL OF RESIDUAL CERVIX	$242.00	$210.00
57545			REMOVE CERVIX, REPAIR PELVIS	$242.00	$210.00
57550			REMOVAL OF RESIDUAL CERVIX	$242.00	$210.00
57555			REMOVE CERVIX, REPAIR VAGINA	$342.00	$291.00
57556			REMOVE CERVIX, REPAIR BOWEL	$342.00	$291.00
57558			DILATION AND CURETTAGE OF CERV	$69.50	$59.08
57558	26		DILATION AND CURRETAGE OF CERV	$60.47	$51.40
57700			REVISION OF CERVIX	$90.00	$79.00
57720			REVISION OF CERVIX	$90.00	$79.00
57800			INSTRUMENTAL DILATION OF CERV.	$30.00	$26.00

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DME/P&O				**PURCHASE**	**RENTAL**
57800	UD		INSTRUMENTAL DILATION OF CERV.	$30.00	$26.00
58100			ENDOMETRIAL BIOPSY, SUCTION TY	$18.00	$16.00
58100	FP		ENDOMETRIAL BIOPSY, SUCTION TY	$18.00	$16.00
58100	SA		ENDOMETRIAL BIOPSY, SUCTION TY	NA	$15.20
58110			ENDOMETRIAL SAMPLING (BIOPSY)	$26.07	$22.16
58120			DIAGNOSTIC/THERAPEUTIC D&C, NO	$72.00	$63.00
58140			ABDOMINAL REMOVAL OF FIBROID T	$272.00	$236.00
58145			VAGINAL REMOVAL OF FIBROID TUM	$272.00	$236.00
58146			MYOMECTOMY >250 GMS ABDOMINAL	$646.00	$549.00
58150			TOTAL HYSTERECTOMY:W/W/O TUBES	$332.00	$289.00
58152			TAH:MARSHALL-MARCHETI-KRANTZ T	$399.00	$340.00
58180			SUPRACERVICAL HYSTERECTOMY-SUB	$272.00	$236.00
58200			TAH,W/PART VAGINECTOMY,...BX	$456.00	$388.00
58210			ABDOMINAL REMOVAL OF UTERUS, C	$604.00	$525.00
58240			REMOVAL OF MALIGNANT UTERUS, C	$855.00	$727.00
58260			VAGINAL HYSTERECTOMY	$332.00	$289.00
58262			VAGINAL REMOVAL OF UTERUS (250	$332.00	$289.00
58263			VAGINAL REMOVAL OF UTERUS (250	$332.00	$289.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58267			VAG HYSTERECT.W/COLPO-URETHROC	$456.00	$388.00
58270			VAG HYSTERECT:REPAIR ENTEROCEL	$332.00	$289.00
58275			VAG HYSTERECT:W/ TOT/PART COLP	$428.00	$364.00
58280			VAG HYSTERECT:REPAIR ENTERECOL	$428.00	$364.00
58285			VAGINAL REMOVAL OF UTERUS, VAG	$604.00	$525.00
58290			VAGINAL HYSTERECTOMY UTERUS >2	$516.00	$439.00
58291			VAGINAL REMOVAL OF UTERUS (GRE	$565.00	$480.00
58292			VAGINAL REMOVAL OF UTERUS (GRE	$600.00	$510.00
58293			VAG HYSTER W/COLPO-URETHROCYST	$626.00	$532.00
58294			VAG HYSTER UTERUS >250 GM W/RE	$551.00	$468.00
58300			INSERT INTRAUTERINE DEVICE	$39.00	$39.00
58300	FP		INSERT INTRAUTERINE DEVICE IN	$74.10	$74.10
58300	FP	SA	INSERT BY CNP/CNS IN FPC	$29.85	$29.85
58300	FP	SB	INSERTION OF IUD BY CNM IN FPC	NA	$29.85
58300	SA		IUD BY CNP/CNS	NA	$29.85
58300	SB		INSERTION OF IUD BY CNM	NA	$29.85
58301			REMOVE INTRAUTERINE DEVICE	$16.40	$16.40
58301	FP		REMOVE INTRAUTERINE DEVICE	$31.20	$31.20

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DME/P&O				**PURCHASE**	**RENTAL**
58301	FP	SA	REMOVAL OF IUD BY CNP/CNS IN F	NA	$16.40
58301	FP	SB	REMOVEAL OF IUD BY CNM IN FP C	NA	$16.40
58301	SA		REMOVAL OF IUD BY CNP/CNS	NA	$16.40
58301	SB		REMOVAL OF IUD BY CNM	NA	$16.40
58340			INJECTION FOR HYSTEROSALPINGOG	$30.00	$26.00
58346			INSERT HEYMAN CAPS CLIN BRACHY	$213.00	$181.00
58350			REOPEN FALLOPIAN TUBE	$30.00	$26.00
58356			ENDOMETRIAL CRYOABLATION WITH	$989.14	$840.77
58356	26		ENDOMETRIAL CRYOABLATION WITH	$175.96	$149.57
58400			UTERINE SUSPENSION	$242.00	$210.00
58410			UTERINE SUSPENSUON WITH SYMPAT	$332.00	$282.00
58520			REPAIR OF RUPTURED UTERUS	$211.00	$184.00
58540			HYSTGEROPLASTY, STRASSMAN TYPE	$314.00	$267.00
58541			LAPAROSCOPY, SURGICAL, SUPRACE	$365.99	$311.09
58542			PARTIAL REMOVAL OF UTERUS (250	$418.35	$355.60
58543			LAPAROSCOPY, SURGICAL, SUPRACE	$422.22	$358.89
58544			PARTIAL REMOVAL OF UTERUS (GRE	$458.21	$389.48
58545			LAP SURG MYOMECTOMY EXCIS 1-4	$315.00	$268.00

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DME/P&O				**PURCHASE**	**RENTAL**
58546			LAP SURG MYOMECTOMY EXCIS 5 MY	$409.00	$348.00
58548			REMOVAL OF UTERUS, CERVIX, AND	$984.17	$836.54
58550			LAP ASSISTED VAG HYSTERECTOMY	$332.00	$289.00
58552			VAGINAL REMOVAL OF UTERUS (250	$305.00	$259.00
58553			LAP SURG W/VAG HYSTER UTERUS >	$409.00	$348.00
58554			VAGINAL REMOVAL OF UTERUS (GRE	$409.00	$348.00
58559			SURG HYSTEROSCOPY W/LYSIS ADHE	$108.00	$91.00
58560			SURG HYSTEROSCOPY W/RESECT SEP	$108.00	$91.00
58561			SURG HYSTEROSCOPY W/REMOV LEIO	$108.00	$91.00
58563			SURG HYSTEROSCOPY W/ENDOMET AB	$360.00	$306.00
58565			HYSTEROSCOPY, SURGICAL: WITH B	$981.15	$833.97
58565	26		HYSTEROSCOPY, SURGICAL WITH BI	$219.44	$186.52
58570			LAPAROSCOPY, SURGICAL, WITH TO	$402.64	$342.24
58571			LAPAROSCOPY, SURGICAL, WITH TO	$457.44	$388.82
58572			LAPAROSCOPY, SURGICAL, WITH TO	$526.59	$447.60
58573			ABDOMINAL REMOVAL OF UTERUS (G	$626.34	$532.39
58575			REMOVAL OF UTERUS FOR TUMOR DE	$973.87	$827.79
58578			UNLISTED LAPAROSCOPY PROC UTER	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
58579			UNLISTED HYSTEROSCOPY PROC UTE	BY REPORT	BY REPORT
58600			DIVISION OF FALLOPIAN TUBE	$211.00	$184.00
58605			DIVISION OF FALLOPIAN TUBE	$151.00	$131.00
58611			LIGATE/TRANSECT FALLOPIAN TUBE	$40.00	$34.00
58615			OCCLUSION OF FALLOPIAN TUBE, D	$211.00	$184.00
58660			SURG LAP W/LYSIS OF ADHESIONS	$182.00	$158.00
58661			SURG LAP W/REMOVAL ADNEXAL STR	$264.00	$229.00
58662			SURG LAP W/EXC LESIONS OF OVAR	$182.00	$158.00
58670			SURG LAP W/FULGURATION OF OVID	$182.00	$158.00
58671			SURG LAP W/OCCLUSION OF OVIDUC	$182.00	$158.00
58674			DESTRUCTION OF FIBROID TUMOR O	$413.30	$351.30
58679			UNLISTED LAP PROC OVIDUCT/OVAR	BY REPORT	BY REPORT
58700			REMOVAL OF FALLOPIAN TUBE	$211.00	$184.00
58720			SALPINGO-OOPHORECTOMY COMPLETE	$242.00	$210.00
58740			LYSIS OF ADHESIONS (SALPINGOLY	$272.00	$236.00
58750			TUBOTUBAL ANASTOMOSIS	$272.00	$236.00
58760			FIMBRIOPLASTY	$272.00	$236.00
58770			SALPINGOSTOMY(SALPINGONEOSTOMY	$272.00	$236.00

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DME/P&O				**PURCHASE**	**RENTAL**
58800			DRAINAGE OF OVARIAN CYST(S)	$132.00	$114.00
58805			DRAINAGE OF OVARIAN CYST(S)	$242.00	$210.00
58820			VAGINAL DRAINAGE OF OVARIAN AB	$106.00	$91.00
58822			DRAINAGE OF OVARIAN ABSCESS	$211.00	$184.00
58825			TRANSPOSITION, OVARY(S)	$211.00	$184.00
58900			BIOPSY OF OVARY(S)	$211.00	$184.00
58920			PARTIAL REMOVAL OF OVARY(S)	$242.00	$210.00
58925			REMOVAL OF OVARIAN CYST(S)	$242.00	$210.00
58940			REMOVAL OF OVARY(S)	$242.00	$210.00
58943			OOPHORECTOMY,OVAR MALIG,W/W/OU	$314.00	$267.00
58950			RES OVAR MALIG,BILAL SALP/OOPH	$342.00	$291.00
58951			REMOVAL OF ABDOMINAL LINING, U	$604.00	$525.00
58952			SEE 58950,W/ RAD DISSECT FOR D	$332.00	$282.00
58953			REMOVAL OF ABDOMINAL LINING, U	$614.00	$522.00
58954			REMOVAL OF ABDOMINAL LINING, U	$667.00	$567.00
58956			REMOVAL OF ABDOMINAL LINING, U	$715.22	$607.93
58957			REMOVAL OF TUBES, OVARIES, UTE	$827.69	$703.53
58958			REMOVAL OF TUBES, OVARIES, UTE	$915.61	$778.26

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DME/P&O				**PURCHASE**	**RENTAL**
58960			LAPAROTOMY-STAGE OVAR MALIG...	$302.00	$257.00
58999			UNLISTED PROCEDURE,FEMALE GENI	BY REPORT	BY REPORT
59000			AMNIOCENTESIS, ANY METHOD	$37.00	$32.00
59001			AMNIOCENTESIS: THER AMNIO FLD	$47.00	$40.00
59012			CORDOCENTESIS(INTRAUTERINE):AN	$37.00	$31.00
59012	UD		CORDOCENTESIS(INTRAUTERINE)ANT	$37.00	$31.00
59015			CHORIONIC VILLUS SAMPLING CHRO	$37.00	$31.00
59020			FETAL OXYTOCIN STRESS TEST	$30.00	$25.50
59025			FETAL NON-STRESS TEST	$18.00	$18.00
59025	TH		PATIENT ADMINIST NST/FHR (SAFH	CONTRACT PRICING	NA
59025	26		FETAL NON - STRESS TEST	$16.00	$16.00
59030			FETAL SCALP BLOOD SAMPLE	$37.00	$32.00
59050			INTERNAL FETAL MONITORING/CONS	$37.00	$32.00
59051			FETAL MONITORING INTERPRETATIO	$25.00	$21.00
59070			TRANSABDOMINAL AMNIOINFUSION W	$141.00	$120.00
59070	26		TRANSABDOMINAL AMNIOINFUSION W	$104.00	$88.00
59072			FETAL UMBILICAL CORD OCCLUSION	$167.00	$142.00
59074			FETAL FLUID DRAINAGE W/ ULTRAS	$134.00	$114.00

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DME/P&O				**PURCHASE**	**RENTAL**
59074	26		FETAL FLUID DRAINAGE W/ ULTRAS	$104.00	$88.00
59076			FETAL SHUNT PLACEMENT W/ ULTRA	$167.00	$142.00
59100			ABDOMINAL HYSTERTOMY FOR MOLE/	$272.00	$236.00
59120			SURG TX ECTOPIC PG,TUBAL,W/SAL	$272.00	$236.00
59121			SURG TX ECTOPIC PG:TUBAL,W/O S	$272.00	$236.00
59130			SURG TX ECTOPIC PG: ABDOMINAL	$272.00	$236.00
59135			TX ECTOPIC:INTERSTIT...W/ HYST	$362.00	$308.00
59136			SURG TX ECTOPIC PREG.WO SALPI/	$414.00	$352.00
59140			SURG TX ECTOPIC PG: CERVICAL	$242.00	$205.00
59150			LAPHROSCOPIC TX:ECTOPIC PREGWO	$228.00	$194.00
59151			LAPAROSCOPIC TX ECT.PREG.W SAL	$372.00	$317.00
59160			D&C AFTER DELIVERY	$72.00	$63.00
59200			INSERT.HYGROSCOPIC CERVICAL DI	$40.00	$34.00
59200	UD		INSERT.HYGROSCOPIC CERVICAL DI	$40.00	$34.00
59300			EPISIOTOMY OR VAGINAL REPAIR,	$90.00	$79.00
59320			CERCLAGE/CERVIX,DURING PREG:VA	$119.99	$101.99
59325			CERCLAGE CERVIX,DURING PREG.:A	$188.76	$160.45
59350			REPAIR OF UTERUS	$242.00	$205.00

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DME/P&O				**PURCHASE**	**RENTAL**
59409			VAGINAL DELIVERY ONLY	$300.00	$254.00
59409	SB		VAGINAL DELIVERY ONLY BY CNM	NA	$210.00
59412			EXTERNAL CEPHALIC VERSION,W/WO	$41.00	$35.00
59414			DELIVERY PLACENTA SEPARATE PRO	$30.00	$26.00
59425	SA		ANTEPARTUM CARE ONLY: 4-6 VISI	NA	$40.32
59425	SB		ANTEPARTUM CARE ONLY: 4-6 VISI	$34.96	$11.20
59426	SA		ANTEPARTUM CARE ONLY: 7+ VISIT	NA	$72.40
59426	SB		ANTEPARTUM CARE ONLY: 7+ VISIT	$62.76	$11.20
59514			CESAREAN SECTION DELIVERY ONLY	$430.00	$367.00
59525			HYSTERECTOMY AFTER CESAREAN DE	$362.00	$308.00
59612			VAGINAL DEL ONLY POST PREV C-S	$300.00	$254.00
59612	SB		VAGINAL DEL ONLY POST PREV C-S	$210.00	$210.00
59620			CESAREAN DELIVERY AFTER VAGINA	$430.00	$367.00
59812			TX SPONTANEOUS ABORTION,SURGIC	$105.00	$91.00
59820			MISSED ABORTION ANY TRIMESTER	$105.00	$91.00
59821			TX MISSED ABORT,SURG.SECOND TR	$105.00	$91.00
59830			TREATMENT OF SEPTIC ABORTION	$121.00	$105.00
59840			THERAPUTIC ABORTION BY D&C	$79.00	$68.00

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DME/P&O				**PURCHASE**	**RENTAL**
59840	UA		TOP BY D&C THROUGH 14 WEEKS LM	ASC LEVEL 3	NA
59840	UA	UD	TOP BY D&C THROUGH 14 WEEKS LM	NA	$210.00
59841			ABORTION BY DILATION + EVACUAT	$79.00	$68.00
59841	UA		TOP BY D&E THROUGH 14 WEEKS LM	ASC LEVEL 3	NA
59841	UA	UD	TOP BY D&E THROUGH 14 WEEKD LM	NA	$210.00
59841	UB		TOP BY D&E 15 THROUGH 20 WEEKS	ASC LEVEL 4	NA
59850			TOP BY INTRA-AMNIOTIC INJECTIO	$79.00	$68.00
59851			SALINE TOP WITH D&C OR D&E	$79.00	$68.00
59852			SALINE ABORTION WITH HYSTEROTO	$79.00	$68.00
59855			TOP, >/= 1 VAGINAL SUPP/ D & C	$151.00	$137.00
59855	UB	22	TOP BEYOND 20 WEEKS LMP	ASC LEVEL 4	NA
59856			TOP, D & C &/OR D & E	$228.00	$179.00
59856	UB	22	TOP BEYOND 20 WEEKS LMP	ASC LEVEL 4	NA
59857			TOP >1=1 VAG SUPPOS W/HYSTEROT	$272.00	$236.00
59866			MULTIFETAL PREGNANCY REDUCTION	$79.00	$68.00
59870			UTERINE EVAC&CURETTAGE/HYDATID	$79.00	$68.00
59871			REMOV CERCLAGE SUTURE W/GEN AN	$54.00	$46.00
59897			UNLISTED FETAL INVASIVE PROC W	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
59898			UNLISTED LAP PROC MATERNITY CA	BY REPORT	BY REPORT
59899			UNLISTED PROC.,MATERNITY CARE	BY REPORT	BY REPORT
60000			I&D THYROGLOSSAL CYST, INFECTE	$48.00	$41.00
60100			NEEDLE BIOPSY OF THYROID, ACCE	$24.00	$21.00
60200			EXC CYST/ADENOMA THYROID	$182.00	$158.00
60210			UNILAT PARTIAL THYROID LOBECTO	$308.00	$262.00
60212			THYROID CONTRA LAT SUBTOTAL LO	$455.00	$387.00
60220			TOTAL THYROID LOBECTOMY:UNILAT	$272.00	$236.00
60225			PARTIAL REMOVAL OF THYROID	$342.00	$291.00
60240			THYROIDECTOMY,TOTAL OR COMPLET	$332.00	$289.00
60252			REMOVAL OF THYROID	$386.00	$336.00
60254			EXTENSIVE THYROID SURGERY	$573.00	$499.00
60260			REMAINING LOBE C/S ISTHMUS	$290.00	$252.00
60260	50		THYROIDECTOMY,SECONDARY:BILATE	$435.00	$370.00
60270			REMOVAL OF THYROID	$513.00	$437.00
60271			THYROIDECTOMY W CERVICAL APPRO	$441.00	$376.00
60280			REMOVE THYROID DUCT LESION	$211.00	$184.00
60281			EXC.RECURRENT THYRO.DUCT CYST/	$257.00	$219.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
60300			ASPIRATION AND/OR INJECTION, T	$60.87	$51.74
60500			EXPLORE PARATHYROID GLANDS	$362.00	$315.00
60502			RE-EXPLORE PARATHYROID(S)	$362.00	$315.00
60505			EXPLORE PARATHYROID GLANDS	$350.00	$303.00
60512			PARATHYROID AUTOTRANSPLANTATIO	$120.00	$102.00
60520			REMOVAL OF THYMUS GLAND	$456.00	$388.00
60521			REMOVAL OF THYMUS GLAND, STERN	$479.00	$407.00
60522			REMOVAL OF THYMUS GLAND SURROU	$586.00	$498.00
60540			EXPLORE ADRENAL GLAND	$393.00	$341.00
60540	50		ARENALECTOMY:BILATERAL,ONE STA	$590.00	$502.00
60545			EXPLORE ADRENAL GLAND	$442.00	$376.00
60600			REMOVE CAROTID BODY LESION	$468.00	$398.00
60605			REMOVE CAROTID BODY LESION	$573.00	$486.00
60650			SURG LAP W/ADRENALECTOMY PART	$396.00	$337.00
60659			UNLISTED LAP PROC ENDOCRINE SY	BY REPORT	BY REPORT
60699			UNLISTED PROCEDURE,ENDOCRINE S	BY REPORT	BY REPORT
61000			REMOVE CRANIAL CAVITY FLUID	$30.00	$26.00
61001			REMOVE CRANIAL CAVITY FLUID	$30.00	$26.00

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DME/P&O				**PURCHASE**	**RENTAL**
61020			ASPIRATION OF SPINAL FLUID FOR	$20.00	$18.00
61026			ASPIRATION OF SPINAL FLUID AND	$40.00	$35.00
61050			REMOVE BRAIN CANAL FLUID	$24.00	$21.00
61055			CERVICAL PUNCTURE FOR INJECTIO	$30.00	$26.00
61070			BRAIN CANAL SHUNT PROCEDURE	$50.00	$42.00
61105			TWIST DRILL:SUBDURAL/VENTRICUL	$121.00	$105.00
61107			TWIST DRILL HOLE/VENTRICULAR C	$200.00	$170.00
61108			TWIST DRILL HOLE...:EVAC/DRAIN	$513.00	$437.00
61120			PIERCE SKULL FOR EXAMINATION	$121.00	$105.00
61140			PIERCE SKULL FOR BIOPSY	$428.00	$364.00
61150			PIERCE SKULL FOR DRAINAGE	$428.00	$364.00
61154			PIERCE SKULL FOR DRAINAGE	$362.00	$315.00
61154	50		BURR HOLE W/EVAC&/DR.HEMATOMA:	$543.00	$462.00
61156			PIERCE SKULL FOR DRAINAGE	$362.00	$315.00
61210			IMPLANTATION OF BRAIN CATHETER	$150.00	$130.00
61215			INSERT SYST.-CONNECT TO VENTRI	$143.00	$122.00
61250			PIERCE SKULL & EXPLORE	$242.00	$210.00
61250	50		BURR HOLE/TREPHINE-EXPLORE:BIL	$362.00	$315.00

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DME/P&O				**PURCHASE**	**RENTAL**
61253			PIERCE SKULL & EXPLORE	$513.00	$437.00
61304			INCISE SKULL FOR EXPLORATION	$695.00	$591.00
61305			INCISE SKULL FOR EXPLORATION	$834.00	$709.00
61312			CRANIECTOMY/OTOMY-HEMATOMA:EXT	$574.00	$488.00
61313			CRANIECTOMY/OTOMY-HEMATOMA:INT	$574.00	$488.00
61314			CRANIECTOMY/OTOMY-HEMATOMA:EXT	$574.00	$488.00
61315			CRANIECTOMY/OTOMY-HEMATOMA:INT	$574.00	$488.00
61316			INCIS/SUBCU PLACE CRANIAL BONE	$33.00	$28.00
61320			INCISE SKULL FOR DRAINAGE	$423.00	$368.00
61321			INCISE SKULL FOR DRAINAGE	$423.00	$368.00
61322			CRANIECT/CRANIOT DECOMP WO LOB	$708.00	$602.00
61323			CRANIECT/CRANIOT DECOMP W/LOBE	$744.00	$632.00
61330			EXPLORATION OF EYE SOCKET	$513.00	$446.00
61330	50		EXPLORATION EYE SOCKET: BILATE	$770.00	$654.00
61333			EXPLORATION AND REMOVAL OF LES	$713.00	$607.00
61340			RELIEVE CRANIAL PRESSURE	$371.00	$316.00
61340	50		OTHER CRANIAL DECOMP,SUPRATENT	$557.00	$473.00
61343			CRANIECTOMY,DECOMPRESS MED/SPN	$941.00	$800.00

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DME/P&O				**PURCHASE**	**RENTAL**
61345			RELIEVE CRANIAL PRESSURE	$428.00	$364.00
61450			INCISE SKULL FOR SURGERY	$573.00	$499.00
61458			INCISE SKULL FOR SURGERY	$855.00	$727.00
61460			CRANIECTOMY,SUBOCCIPITAL 1/MOR	$634.00	$551.00
61500			REMOVAL OF SKULL LESION	$573.00	$499.00
61501			CRANIECTOMY FOR OSTEOMYELITIS	$604.00	$513.00
61510			REMOVAL OF BRAIN LESION	$513.00	$446.00
61512			REMOVE BRAIN LINING LESION	$513.00	$446.00
61514			REMOVAL OF BRAIN ABSCESS	$713.00	$607.00
61516			REMOVAL OF BRAIN LESION	$713.00	$607.00
61517			IMPLANT BRAIN INTRACAV CHEMOTH	$40.00	$34.00
61518			REMOVAL OF BRAIN LESION	$713.00	$607.00
61519			REMOVE BRAIN LINING LESION	$912.00	$776.00
61520			REMOVAL OF BRAIN LESION	$855.00	$727.00
61521			CRANIECTOMY-EXCISE BRAIN TUMOR	$855.00	$727.00
61522			REMOVAL OF BRAIN ABSCESS	$855.00	$727.00
61524			REMOVAL OF BRAIN LESION	$855.00	$727.00
61526			REMOVAL OF BRAIN LESION	$573.00	$499.00

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DME/P&O				**PURCHASE**	**RENTAL**
61530			REMOVAL OF BRAIN LESION	$713.00	$607.00
61531			SUBD.IMPL.STRIP ELECTRODES	$855.00	$727.00
61533			CRANIECTOMY, TREPHINATION, BON	$855.00	$727.00
61534			REMOVAL OF BRAIN LESION	$423.00	$368.00
61535			CRANIECTOMY, TREPHINATION, BON	$855.00	$727.00
61536			REMOVAL OF BRAIN LESION	$855.00	$727.00
61537			CRANIOTOMY W/ELEVATION BONE FL	$713.00	$607.00
61538			REMOVAL OF BRAIN TISSUE	$855.00	$727.00
61539			REMOVAL OF BRAIN TISSUE	$855.00	$727.00
61540			CRANIOTOMY W/ELEV BONE FLAP PA	$783.00	$666.00
61541			CRANIECTOMY-TRANSECT CORPUS CA	$855.00	$727.00
61543			CRANIECTOMY-PARTIAL HEMISPHERE	$855.00	$727.00
61544			REMOVE & TREAT BRAIN LESION	$855.00	$727.00
61545			CRANIECTOMY...:EXCISE CRANIOPH	$713.00	$607.00
61546			REMOVAL OF PITUITARY GLAND	$713.00	$607.00
61548			REMOVAL OF PITUITARY GLAND	$684.00	$582.00
61550			RELEASE OF SKULL SEAMS	$428.00	$363.00
61552			RELEASE OF SKULL SEAMS	$570.00	$485.00

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DME/P&O				**PURCHASE**	**RENTAL**
61556			CRANIOTOMY/CRANIOSYNOSTOSIS:FR	$570.00	$485.00
61557			CRANIOTOMY/CRANIOSYNOSTOSIS:BI	$649.00	$552.00
61558			EXT CRANIECTOMY/MULT CRAN SUTU	$713.00	$607.00
61559			EXT CRANIECTOMY/...RECONTOURIN	$792.00	$673.00
61563			EXCISE,INTRA&EXT CRANIAL TUMOR	$665.00	$565.00
61564			EXC,INTRA/EXT CRAN TUM: W NER	$713.00	$607.00
61566			CRANIOTOMY W/ELEV BONE FLAP FO	$743.00	$631.00
61567			CRANIOTOMY W/ELEV BONE FLAP FO	$906.00	$770.00
61570			REMOVE BRAIN FOREIGN BODY	$713.00	$607.00
61571			SURGERY FOR PENETRATING BRAIN	$570.00	$485.00
61575			TANSORAL.:TO BX,DECOMPRESS,EXC	$627.00	$533.00
61576			SEE 61575:SPLIT TONGUE/MAND-TR	$798.00	$679.00
61580			CRANIAL APPROACH TO ANTER.CRAN	$814.00	$692.00
61581			CRANIAL FACIAL APPR. W ORBITAL	$936.00	$796.00
61582			CRANIAL FACIAL EXTRADURAL W CR	$844.00	$718.00
61583			CRANIOFACIA INTRADURA W CRANIO	$956.00	$813.00
61584			ORBITOCRANIAL EXTRADURAL WO EX	$936.00	$796.00
61585			ORBITOCRANIAL EXTRADURAL W EXE	$1,038.00	$882.00

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DME/P&O				**PURCHASE**	**RENTAL**
61586			BICORONAL TRANSZYGOMATIC W/WO	$726.00	$617.00
61590			INFRATEMPORAL PREAURICULAR W/W	$1,140.00	$969.00
61591			REMOVAL OF SKULL BONE BEHIND E	$1,191.00	$809.00
61592			ORBITOCRANIAL ZYGOMATIC CRANIA	$1,079.00	$917.00
61595			TRANSTEMPORAL APP.TO POSTERIOR	$794.00	$674.00
61596			TRANSCOCHLEAR APP.POSTERIOR CR	$967.00	$822.00
61597			TRANSCONDYLAR LATERAL TO POST.	$1,018.00	$865.00
61598			TRANSPETROSAL POSTERIOR CRANIA	$906.00	$770.00
61600			RESECT.NEOPLASTIC ETC.CRANIAL	$692.00	$588.00
61601			RESECTION NEOPL.INTRADURAL W/W	$743.00	$631.00
61605			RESECT.NEOPLA.ETC.INFRATEMPORA	$783.00	$666.00
61606			RES.NEOPLASTIC ETC.INTRADURAL	$1,048.00	$891.00
61607			RES.NEOPLAS.EXTRADURALPARASELL	$977.00	$830.00
61608			RES.NOWPLASTIC INTRADURAL PARA	$1,146.00	$969.00
61611			TRANSECTION CAROTID ARTERY PET	$203.00	$172.00
61613			OBLITERATION CAROTID ANEURYSM	$1,119.00	$951.00
61615			RESEC.NEOPLA.BASE POSTERIOR CR	$865.00	$735.00
61616			RES.NEOPL.POSTERIOR CRANIAL IN	$1,170.00	$995.00

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DME/P&O				**PURCHASE**	**RENTAL**
61618			SECOND.REPAIR DURA CSF LEAK W	$447.00	$380.00
61619			SEOND.REPAIR DURA CSF LEAK W G	$549.00	$467.00
61623			ENDOVASC TEMP BALLOON ARTERY O	$259.00	$220.00
61624			OCCLUSION OF ABNORMAL ARTERY,	$427.50	$400.00
61626			OCCLUSION OF HEAD OR NECK ARTE	$402.50	$342.00
61630			BALLOON DILATION OF BLOOD VESS	$722.27	$613.93
61635			TRANSCATHETER PLACEMENT OF INT	$757.60	$643.96
61640			BALLOON DILATION OF BLOOD VESS	BY REPORT	BY REPORT
61641			BALLOON DILATION OF ADDITIONAL	BY REPORT	BY REPORT
61642			BALLOON DILATION OF ADDITIONAL	BY REPORT	BY REPORT
61645			REMOVAL OF BLOOD CLOT AND INJE	$430.81	$366.18
61650			INFUSION OF CHEMICAL AGENT INT	$284.68	$241.68
61651			INFUSION OF CHEMICAL AGENT INT	$123.89	$105.30
61680			SURG...MALFORM:SUPRATENTORIAL:	$855.00	$727.00
61682			SURG..MALFORM,SUPRATENTORIAL:C	$1,026.00	$872.00
61684			SURG..MALFORM:INFRATENTORIAL,S	$855.00	$727.00
61686			SURG..MALFORM:INFRATENTORIAL,C	$1,026.00	$872.00
61690			SURG..MALFORM:DURAL,SIMPLE	$855.00	$727.00

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DME/P&O				**PURCHASE**	**RENTAL**
61692			SURG..MALFORM:DURAL,COMPLEX	$1,026.00	$872.00
61697			SURG COMPLEX INTRACRANIAL ANEU	$1,348.00	$1,146.00
61698			SURG COMPL INTRACRAN ANEUR VER	$1,297.00	$1,103.00
61700			INNER SKULL VESSEL SURGERY	$855.00	$727.00
61702			INNER SKULL VESSEL SURGERY	$855.00	$727.00
61703			CLAMP NECK ARTERY	$713.00	$606.00
61705			REVISE CIRCULATION TO HEAD	$855.00	$727.00
61708			REVISE CIRCULATION TO HEAD	$855.00	$727.00
61710			REVISE CIRCULATION TO HEAD	$428.00	$364.00
61711			FUSION OF SKULL ARTERIES	$855.00	$727.00
61720			INCISE SKULL/BRAIN SURGERY	$428.00	$364.00
61735			INCISE SKULL/BRAIN SURGERY	$428.00	$364.00
61750			STEREOTACTIC BIOPSY, ASPIRATIO	$428.00	$364.00
61751			STEREOTACTIC BIOPSY, ASPIRATIO	$428.00	$364.00
61760			STER. IMPL. DEPTH ELECTRODES	$855.00	$727.00
61770			STEREO.LOC./BURR HOLES:INSERT	$428.00	$364.00
61781			STEREOTACTIC COMPUTER-ASSISTED	$122.38	$104.02
61782			STEREOTACTIC COMPUTER-ASSISTED	$89.63	$76.19

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DME/P&O				**PURCHASE**	**RENTAL**
61783			STEREOTACTIC COMPUTER-ASSISTED	$120.25	$102.21
61790			STEREOTACTIC CREATION OF LESIO	$342.00	$291.00
61791			STEREOTACTIC CREATION OF BRAIN	$342.00	$291.00
61796			STEREOTACTIC RADIOSURGERY (PAR	$530.13	$450.61
61797			STEREOTACTIC RADIOSURGERY (PAR	$114.21	$97.08
61798			STEREOTACTIC RADIOSURGERY (PAR	$720.85	$612.72
61799			STEREOTACTIC RADIOSURGERY (PAR	$158.24	$134.50
61800			APPLICATION OF STEREOTACTIC HE	$80.17	$68.14
61850			IMPLANT NEUROELECTRODES	$570.00	$485.00
61860			IMPLANT NEUROELECTRODES	$570.00	$485.00
61863			TWIST DRILL BURR HOLE CRANIOTO	$428.00	$364.00
61864			TWIST DRILL BURR HOLE CRAN EA	$105.00	$91.00
61867			TWIST DRILL BURR HOLE CRAN 1ST	$708.00	$602.00
61868			TWIST DRILL BURR HOLE CRAN EA	$302.00	$257.00
61870			IMPLANT NEUROELECTRODES	$570.00	$485.00
61880			REVISE/REMOVE NEUROELECTRODE	$285.00	$243.00
61885			IMPLANT NEURORECEIVER	$143.00	$122.00
61886			INCIS/PLACE CRAN NEUROSTIM PUL	$155.00	$131.00

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DME/P&O				**PURCHASE**	**RENTAL**
61888			REVISE/REMOVE NEURORECEIVER	$295.22	$250.93
62000			ELEVATION DEPRESSED SKULL FX:S	$428.00	$363.00
62005			ELEVATE DEPRESSED SKULL FX:COM	$542.00	$461.00
62010			ELEVATE DEPRESSED SKULL FX:REP	$570.00	$485.00
62100			REPAIR BRAIN FLUID LEAKAGE	$570.00	$485.00
62115			REDUC CRANIOMEGALIC SKULL:WO B	$680.00	$607.00
62117			REDUCE CRANIOMEGALIC SKULL:W/W	$850.00	$727.00
62120			REPAIR ENCEPHACELE,SKULL VAULT	$570.00	$485.00
62121			CRANIOTOMY W REP ENCEPHALOCELE	$850.00	$722.00
62140			CRANIOPLASTY/SKULL DEFECT:UP T	$570.00	$485.00
62141			REPAIR OF SKULL DEFECT	$570.00	$485.00
62142			REMOVE BONE FLAP/PROSTH.PLATE-	$570.00	$485.00
62143			REPLACE BONE FLAP/PROSTH PLATE	$713.00	$607.00
62145			REPAIR OF SKULL & BRAIN	$855.00	$727.00
62146			CRANIOPLASTY W AUTOGFT: UP TO	$705.00	$599.25
62147			CRANIOPLASTY W AUTOGFT: LARGER	$830.00	$705.50
62148			REMOVAL OF SKULL BONE GRAFT, A	$84.00	$71.00
62160			INTRACRAN NEUROEND PLACE VENTR	$126.00	$107.00

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DME/P&O				**PURCHASE**	**RENTAL**
62161			INTRACRAN NEUROEND W/DISSECT A	$840.00	$714.00
62162			INTRACRAN NEUROEND W/EXCIS COL	$1,060.00	$901.00
62163			INTRACRAN NEUROEND W/RET FOREI	$651.00	$553.00
62164			INTRACRAN NEUROEND W/EXCIS BRN	$1,155.00	$982.00
62165			INTRACRAN NEUROEND W/EXCIS PIT	$924.00	$785.00
62180			ESTABLISH BRAIN CAVITY SHUNT	$634.00	$551.00
62190			ESTABLISH BRAIN CAVITY SHUNT	$634.00	$551.00
62192			ESTABLISH BRAIN CAVITY SHUNT	$634.00	$551.00
62194			REPLACE/IRRIGATE CATHETER	$190.00	$162.00
62200			VENTRICULOCISTERNOSTOMY,THIRD	$634.00	$557.00
62201			VENTRICULOCISTERNOSTOMY,3RD VE	$634.00	$551.00
62220			ESTABLISH BRAIN CAVITY SHUNT	$634.00	$557.00
62223			ESTABLISH BRAIN CAVITY SHUNT	$634.00	$557.00
62225			REPLACE/IRRIGATE CATHETER	$108.00	$95.00
62230			REPLACE/REVISE BRAIN SHUNT	$326.00	$284.00
62252			REPROGRAM OF PROGRAMMABLE CSF	$37.00	$35.00
62252	TC		REPROGRAM OF PROGRAMMABLE CSF	NA	$20.00
62252	26		REPROGRAM OF PROGRAMMABLE CSF	$17.00	$15.00

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DME/P&O				**PURCHASE**	**RENTAL**
62256			REMOVE BRAIN CAVITY SHUNT	$108.00	$95.00
62258			REPLACE BRAIN CAVITY SHUNT	$507.00	$431.00
62263			INJECTION OR MECHANICAL REMOVA	$76.00	$65.00
62264			INJECTION OR MECHANICAL REMOVA	$318.65	$270.85
62264	26		PERC LYSIS EPIDUR ADHES MULT S	$155.00	$132.00
62267			DIAGNOSTIC ASPIRATION OF SPINA	$135.17	$114.89
62267	26		PERCUTANEOUS ASPIRATION WITHIN	$81.53	$69.30
62268			ASPIRATION OF SPINAL CORD CYST	$114.00	$97.00
62269			NEEDLE BIOPSY OF SPINAL CORD,	$114.00	$97.00
62270			SPINAL FLUID TAP, DIAGNOSTIC	$18.00	$16.00
62272			REDUCE SPINAL FLUID PRESSURE	$36.00	$32.00
62273			TREAT LUMBAR SPINE LESION	$74.00	$62.00
62280			TREAT SPINAL CORD LESION	$74.00	$62.00
62281			INJ NEUROLYTIC SUB.EPID.CERV/T	$122.00	$103.70
62282			TREAT SPINAL CANAL LESION	$51.00	$44.00
62284			INJECTION OF DYE FOR X-RAY IMA	$61.00	$53.00
62287			ASPIRATION OF LOWER SPINE DISC	$422.97	$359.52
62290			INJECT FOR SPINE DISK X-RAY	$61.00	$53.00

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DME/P&O				**PURCHASE**	**RENTAL**
62291			INJECT FOR SPINE DISK X-RAY	$61.00	$53.00
62292			INJECTION INTO DISK LESION	$302.00	$257.00
62294			INJECTION INTO SPINAL ARTERY	$285.00	$243.00
62302			X-RAY OF UPPER SPINAL CANAL WI	$132.56	$112.67
62302	26		X-RAY OF UPPER SPINAL CANAL WI	$62.96	$53.52
62303			X-RAY OF MIDDLE SPINAL CANAL W	$135.63	$115.29
62303	26		X-RAY OF MIDDLE SPINAL CANAL W	$62.96	$53.52
62304			X-RAY OF LOWER SPINAL CANAL WI	$130.89	$111.26
62304	26		X-RAY OF LOWER SPINAL CANAL WI	$61.88	$52.60
62305			X-RAY OF LOWER SPINAL CANAL WI	$142.42	$121.06
62305	26		X-RAY OF LOWER SPINAL CANAL WI	$64.56	$54.87
62320			INJECTION OF SUBSTANCE INTO SP	$86.41	$73.45
62320	26		INJECTION OF SUBSTANCE INTO SP	$51.24	$43.55
62321			INJECTION OF SUBSTANCE INTO SP	$134.41	$114.25
62321	26		INJECTION OF SUBSTANCE INTO SP	$55.21	$46.92
62322			INJECTION OF SUBSTANCE INTO SP	$80.75	$68.63
62322	26		INJECTION OF SUBSTANCE INTO SP	$44.23	$37.59
62323			INJECTION OF SUBSTANCE INTO SP	$133.13	$113.16

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DME/P&O				**PURCHASE**	**RENTAL**
62323	26		INJECTION OF SUBSTANCE INTO SP	$51.04	$43.38
62324			INSERTION OF INDWELLING CATHET	$75.53	$64.20
62324	26		INSERTION OF DWELLIN CATHETER	$46.31	$39.36
62325			INSERTION OF INDWELLING CATHET	$123.93	$105.34
62325	26		INSERTION OF INDWELLING CATHET	$54.91	$46.67
62326			INSERTION OF INDWELLING CATHET	$78.79	$66.97
62326	26		NJX INSERTION OF INDWELLING CA	$45.73	$38.87
62327			INSERTION OF INDWELLING CATHET	$124.88	$106.15
62327	26		INSERTION OF INDWELLING CA THE	$49.72	$42.26
62350			IMPLANTATION, REVISION, OR REP	$285.00	$242.00
62351			IMPLANTATION, REVISION, OR REP	$418.00	$356.00
62355			REMOVE PREV IMPL INTRATHEC/EPI	$222.00	$189.00
62360			IMPL DEVICE INTRATHEC/EPID DRU	$95.00	$81.00
62361			IMPLANT DEV/INTRATH/EPID INFUS	$222.00	$189.00
62362			IMPL DEV INTRATH/EPID INFUS/PR	$285.00	$242.00
62365			REMOVAL OF SPINAL CANAL DRUG I	$222.00	$189.00
62367			ELECT ANAL PROGRAM PUMP W/O RE	$25.00	$22.00
62368			ELEC ANAL PROG IMPL PUMP W/REP	$38.00	$32.00

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DME/P&O				**PURCHASE**	**RENTAL**
62369			ELECTRONIC ANALYSIS OF PROGRAM	$62.85	$53.42
62369	26		ELECTRONIC ANALYSIS OF PROGRAM	$18.06	$15.35
62370			ELECTRONIC ANALYSIS OF PROGRAM	$64.93	$55.19
62370	26		ELECTRONIC ANALYSIS OF PROGRAM	$23.79	$20.22
62380			DECOMPRESSION OF SPINAL CORD A	$687.02	$583.97
63001			RELIEVE SPINAL CORD PRESSURE	$665.00	$578.00
63003			RELIEVE SPINAL CORD PRESSURE	$665.00	$578.00
63005			RELIEVE SPINAL CORD PRESSURE	$665.00	$578.00
63011			RELIEVE SPINAL CORD PRESSURE	$665.00	$578.00
63012			LAMINECTOMY WITH REM. OF ABN.	$435.00	$394.00
63015			RELIEVE SPINAL CORD PRESSURE	$665.00	$578.00
63016			RELIEVE SPINAL CORD PRESSURE	$665.00	$578.00
63017			RELIEVE SPINAL CORD PRESSURE	$665.00	$578.00
63020			NECK SPINE DISK SURGERY	$599.00	$509.00
63020	50		LAMINOTOMY:ONE INTERSPACE,CERV	$899.00	$764.00
63030			LOW BACK DISK SURGERY	$599.00	$509.00
63030	50		LAMINOTOMY:ONE INERSP,LUMBAR:B	$899.00	$764.00
63035			ADDED SPINAL DISK SURGERY	$146.00	$124.00

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DME/P&O				**PURCHASE**	**RENTAL**
63040			NECK SPINE DISK SURGERY	$599.00	$509.00
63042			LOW BACK DISK SURGERY	$599.00	$509.00
63043			LAMINOTOMY W/DECOMP NERVE ROOT	$133.00	$113.00
63044			LAMINOTOMY EACH ADDIT LUMBAR I	$133.00	$113.00
63045			LAMINECTOMY....SING.SEG.:CERVI	$665.00	$578.00
63046			LAMINECTOMY....SING.SEG.:THORA	$665.00	$578.00
63047			LAMINECTOMY....SING.SEG.:LUMBA	$665.00	$578.00
63048			LAMINECTOMY:EACH ADD SEG,CER,L	$133.00	$113.00
63050			LAMINOPLASTY, CERVICAL, WITH D	$778.21	$661.47
63051			LAMINOPLASTY, CERVICAL, WITH D	$888.40	$755.14
63055			DECOMPRESS SP CRD,EQUINA/NRV R	$599.00	$509.00
63056			DECOMPRESS SP CRD,EQUINA/NRV R	$599.00	$509.00
63057			DECOMPRESS...EACH ADD SEG,THOR	$120.00	$102.00
63064			RELEASE OF MIDDLE SPINAL CORD	$599.00	$509.00
63066			RELEASE OF MIDDLE SPINAL CORD	$120.00	$102.00
63075			REMOVAL OF UPPER SPINE DISC AN	$532.00	$452.00
63076			REMOVAL OF UPPER SPINE DISC AN	$106.00	$90.00
63077			REMOVAL OF MIDDLE SPINE DISC A	$532.00	$452.00

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DME/P&O				**PURCHASE**	**RENTAL**
63078			REMOVAL OF MIDDLE SPINE DISC A	$106.00	$90.00
63081			REMOVAL OF UPPER SPINE BONE WI	$665.00	$578.00
63082			REMOVAL OF UPPER SPINE BONE WI	$133.00	$113.00
63085			REMOVAL OF MIDDLE SPINE BONE W	$798.00	$678.00
63086			REMOVAL OF MIDDLE SPINE BONE W	$160.00	$136.00
63087			REMOVAL OF MIDDLE OR LOWER SPI	$798.00	$678.00
63088			REMOVAL OF MIDDLE OR LOWER SPI	$160.00	$136.00
63090			REMOVAL OF MIDDLE, LOWER, OR S	$798.00	$678.00
63091			REMOVAL OF MIDDLE, LOWER, OR S	$160.00	$136.00
63101			REMOVAL OF MIDDLE SPINE BONE W	$855.00	$727.00
63102			REMOVAL OF LOWER SPINE BONE WI	$855.00	$727.00
63103			REMOVAL OF MIDDLE OR LOWER SPI	$120.00	$102.00
63170			LAMINECTOMY/MYELOTOMY,THOR/THO	$665.00	$570.00
63172			LAMINECTOMY...:TO SUBARACHNOID	$532.00	$452.00
63173			LAMINECTOMY...:TO PERITONEAL S	$532.00	$452.00
63180			REVISE SPINAL CORD LIGAMENTS	$998.00	$848.00
63182			REVISE SPINAL CORD LIGAMENTS	$998.00	$848.00
63185			INCISE SPINAL COLUMN/NERVES	$573.00	$499.00

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DME/P&O				**PURCHASE**	**RENTAL**
63190			INCISE SPINAL COLUMN/NERVES	$573.00	$499.00
63191			LAMINECTOMY/SEC.SPINE ASS.NERV	$599.00	$509.00
63191	50		LAMINECTOMY/SECT.SPINE ASS.NER	$899.00	$764.00
63194			INCISE SPINAL COLUMN & CORD	$665.00	$578.00
63195			INCISE SPINAL COLUMN & CORD	$665.00	$578.00
63196			INCISE SPINAL COLUMN & CORD	$665.00	$578.00
63197			INCISE SPINAL COLUMN & CORD	$665.00	$578.00
63198			REMOVAL OF SPINE BONE WITH INC	$998.00	$848.00
63199			REMOVAL OF SPINE BONE WITH INC	$998.00	$848.00
63200			LAMINECTOMY,RELEASE TETHER...L	$665.00	$578.00
63250			REVISE SPINAL CORD VESSELS	$798.00	$678.00
63251			REVISE SPINAL CORD VESSELS	$798.00	$678.00
63252			LAMINECTOMY,MALFORM.SP.CRD:THO	$798.00	$678.00
63265			LAMINECTOMY,LESION...:CERVICAL	$834.00	$709.00
63266			LAMINECTOMY,LESION...:THORACIC	$834.00	$709.00
63267			LAMINECTOMY,LESION...:LUMBAR	$834.00	$709.00
63268			LAMINECTOMY.LESION...:SACRAL	$695.00	$591.00
63270			LAMINECTOMY,LESION...:CERVICAL	$695.00	$591.00

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DME/P&O				**PURCHASE**	**RENTAL**
63271			LAMINECTOMY.LESION....:THORACI	$695.00	$591.00
63272			LAMINECTOMY.LESION....:LUMBAR	$695.00	$591.00
63273			LAMINECTOMY,LESION.....:SACRA	$695.00	$591.00
63275			LAMINECTOMY,BX/EXC...:CERVICAL	$695.00	$591.00
63276			LAMINECTOMY,BX/EXC..:THORACIC-	$695.00	$591.00
63277			LAMINECTOMY,BX/EXC..:LUMBAR-EX	$695.00	$591.00
63278			LAMINECTOMY,BX/EXC..:SACRAL-EX	$695.00	$591.00
63280			LAMINECTOMY,BX/EXC..:CERVICAL-	$695.00	$591.00
63281			LAMINECTOMY.BX/EXC..:THORACIC-	$695.00	$591.00
63282			LAMINECTOMY.BX/EXC..:LUMBAR-IN	$695.00	$591.00
63283			LAMINECTOMY,BX/EXC..:SACRAL-IN	$695.00	$591.00
63285			LAMINECTOMY,BX/EXC..:CERVICAL-	$695.00	$591.00
63286			LAMINECTOMY,BX/EXC..:THORACIC-	$695.00	$591.00
63287			LAMINECTOMY,BX/EXC..:THORACOLU	$695.00	$591.00
63290			LAMINECTOMY..EXTRA/INTRADURAL	$695.00	$591.00
63295			OSTEOPLASTIC RECONSTRUCTION OF	$188.22	$159.98
63300			VERT CORP,SING SEG:CERVICAL-EX	$695.00	$591.00
63301			REMOVAL OF MIDDLE SPINE BONE G	$695.00	$591.00

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DME/P&O				**PURCHASE**	**RENTAL**
63302			REMOVAL OF MIDDLE SPINE BONE G	$695.00	$591.00
63303			REMOVAL OF LOWER OR SACRAL SPI	$695.00	$591.00
63304			SEE 63300:INTRADURAL,CERVICAL	$695.00	$591.00
63305			REMOVAL OF MIDDLE SPINE BONE G	$695.00	$591.00
63306			REMOVAL OF MIDDLE SPINE BONE G	$695.00	$591.00
63307			REMOVAL OF LOWER OR SACRAL SPI	$695.00	$591.00
63308			SEE 63300:EACH ADD SEGMENT	$139.00	$118.00
63600			CREATION OF STEREOTACTIC SPINA	$452.00	$384.00
63610			STIMULATION OF SPINAL CORD	$139.00	$118.00
63620			STEREOTACTIC RADIOSURGERY (PAR	$585.64	$497.79
63621			STEREOTACTIC RADIOSURGERY (PAR	$131.80	$112.03
63650			IMPLANTATION OF SPINAL NEUROST	$336.34	$285.89
63655			IMPLANT NEUROELECTRODES	$521.00	$443.00
63661			REMOVAL OR REVISION OF SPINAL	$325.38	$276.57
63661	26		REMOVAL SPINAL NEUROSTIM ELECT	$167.93	$142.74
63662			REMOVAL OF SPINAL NEUROSTIMULA	$438.65	$372.85
63663			REVISION INCLUDING REPLACEMENT	$434.44	$369.27
63663	26		REVISION INCLUDING REPLACEMENT	$232.78	$197.86

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63664			REVISION INCLUDING REPLACEMENT	$454.31	$386.16
63685			IMPLANT NEURORECEIVER	$143.00	$122.00
63688			REVISE/REMOVE NEURORECEIVER	$317.15	$269.58
63700			REPAIR MENINGOCELE,LESS THAN 5	$428.00	$364.00
63702			REPAIR MENINGOCELE,> 5CM DIAME	$428.00	$364.00
63704			REPAIR OF SPINAL HERNIATION	$513.00	$436.00
63706			REPAIR OF SPINAL HERNIATION	$513.00	$436.00
63707			REPAIR DURAL/CSF LEAK,NO LAMIN	$342.00	$291.00
63709			REP DURAL/CSF LEAK...W/ LAMINE	$399.00	$339.00
63710			GRAFT REPAIR OF SPINE DEFECT	$466.00	$396.00
63740			INSTALL SPINAL SHUNT	$532.00	$452.00
63741			CREATION OF SPINAL FLUID SHUNT	$351.00	$299.00
63744			REPLACEMENT, IRRIGATION, OR RE	$233.00	$198.00
63746			REMOVAL OF SPINAL SHUNT	$233.00	$198.00
64400			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00
64402			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00
64405			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64408			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
64410			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00
64413			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64415			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64416			INJECTION BY CONTINUOUS INFUSI	$68.27	$58.03
64417			INJECTION FOR NERVE BLOCK	$30.00	$26.00
64418			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00
64420			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00
64421			INJECTION FOR NERVE BLOCK	$54.00	$46.00
64425			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64430			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64435			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64435	UD		INJECTION FOR NERVE BLOCK	$30.00	$26.00
64445			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64446			INJECTION BY CONTINUOUS INFUSI	$65.31	$55.52
64447			INJECTION OF ANESTHETIC AGENT,	$38.00	$32.00
64448			INJECTION BY CONTINUOUS INFUSI	$58.52	$49.74
64449			INJECTION BY CONTINUOUS INFUSI	$76.00	$65.00
64450			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
64455			INJECTIONS OF ANESTHETIC AND/O	$24.69	$20.98
64455	26		INJECTION(S) ANESTHETIC AGENT	$17.77	$15.10
64461			INJECTION OF ANESTHETIC AGENT,	$72.72	$61.81
64461	26		INJECTION OF ANESTHETIC AGENT,	$41.38	$35.17
64462			INJECTION OF ANESTHETIC AGENT,	$40.14	$34.12
64462	26		INJECTION OF ANESTHETIC AGENT,	$26.11	$22.19
64463			INJECTION OF ANESTHETIC AGENT,	$91.45	$77.73
64463	26		INJECTION OF ANESTHETIC AGENT,	$42.83	$36.40
64479			INJ ANES AG/STER TRANS EPID CE	$50.00	$43.00
64480			INJ ANES/STER TRANS EPID CERV/	$24.00	$20.00
64483			INJ ANES/STER TRANS EPID CERV/	$40.00	$34.00
64484			INJ ANES AG/STER TRANS EPID LU	$20.00	$17.00
64486			INJECTIONS OF LOCAL ANESTHETIC	$57.51	$48.88
64486	26		INJECTIONS OF LOCAL ANESTHETIC	$28.48	$24.21
64487			CONTINUOUS INFUSIONS OF LOCAL	$83.43	$70.92
64487	26		CONTINUOUS INFUSIONS OF LOCAL	$33.06	$28.10
64488			INJECTIONS OF LOCAL ANESTHETIC	$70.51	$59.93
64488	26		INJECTIONS OF LOCAL ANESTHETIC	$35.71	$30.35

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DME/P&O				**PURCHASE**	**RENTAL**
64489			CONTINUOUS INFUSIONS OF LOCAL	$124.35	$105.69
64489	26		CONTINUOUS INFUSIONS OF LOCAL	$40.15	$34.12
64490			INJECTION(S), DIAGNOSTIC OR TH	$100.03	$85.02
64490	26		INJECTION(S),DIAGNOSTIC/THERAP	$54.66	$46.46
64491			INJECTION(S), DIAGNOSTIC OR TH	$49.24	$41.85
64491	26		INJECTION(S),DIAGNOSTIC/THERAP	$30.79	$26.17
64492			INJECTION(S), DIAGNOSTIC OR TH	$49.63	$42.18
64492	26		INJECTION(S),DIAGNOSTIC/THERAP	$31.17	$26.49
64493			INJECTION(S), DIAGNOSTIC OR TH	$91.41	$77.69
64493	26		INJECTION(S),DIAGNOSTIC/THERAP	$46.61	$39.62
64494			INJECTION(S), DIAGNOSTIC OR TH	$45.89	$39.01
64494	26		INJECTION(S), DIAGNOSTIC/THERA	$26.67	$22.67
64495			INJECTION(S), DIAGNOSTIC OR TH	$45.89	$39.01
64495	26		INJECTION(S),DIAGNOSTIC/THERAP	$27.05	$22.99
64505			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64510			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64517			INJECTION OF ANESTHETIC AGENT,	$90.00	$77.00
64517	26		INJECT ANESTH AGENT SUP HYPOGA	$56.00	$47.00

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DME/P&O				**PURCHASE**	**RENTAL**
64520			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64530			INJECTION OF ANESTHETIC AGENT,	$30.00	$26.00
64553			IMPLANTATION OF CRANIAL NERVE	$90.00	$77.00
64555			IMPLANTATION OF PERIPHERAL NER	$90.00	$77.00
64561			INSERTION OF SACRAL NERVE NEUR	$417.00	$354.00
64566			IMPLANTATION OF LOWER LEG NEUR	$68.39	$58.13
64566	26		POSTERIOR TIBIAL NEUROSTIMULAT	$15.52	$13.19
64568			INCISION FOR IMPLANTATION OF C	$330.66	$281.06
64569			REVISION OR REPLACEMENT OF CRA	$395.48	$336.16
64570			REMOVAL OF CRANIAL NERVE (EG,	$382.43	$325.06
64575			IMPLANT NEUROELECTRODES	$150.00	$128.00
64580			IMPLANT NEUROELECTRODES	$150.00	$128.00
64581			INCISION FOR IMPLANT NEUROSTIM	$376.00	$302.00
64585			REVISE/REMOVE NEUROELECTRODE	$90.00	$77.00
64590			IMPLANT NEURORECEIVER	$150.00	$128.00
64595			REVISE/REMOVE NEURORECEIVER	$110.57	$93.98
64610			DESTRUC NERVE IN HEAD/RAD MONI	$256.00	$217.00
64611			CHEMODENERVATION OF PAROTID AN	$63.32	$53.82

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DME/P&O				**PURCHASE**	**RENTAL**
64611	26		CHEMODENERVATION OF PAROTID &	$55.24	$46.95
64612			CHEMODENERVATION OF MUSCLE(S):	$48.00	$42.00
64615			CHEMODENERVATION OF MUSCLE(S):	$77.02	$65.47
64615	26		CHEMODENERVATION OF MUSCLE(S)	$63.76	$54.19
64616			INJECTION OF CHEMICAL FOR DEST	$68.82	$58.49
64616	26		INJECTION OF CHEMICAL FOR DEST	$56.89	$48.36
64617			INJECTION OF CHEMICAL FOR DEST	$84.71	$72.00
64617	26		INJECTION OF CHEMICAL FOR DEST	$56.26	$47.82
64620			INJ TREATMENT INTERCOSTAL NERV	$61.00	$53.00
64630			DESTROY PUDENTAL NERVE	$61.00	$53.00
64632			DESTRUCTION BY NEUROLYTIC AGEN	$44.76	$38.05
64632	26		DESTRUCTION BY NEUROLYTIC AGEN	$35.34	$30.04
64633			DESTRUCTION BY NEUROLYTIC AGEN	$221.09	$187.92
64633	26		DESTRUCTION BY NEUROLYTIC AGEN	$116.13	$98.71
64633	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$174.91	$148.67
64633	50		DESTRUCTION BY NEUROLYTIC AGEN	$332.18	$282.35
64634			DESTRUCTION BY NEUROLYTIC AGEN	$100.08	$85.06
64634	26		DESTRUCTION BY NEUROLYTIC AGEN	$34.91	$29.67

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DME/P&O				**PURCHASE**	**RENTAL**
64634	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$52.58	$44.70
64634	50		DESTRUCTION BY NEUROLYTIC AGEN	$150.52	$127.94
64635			DESTRUCTION BY NEUROLYTIC AGEN	$218.72	$185.91
64635	26		DESTRUCTION BY NEUROLYTIC AGEN	$114.53	$97.35
64635	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$172.51	$146.63
64635	50		DESTRUCTION NY NEUROLYTIC AGEN	$328.64	$279.34
64636			DESTRUCTION BY NEUROLYTIC AGEN	$90.99	$77.34
64636	26		DESTRUCTION BY NEUROLYTIC AGEN	$30.63	$26.03
64636	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$45.89	$39.00
64636	50		DESTRUCTION BY NEUROLYTIC AGEN	$136.91	$116.37
64640			DESTRUCTION OF OTHER PERIPHERA	$48.00	$42.00
64642			INJECTION OF CHEMICAL FOR DEST	$75.78	$64.41
64642	26		INJECTION OF CHEMICAL FOR DEST	$55.98	$47.58
64643			INJECTION OF CHEMICAL FOR DEST	$48.12	$40.90
64643	26		INJECTION OF CHEMICAL FOR DEST	$37.16	$31.59
64644			INJECTION OF CHEMICAL FOR DEST	$88.28	$75.04
64644	26		INJECTION OF CHEMICAL FOR DEST	$61.37	$52.16
64645			INJECTION OF CHEMICAL FOR DEST	$60.65	$51.55

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DME/P&O				**PURCHASE**	**RENTAL**
64645	26		INJECTION OF CHEMICAL FOR DEST	$42.77	$36.35
64646			INJECTION OF CHEMICAL FOR DEST	$79.21	$67.33
64646	26		INJECTION OF CHEMICAL FOR DEST	$59.80	$50.83
64647			INJECTION OF CHEMICAL FOR DEST	$92.89	$78.95
64647	26		INJECTION OF CHEMICAL FOR DEST	$70.59	$60.00
64650			CHEMODENERVATION OF ECCRINE GL	$41.66	$35.41
64653			CHEMODENERVATION OF ECCRINE GL	$50.88	$43.24
64680			DESTRUCTION OF NERVE,CELIAC PL	$121.00	$105.00
64681			DESTRUCT BY NEURO AGENT SUP HY	$211.00	$184.00
64681	26		DESTRUCT BY NEURO AGENT SUP HY	$95.00	$81.00
64702			REVISE FINGER/TOE NERVE	$79.00	$68.00
64704			REVISE HAND/FOOT NERVE	$105.00	$91.00
64708			RELEASE OF NERVE OF ARM OR LEG	$242.00	$210.00
64712			RELEASE OF SCIATIC NERVE, OPEN	$258.00	$220.00
64713			RELEASE OF MAJOR NERVE OF ARM	$258.00	$220.00
64714			RELEASE OF NERVE OF UPPER LEG,	$258.00	$220.00
64716			REVISION OF CRANIAL NERVE	$393.00	$341.00
64718			REVISE ULNAR NERVE AT ELBOW	$211.00	$184.00

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DME/P&O				**PURCHASE**	**RENTAL**
64719			REVISE ULNAR NERVE AT WRIST	$150.00	$128.00
64721			REVISE MEDIAN NERVE AT WRIST	$158.00	$137.00
64722			RELIEVE PRESSURE ON NERVE(S)	$240.00	$204.00
64726			RELEASE FOOT/TOE NERVE	$90.00	$77.00
64727			INTERNAL NERVE REVISION	$60.00	$52.00
64732			INCISION OF BROW NERVE	$182.00	$158.00
64734			INCISION OF CHEEK NERVE	$182.00	$158.00
64736			INCISION OF CHIN NERVE	$120.00	$102.00
64738			INCISION OF JAW NERVE	$240.00	$204.00
64740			INCISION OF TONGUE NERVE	$120.00	$102.00
64742			INCISION OF FACIAL NERVE	$240.00	$204.00
64744			INCISE NERVE, BACK OF HEAD	$240.00	$204.00
64746			INCISE DIAPHRAGM NERVE	$180.00	$154.00
64755			INCISION VAGI/PROXIMAL STOMACH	$240.00	$204.00
64760			INCISION OF VAGUS NERVE	$300.00	$256.00
64763			INCISE HIP/THIGH NERVE	$150.00	$128.00
64763	50		TRANSECT/AVULSION OBTURATOR NE	$225.00	$191.00
64766			INCISE HIP/THIGH NERVE	$240.00	$204.00

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DME/P&O				**PURCHASE**	**RENTAL**
64766	50		TRANSECT/AVULSION OBTURATOR NE	$360.00	$306.00
64771			INCISE CRANIAL NERVE,EXTRADURA	$240.00	$204.00
64772			INCISION OF SPINAL NERVE	$180.00	$154.00
64776			REMOVE DIGIT NERVE LESION	$53.00	$45.00
64778			EXCISE NEUROMA:EACH ADD DIGIT	$30.00	$26.00
64782			REMOVE LIMB NERVE LESION	$79.00	$68.00
64783			EXCISE NEUROMA,HAND/FOOT,@ ADD	$70.00	$60.00
64784			REMOVE NERVE LESION	$131.00	$114.00
64786			REMOVE SCIATIC NERVE LESION	$210.00	$179.00
64787			INSERT CAP ON NERVE END	$120.00	$102.00
64788			REMOVE SKIN NERVE LESION	$120.00	$102.00
64790			REMOVAL OF NERVE LESION	$150.00	$128.00
64792			REMOVAL OF NERVE LESION	$210.00	$179.00
64795			BIOPSY OF NERVE	$90.00	$77.00
64802			REMOVE SYMPATHETIC NERVES	$302.00	$263.00
64802	50		SYMPATHECTOMY,CERVICAL:BILATER	$453.00	$385.00
64804			SYMPATHECTOMY,CERVIOTHORACIC	$321.00	$279.00
64804	50		SYMPATHECTOMY,CERVIOTHORACIC:B	$482.00	$410.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64809			REMOVE SYMPATHETIC NERVES	$423.00	$368.00
64809	50		SYMPATHECTOMY,THORACOLUMBAR:BI	$635.00	$540.00
64818			REMOVE SYMPATHETIC NERVES	$262.00	$223.00
64818	50		SYMPATHECTOMY,LUMBAR:BILATERAL	$393.00	$334.00
64820			SYMPATHECTOMY DIGID ARTERY-EAC	$301.00	$256.00
64821			SYMPATHECTOMY: RADIAL ARTERY	$282.00	$240.00
64822			SYMPATHECTOMY: ULNAR ARTERY	$282.00	$240.00
64823			SYMPATHECTOMY: SUPERFIC PALMAR	$325.00	$276.00
64831			REPAIR OF DIGIT NERVE	$79.00	$68.00
64832			SUTURE DIGIT NERVE:@ ADD DIGIT	$43.00	$37.00
64834			REPAIR OF HAND OR FOOT NERVE	$105.00	$91.00
64835			REPAIR OF MEDIAN MOTOR THENAR	$158.00	$137.00
64836			SUTURE 1 NERVE,HAND/FOOT:ULNAR	$158.00	$137.00
64837			REPAIR ADDITIONAL NERVE	$110.00	$95.00
64840			SUTURE OF POSTERIOR TIBIAL NER	$146.00	$126.00
64856			SUTURE OF PERIPHERAL NERVE, AR	$210.00	$183.00
64857			SUTURE OF PERIPHERAL NERVE, AR	$158.00	$137.00
64858			REPAIR SCIATIC NERVE	$158.00	$137.00

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DME/P&O				**PURCHASE**	**RENTAL**
64859			SUTURE @ ADD MAJOR PERIPHERAL	$110.00	$95.00
64861			REPAIR OF ARM NERVES	$158.00	$137.00
64862			REPAIR OF LOW BACK NERVES	$158.00	$137.00
64864			REPAIR OF FACIAL NERVE	$394.00	$342.00
64865			REPAIR OF FACIAL NERVE	$600.00	$510.00
64866			FUSION OF FACIAL/OTHER NERVE	$513.00	$446.00
64868			FUSION OF FACIAL/OTHER NERVE	$513.00	$446.00
64872			SUBSEQUENT REPAIR OF NERVE	$108.12	$91.90
64874			REPAIR & REVISE NERVE	$158.53	$134.75
64876			REPAIR NERVE: SHORTEN BONE	$102.26	$86.92
64885			NERVE GFT HEAD/NECK:TO 4CM(INC	$594.00	$505.00
64886			NERVE GFT...>4 CM LENGTH(INCL	$698.00	$593.00
64890			NERVE GRAFT, HAND OR FOOT	$180.00	$154.00
64891			NERVE GRAFT, HAND OR FOOT	$240.00	$204.00
64892			NERVE GRAFT, ARM OR LEG	$300.00	$255.00
64893			NERVE GRAFT, ARM OR LEG	$360.00	$306.00
64895			NERVE GRAFT, HAND OR FOOT	$240.00	$204.00
64896			NERVE GRAFT, HAND OR FOOT	$300.00	$255.00

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DME/P&O				**PURCHASE**	**RENTAL**
64897			NERVE GRAFT, ARM OR LEG	$360.00	$306.00
64898			NERVE GRAFT, ARM OR LEG	$420.00	$357.00
64901			PLACEMENT OF NERVE FOR GRAFTIN	$120.00	$102.00
64902			NERVE GRAFT,@ ADD NERE, MULTI	$150.00	$128.00
64905			TRANSFER OF NERVE TO INJURED N	$300.00	$255.00
64910			NERVE REPAIR: WITH SYNTHETIC C	$416.58	$354.09
64911			NERVE REPAIR: WITH AUTOGENOUS	$535.29	$454.99
64912			REPAIR OF NERVE USING NERVE GR	$403.14	$342.67
64913			REPAIR OF NERVE USING NERVE GR	$80.04	$68.03
64999			NERVOUS SYSTEM SURGERY	BY REPORT	BY REPORT
65091			EVISCERATION EYE	$211.00	$184.00
65093			EVISCERATION EYE WITH IMPLANT	$242.00	$210.00
65101			REMOVAL OF EYE	$211.00	$184.00
65103			REMOVE EYE/INSERT IMPLANT	$211.00	$184.00
65105			REMOVE EYE/ATTACH IMPLANT	$211.00	$184.00
65110			REMOVAL OF EYE	$182.00	$158.00
65112			REMOVE EYE, REVISE SOCKET	$315.00	$274.00
65114			REMOVE EYE, REVISE SOCKET	$437.00	$370.00

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DME/P&O				**PURCHASE**	**RENTAL**
65125			MODIFY OCULAR IMPL...(SEP.PROC	$225.42	$191.61
65130			INSERT OCULAR IMPLANT	$200.00	$170.00
65135			INSERT OCULAR IMPLANT	$250.00	$213.00
65140			ATTACH OCULAR IMPLANT	$242.00	$210.00
65150			REVISE OCULAR IMPLANT	$360.00	$306.00
65155			REINSERT OCULAR IMPLANT	$350.00	$298.00
65175			REMOVAL OF OCULAR IMPLANT	$300.00	$255.00
65205			REMOVAL OF FOREIGN BODY IN EXT	$16.00	$14.00
65210			REMOVAL OF FOREIGN BODY IN EXT	$32.00	$27.00
65220			REMOVAL OF FOREIGN BODY, EXTER	$32.00	$27.00
65222			REMOVAL OF FOREIGN BODY, EXTER	$48.00	$41.00
65235			REMOVE FOREIGN BODY FROM EYE	$242.00	$210.00
65260			REMOVE FOREIGN BODY FROM EYE	$302.00	$263.00
65265			REMOVE FOREIGN BODY FROM EYE	$302.00	$263.00
65270			REPAIR OF EYE WOUND	$30.00	$26.00
65272			REPAIR OF EYE WOUND	$60.00	$51.00
65273			REPAIR OF LACERATED CONJUNCTIV	$60.00	$51.00
65275			REPAIR OF CORNEA LACERATION NO	$180.00	$153.00

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DME/P&O				**PURCHASE**	**RENTAL**
65280			REPAIR OF EYE WOUND	$182.00	$158.00
65285			REPAIR OF EYE WOUND	$211.00	$174.00
65286			REPAIR LACERATION:APPLIC TISSU	$180.00	$153.00
65290			REPAIR OF INJURED EYE MUSCLE O	$90.00	$77.00
65400			REMOVAL OF EYE LESION	$151.00	$131.00
65410			BIOPSY OF CORNEA	$24.00	$21.00
65420			REMOVAL OF EYE LESION	$121.00	$105.00
65426			REMOVAL OF EYE LESION	$121.00	$105.00
65430			CORNEAL SMEAR	$16.00	$14.00
65435			CURETTE/TREAT CORNEA	$30.00	$26.00
65436			CURETTE/TREAT CORNEA	$60.00	$51.00
65600			REVISION OF CORNEA	$151.00	$131.00
65710			CORNEAL TRANSPLANT	$453.00	$394.00
65730			CORNEAL TRANSPLANT	$432.00	$376.00
65750			CORNEAL TRANSPLANT	$432.00	$376.00
65755			KERATOPLASTY(CORN TSPLT):PENET	$432.00	$376.00
65756			KERATOPLASTY (CORNEAL TRANSPLA	$614.49	$522.32
65757			BACKBENCH PREPARATION OF CORNE	$156.95	$133.41

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DME/P&O				**PURCHASE**	**RENTAL**
65765			KERATOPHAKIA	BY REPORT	BY REPORT
65767			EPIKERATOPLASTY	BY REPORT	BY REPORT
65770			KERATOPROSTHESIS	$622.39	$529.03
65772			CORNEAL RELAX INCISION,CORR SU	$60.00	$51.00
65775			CORN WDGE RESECT,CORR SURG..AS	$320.00	$272.00
65778			INSERTION OF AMNIOTIC MEMBRANE	$768.62	$653.33
65778	26		PLACEMENT OF AMNIOTIC MEMBRANE	$28.49	$24.22
65779			INSERTION OF AMNIOTIC MEMBRANE	$658.59	$559.80
65779	26		PLACEMENT OF AMNIOTIC MEMBRANE	$78.21	$66.48
65780			OCULAR SURFACE RECONSTRUCTION	$350.00	$298.00
65781			LIMBAL STEM CELL ALLOGRAFT	$535.00	$455.00
65782			LIMBAL CONJUNCTIVAL AUTOGRAFT	$462.00	$393.00
65785			IMPLANTATION OF CORNEAL RING S	$1,326.86	$1,127.83
65785	26		IMPLANTATION OF CORNEAL RING S	$231.47	$196.75
65800			PARACENTESIS OF ANTERIOR CHAMB	$61.00	$53.00
65810			PARACENTHESIS EYE.. REMOVE VIT	$140.00	$119.00
65815			DRAINAGE OF EYE	$100.00	$85.00
65820			RELIEVE INNER EYE PRESSURE	$182.00	$158.00

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DME/P&O				**PURCHASE**	**RENTAL**
65850			TRABECULOTOMY AB EXTERNO	$300.00	$255.00
65855			LASER REPAIR TO IMPROVE EYE FL	$214.10	$181.98
65860			SERV. ADH. ANT. SEGM.: LASER T	$151.00	$131.00
65865			INCISE INNER EYE ADHESIONS	$200.00	$170.00
65870			INCISE INNER EYE ADHESIONS	$200.00	$170.00
65875			INCISE INNER EYE ADHESIONS	$200.00	$170.00
65880			INCISE INNER EYE ADHESIONS	$200.00	$170.00
65900			REMOVE EYE LESION	$200.00	$170.00
65920			REMOVE IMPLANT FROM EYE	$200.00	$170.00
65930			REMOVE BLOOD CLOT FROM EYE	$200.00	$170.00
66020			INJECTION,ANTERIOR CHAMBER:AIR	$90.00	$79.00
66030			INJECTION TTREATMENT OF EYE	$90.00	$77.00
66130			REMOVE EYE LESION	$300.00	$255.00
66150			INCISION OF EYE	$300.00	$255.00
66155			INCISION OF EYE	$300.00	$255.00
66160			INCISION OF EYE	$300.00	$255.00
66170			INCISION OF EYE	$375.00	$319.00
66172			FISTUL.SCLERA.TRABECULECTOMY P	$450.00	$382.00

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DME/P&O				**PURCHASE**	**RENTAL**
66174			TRANSLUMINAL DILATION OF AQUEO	$493.18	$419.20
66175			TRANSLUMINAL DILATION OF AQUEO	$516.32	$438.87
66179			CREATION OF SHUNT TO IMPROVE E	$562.49	$478.11
66179	26		CREATION OF SHUNT TO IMPROVE E	$487.20	$414.12
66180			CREATION OF SHUNT TO IMPROVE E	$500.00	$425.00
66183			INSERTION OF EYE FLUID DRAINAG	$537.67	$457.02
66184			REVISION OF SHUNT TO IMPROVE E	$411.05	$349.39
66184	26		REVISION OF SHUNT TO IMPROVE E	$340.04	$289.03
66185			REVISION OF EYE FLUID DRAINAGE	$407.00	$346.00
66225			REPAIR OF PROTRUSION OF INNER	$500.00	$425.00
66250			FOLLOW-UP SURGERY OF EYE	$121.00	$105.00
66500			INCISION OF IRIS	$121.00	$105.00
66505			INCISION OF IRIS	$121.00	$105.00
66600			REMOVE IRIS AND LESION	$272.00	$236.00
66605			REMOVAL OF IRIS	$302.00	$263.00
66625			REMOVAL OF IRIS	$285.00	$243.00
66630			REMOVAL OF IRIS	$285.00	$243.00
66635			REMOVAL OF IRIS	$285.00	$243.00

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DME/P&O				**PURCHASE**	**RENTAL**
66680			REPAIR IRIS & CILIARY BODY	$228.00	$194.00
66682			SUTURE OF IRIS, CILIARY BODY	$285.00	$243.00
66700			CILIARY BODY DESTR.:DIATHERMY	$151.00	$131.00
66710			CILIARY BODY DESTR.:CYCLOPHOTO	$130.00	$110.00
66711			CILIARY BODY DESTRUCTION: CYCL	$336.17	$285.74
66720			CILIARY BODY DESTR.:CRYOTHERAP	$121.00	$105.00
66740			CILIARY BODY DESTR.:CYCLODIALY	$242.00	$210.00
66761			CREATION OF EYE FLUID DRAINAGE	$121.00	$105.00
66762			CREATION OF OPENINGS IN IRIS F	$121.00	$105.00
66770			REMOVAL OF INNER EYE LESION	$152.00	$132.00
66820			INCISION OF LENS LESION	$121.00	$105.00
66820	52		RE-INCISION OF LENS	$90.00	$79.00
66821			DISCISSION SECONDARY: LASER	$151.00	$131.00
66825			REP. INTR. LENS PROSTH. REQ.IN	$151.00	$131.00
66830			REMOVAL OF LENS LESION	$151.00	$131.00
66840			REMOVAL OF LENS MATERIAL	$151.00	$131.00
66850			FRAGMENTING, ASPIRATION, AND R	$393.00	$341.00
66852			REMOV LENS MAT: PARS PIANA APP	$393.00	$341.00

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DME/P&O				**PURCHASE**	**RENTAL**
66920			EXTRACTION OF LENS	$393.00	$341.00
66930			EXTRACTION OF LENS	$393.00	$341.00
66940			EXTRACTION OF LENS	$393.00	$341.00
66982			EXTRACAPS CATARACT REMOV COMPL	$670.00	$570.00
66983			INTRA CATARACT EXTRAC W/LENS	$513.00	$446.00
66984			EXTRA CATARACT REMOVAL W/LENS	$513.00	$446.00
66985			INSERT LENS PROSTHESIS	$393.00	$341.00
66986			EXCHANGE OF INTRAOCULAR LENS	$432.00	$367.00
66990			USE OF OPHTHMALMIC ENDOSCOPE	$71.00	$60.00
66999			UNLISTED PROC.,ANTERIOR SEGMEN	BY REPORT	BY REPORT
67005			PARTIAL REMOVAL OF EYE FLUID	$391.00	$332.00
67010			PARTIAL REMOVAL OF EYE FLUID	$393.00	$334.00
67015			RELEASE OF EYE FLUID	$151.00	$131.00
67025			REPLACE EYE FLUID	$285.00	$243.00
67027			IMPLANT INTRAVITREAL DRUG DELI	$371.00	$315.00
67028			INTRAVITREAL INJ,PHARMCOLOGIC	$80.00	$68.00
67030			INCISE INNER EYE STRANDS	$332.00	$283.00
67031			SEVERING VIT. STRANDA-LASER	$260.00	$221.00

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DME/P&O				**PURCHASE**	**RENTAL**
67036			VIRECTOMY MECHANICAL	$665.00	$578.00
67039			VITRECTOMY,MECH,PPAPP:W FCL EN	$264.00	$224.00
67040			VITRECTOMY..:W/ENDOLASER PANRE	$369.00	$314.00
67041			VITRECTOMY, MECHANICAL, PARS P	$598.15	$508.43
67042			REMOVAL OF MEMBRANE FROM THE R	$598.15	$508.43
67043			REMOVAL OF MEMBRANE FROM THE R	$630.75	$536.14
67101			REPAIR OF DETACHED RETINA, 1 O	$288.74	$245.43
67105			REPAIR OF DETACHED RETINA, 1 O	$260.66	$221.56
67107			REPAIR DETACHED RETINA	$544.00	$473.00
67108			REPAIR DETACHED RETINA	$544.00	$473.00
67110			REPAIR RETI DETA,1/MORE SESS:W	$252.00	$215.00
67113			REPAIR OF COMPLEX RETINAL DETA	$695.17	$590.89
67115			RELEASE.ENCIRCLING MATERIAL(PO	$228.00	$194.00
67120			REMOVE EYE IMPLANT MATERIAL	$228.00	$194.00
67121			REMOVE IMPLANT,POSTERIOR,INTRA	$342.00	$291.00
67141			PREVENTIVE RETINAL DETACHMENT	$228.00	$194.00
67145			PREVENTIVE RETINAL DETACHMENT	$144.00	$122.40
67208			DESTRUCTION OF RETINAL GROWTH	$362.00	$308.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67210			LASER DESTRUCTION OF RETINAL G	$182.00	$155.00
67218			DESTRUCTION OF RETINAL GROWTH	$323.00	$275.00
67220			DESTRUCTION OF VASCULAR GROWTH	$272.00	$236.00
67221			PHOTODYNAMIC DESTRUCT LOC LES	$219.00	$186.15
67225			DESTRUCTION OF VASCULAR GROWTH	$23.00	$20.00
67227			DESTRUCTION OF LEAKING RETINAL	$182.00	$155.00
67228			LASER DESTRUCTION OF LEAKING R	$182.00	$155.00
67229			LASER DESTRUCTION OR FREEZING	$605.73	$514.87
67229	50		TREATMENT OF EXTENSIVE OR PROG	$908.60	$772.31
67250			REINFORCE EYE WALL:WO GRAFT	$393.00	$334.00
67255			REINFORCE/GRAFT EYE WALL	$432.00	$367.00
67299			UNLISTED PROCEDURE,POSTERIOE S	BY REPORT	BY REPORT
67311			REVISE EYE MUSCLE:ONE HORIZONT	$272.00	$236.00
67312			REVISE TWO EYE MUSCLES	$302.00	$263.00
67314			STRABISMUS SURG,REC/RES:1 VERT	$262.80	$223.40
67316			STRABISMUS SURG,REC/RES:2/MORE	$332.90	$282.65
67318			STRABISMUS SURG,ANY PROC,SUP O	$280.32	$238.27
67320			TRANSPOSITION PROC,ANY OCULAR	$209.59	$178.15

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DME/P&O				**PURCHASE**	**RENTAL**
67331			EYE SURGERY FOLLOW-UP	$196.69	$167.18
67332			REREVISE EYE MUSCLES	$217.32	$184.72
67334			STRABISMUS SURG/POST FIX SUT,W	$192.50	$163.63
67335			PLACE ADJUST SUTURE(S)DURING S	$120.57	$102.48
67340			STRABISMUS SURG INV EXPL/REP D	$237.93	$202.24
67343			RELEASE EXT SCAR TIS WO DETACH	$225.50	$192.00
67345			CHEMODENERVATION OF EXTRAOCULA	$41.00	$35.00
67346			BIOPSY OF EXTRAOCULAR MUSCLE	$100.21	$85.17
67399			UNLISTED PROC.,OCULAR MUSCLE	BY REPORT	BY REPORT
67400			EXPLORATION OF CAVITY BEHIND E	$242.00	$210.00
67405			ORBITOTOMY:..WITH DRAINAGE ONL	$242.00	$210.00
67412			ORBITOTOMY:...W REMOVAL OF LES	$272.00	$236.00
67413			ORBITOTOMY...:W REMOVAL FOREIG	$272.00	$236.00
67414			ORBITOTOMY WO BONE FLAP....	$408.00	$347.00
67415			TRANSCONJUNCTIVAL OR ASPIRATIO	$48.00	$41.00
67420			EXPLORE/TREAT EYE SOCKET	$272.00	$236.00
67430			EXPLORE/TREAT EYE SOCKET	$408.00	$347.00
67440			EXPLORE/DRAIN EYE SOCKET	$385.00	$327.00

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DME/P&O				**PURCHASE**	**RENTAL**
67445			ORBITOTOMY WO BONEFLAP-LATERAL	$408.00	$347.00
67450			EXPLORATION OF CAVITY BEHIND E	$408.00	$347.00
67500			INJECT/TREAT EYE SOCKET	$57.00	$49.00
67505			INJECT EYE SOCKET FOR XRAY	$57.00	$49.00
67515			INJECTION OF MEDICATION OR SUB	$30.00	$26.00
67550			ORBITAL IMPLANT:INSERTION	$272.00	$236.00
67560			ORBITAL IMPLANT:REMOVAL OR REV	$272.00	$236.00
67570			OPTIC NERVE DECOMPRESSION....	$204.00	$173.00
67599			UNLISTED PROCEDURE, ORBIT	BY REPORT	BY REPORT
67710			INCISION OF EYELID	$24.00	$20.00
67800			EXCISION CHALAZION, SINGLE	$30.00	$26.00
67801			EXCISE CHALAZION:MULTIPLE,SAME	$42.00	$37.00
67805			EXCISION OF CHALAZION:MULTIPLE	$50.00	$43.00
67808			EXCISE CHALAZION:UNDER GEN ANE	$90.00	$76.00
67820			REVISE EYELASHES	$16.00	$14.00
67825			REVISE EYELASHES	$20.00	$20.00
67830			CORRECT TRICHIASIS:INCISE LID	$121.00	$105.00
67835			CORRECT TRICHIASIS:INCISE LID	$169.00	$144.00

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DME/P&O				**PURCHASE**	**RENTAL**
67850			TREAT EYELID LESION	$42.00	$37.00
67875			TEMPORARY CLOSURE EYELIDS BY S	$70.00	$59.00
67880			REVISION OF EYELID	$76.00	$66.00
67882			REVISION OF EYELID	$114.00	$99.00
67900			REPAIR BROW PTOSIS....	$120.00	$102.00
67901			REPAIR BLEPHAROPTOSIS:..W SUTU	$272.00	$236.00
67901	50		REPAIR EYELID DEFECT	$408.00	$347.00
67902			REPAIR BLEPHAROPTOSIS:..W FASC	$182.00	$158.00
67902	50		REPAIR EYELID DEFECT	$273.00	$232.00
67903			REPAIR BLEPHAROPTOSIS:..INTERN	$272.00	$236.00
67904			REPAIR BLEPHAROPTOSIS:...EXTER	$272.00	$236.00
67906			REPAIR BLEPHAROPTOSIS:...W FAS	$182.00	$158.00
67908			REMOVAL OF TISSUE, MUSCLE, AND	$205.00	$178.00
67909			REDUCTION OVERCORRECTION PTOSI	$114.00	$99.00
67911			REVISE EYELID DEFECT	$205.00	$178.00
67912			CORRECT LAGOPHTHAL W/IMPL UP E	$484.00	$411.00
67912	26		CORRECT LAGOPHTHAL W/IMPL UP E	$387.00	$329.00
67916			REPAIR ECTROPIAN:BLEPHAROPLAST	$171.00	$146.00

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DME/P&O				**PURCHASE**	**RENTAL**
67917			REPAIR ECTROPIAN:BLEPHAROPLAST	$182.00	$158.00
67923			REPAIR ENTROPIAN:BLEPHAROPLAST	$171.00	$146.00
67924			REPAIR ENTROPIAN:BLEPHAROPLAST	$182.00	$158.00
67938			REMOVE EYELID FOREIGN BODY	$30.00	$26.00
67950			CANTHOPLASTY(RECONSTRUCTION CA	$121.00	$105.00
67961			REVISION OF EYELID	$227.00	$197.00
67966			REVISION OF EYELID	$242.00	$210.00
67971			RECONSTRUCTION OF EYELID	$242.00	$210.00
67973			RECONSTRUCTION OF EYELID	$362.00	$315.00
67974			RECONSTRUCTION OF EYELID	$411.00	$357.00
67999			UNLISTED PROCEDURE, EYELIDS	BY REPORT	BY REPORT
68020			INCISE/DRAIN EYELID LINING	$16.00	$14.00
68040			TREATMENT OF EYELID LESIONS	$16.00	$14.00
68100			BIOPSY OF EYELID LINING	$18.00	$16.00
68110			REMOVE EYELID LINING LESION	$30.00	$26.00
68200			TREAT EYELID BY INJECTION	$16.00	$14.00
68320			REVISE/GRAFT EYELID LINING	$242.00	$210.00
68325			REVISE/GRAFT EYELID LINING	$272.00	$236.00

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DME/P&O				**PURCHASE**	**RENTAL**
68326			REVISE/GRAFT EYELID LINING	$342.00	$291.00
68328			REVISE/GRAFT EYELID LINING	$371.00	$316.00
68330			REVISE EYELID LINING	$257.00	$219.00
68335			REVISE/GRAFT EYELID LINING	$314.00	$267.00
68340			SEPARATE EYELID ADHESIONS	$257.00	$219.00
68360			REVISE EYELID LINING	$114.00	$97.00
68362			REVISE EYELID LINING	$228.00	$194.00
68371			HARVEST CONJUNCT ALLOGRAFT LIV	$148.00	$126.00
68399			UNLISTED PROCEDURE, CONJUNCTIV	BY REPORT	BY REPORT
68400			INCISE/DRAIN TEAR GLAND	$48.00	$42.00
68420			INCISE/DRAIN TEAR SAC	$37.00	$32.00
68440			INCISE TEAR DUCT OPENING	$16.00	$14.00
68500			REMOVAL OF TEAR GLAND	$242.00	$210.00
68505			PARTIAL REMOVAL TEAR GLAND	$242.00	$210.00
68520			REMOVAL OF TEAR SAC	$242.00	$210.00
68525			BIOPSY OF TEAR SAC	$30.00	$26.00
68530			CLEARANCE OF TEAR DUCT	$60.00	$52.00
68540			REMOVE TEAR GLAND LESION	$253.00	$221.00

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DME/P&O				**PURCHASE**	**RENTAL**
68550			REMOVE TEAR GLAND LESION	$253.00	$221.00
68700			REPAIR TEAR DUCTS	$90.00	$79.00
68720			CREATE TEAR SAC DRAIN	$272.00	$236.00
68745			CREATE TEAR DUCT DRAIN	$272.00	$236.00
68750			CREATE TEAR DUCT DRAIN	$272.00	$236.00
68760			CLOSE TEAR DUCT OPENING	$30.00	$26.00
68761			CLOSE LACR. PUNCT., PLUG, EACH	$30.00	$26.00
68770			CLOSE TEAR SYSTEM FISTULA	$114.00	$97.00
68801	50		DILATION LACRIMAL PUNCTUM W/WO	$14.66	$12.46
68810	50		PROBING NASOLACRIMAL DUCT W/WO	$30.00	$25.00
68811			PROBING NASOLAC DUCT W/WO IRRI	$50.00	$43.00
68811	50		PROBING NASOLAC DUCT W/WO IRRI	$75.00	$65.00
68815			PROBING NASOLAC DUCT W INSERT	$52.00	$44.00
68815	50		PROBING NASOLAC DUCT W INSERT	$78.00	$66.00
68816			PROBING OF NASOLACRIMAL DUCT,	$89.34	$75.94
68816	50		PROBING OF NASOLACRIMAL DUCT B	$134.01	$113.91
68850			INJECTION FOR TEAR SAC X-RAY	$21.00	$19.00
68899			UNLISTED PROC.,LACRIMAL SYSTEM	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
69000			DRAIN EXTERNAL EAR LESION	$24.00	$21.00
69005			DRAIN EXTERNAL EAR LESION	$61.00	$53.00
69100			BIOPSY OF EXTERNAL EAR	$18.00	$16.00
69105			BIOPSY EXTERNAL EAR CANAL	$18.00	$16.00
69110			PARTIAL REMOVAL EXTERNAL EAR	$76.00	$66.00
69120			REMOVAL OF EXTERNAL EAR	$151.00	$131.00
69140			REMOVE EAR CANAL LESION(S)	$182.00	$158.00
69150			EXTENSIVE EAR CANAL SURGERY	$169.00	$147.00
69155			EXTENSIVE EAR/NECK SURGERY	$242.00	$210.00
69200	SA		CLEAR OUTER EAR CANAL	NA	$10.50
69205			CLEAR OUTER EAR CANAL	$30.00	$26.00
69209			REMOVAL OF IMPACTED EAR WAX BY	$15.31	$15.31
69210			REMOVAL OF IMPACT EAR WAX, ONE	$13.00	$11.00
69210	SA		REMOVE IMPACTED CERUMEN 1-2 EA	NA	$11.00
69220			DEBRIDEMENT,MASTOIDECTOMY CAV/	$18.00	$15.00
69220	50		DEBRIDEMENT,MASTOID CAVITY,SIM	$27.00	$23.00
69222			DEBRID,MASTOID,CAV,COMPLEX/W A	$35.00	$30.00
69222	50		DEBRID,MASTOID,CAV,COMPLEX/W A	$53.00	$45.00

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DME/P&O				**PURCHASE**	**RENTAL**
69300			REVISE EXTERNAL EAR	$121.00	$105.00
69300	50		OTOPLASTY,PROTRUD EAR/W/WO/SZ	$182.00	$155.00
69310			RECONSTRUCT EXTERNAL EAR CANAL	$121.00	$105.00
69320			REBUILD OUTER EAR CANAL	$242.00	$210.00
69399			UNLISTED PROCEDURE,EXTERNAL EA	BY REPORT	BY REPORT
69420			INCISION, ASPIRATION, AND/OR I	$24.00	$21.00
69421			INCISION, ASPIRATION, AND INFL	$121.00	$105.00
69424			VENT TUBE REMOVAL:UNILATERAL	$18.00	$16.00
69424	50		VENT TUBE REMOVAL:BILATERAL	$27.00	$23.00
69433			OFFICE TYMPANOSTOMY, UNILAT	$37.00	$32.00
69433	50		TYMPANOSTOMY LOCAL/TOPICAL ANE	$56.00	$48.00
69436			TYMPANOSTOMY:UNILATERAL	$54.00	$47.00
69440			EXPLORATION OF MIDDLE EAR	$242.00	$210.00
69450			TYMPANOLYSIS, TRANSCANAL	$332.00	$289.00
69501			MASTOIDECTOMY	$242.00	$210.00
69502			MASTOIDECTOMY	$528.00	$450.00
69505			REMOVE MASTOID STRUCTURES	$423.00	$368.00
69511			EXTENSIVE MASTOID SURGERY	$423.00	$368.00

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DME/P&O				**PURCHASE**	**RENTAL**
69530			EXTENSIVE MASTOID SURGERY	$604.00	$525.00
69535			REMOVE PART OF TEMPORAL BONE	$818.00	$696.00
69540			REMOVE EAR LESION	$37.00	$32.00
69550			REMOVE EAR LESION	$332.00	$282.00
69552			REMOVE EAR LESION	$423.00	$359.00
69554			REMOVE EAR LESION	$483.00	$411.00
69601			MASTOID SURGERY REVISION	$302.00	$263.00
69602			MASTOID SURGERY REVISION	$302.00	$263.00
69603			MASTOID SURGERY REVISION	$302.00	$263.00
69604			MASTOID SURGERY REVISION	$368.00	$313.00
69605			MASTOID SURGERY REVISION	$266.00	$226.00
69610	50		TYMPAN MEMBRANE PATCH W/TISSUE	$63.37	$53.86
69620			REPAIR OF EARDRUM	$280.00	$252.00
69631			REPAIR EARDRUM STRUCTURES	$403.00	$351.00
69632			REPAIR OF EARDRUM, EAR CANAL,	$403.00	$351.00
69633			REPAIR OF EARDRUM, EAR CANAL,	$403.00	$351.00
69635			REPAIR EARDRUM STRUCTURES	$484.00	$411.00
69636			REPAIR OF EARDRUM, EAR CANAL,	$483.00	$420.00

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DME/P&O				**PURCHASE**	**RENTAL**
69637			REPAIR OF EARDRUM, EAR CANAL,	$484.00	$411.00
69641			REVISE MIDDLE EAR & MASTOID	$483.00	$420.00
69642			REPAIR OF EARDRUM, EAR CANAL A	$483.00	$420.00
69643			REVISE MIDDLE EAR & MASTOID	$483.00	$420.00
69644			REPAIR OF EARDRUM, EAR CANAL A	$483.00	$420.00
69645			REVISE MIDDLE EAR & MASTOID	$483.00	$420.00
69646			REPAIR OF EARDRUM, EAR CANAL A	$483.00	$420.00
69650			RELEASE MIDDLE EAR BONE	$302.00	$263.00
69660			REVISE MIDDLE EAR BONE	$393.00	$341.00
69661			REVISE MIDDLE EAR BONE W/DRILL	$393.00	$341.00
69662			REVISION STAPEDECTOMY/OTOMY	$435.00	$377.00
69666			REPAIR OVAL WINDOW FISTULA	$393.00	$341.00
69667			REPAIR ROUND WINDOW FISTULA	$393.00	$341.00
69670			REMOVE MASTOID AIR CELLS	$280.00	$252.00
69676			TYMPANIC NEURECTOMY: UNILATERA	$257.00	$219.00
69676	50		TYMPANIC NEVRETOMY:BILATERAL	$386.00	$328.00
69700			CLOSE MASTOID FISTULA	$121.00	$105.00
69714			TEMPORAL BONE IMPLANTATION OF	$474.00	$403.00

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DME/P&O				**PURCHASE**	**RENTAL**
69715			REMOVAL OF MASTOID BONE WITH I	$600.00	$510.00
69717			TEMPORAL BONE IMPLANTATION OF	$487.00	$414.00
69718			REPLACE OSSEOINTEG IMP/ W/MAST	$607.00	$516.00
69720			RELEASE FACIAL NERVE	$362.00	$315.00
69725			RELEASE FACIAL NERVE	$590.00	$501.00
69740			REPAIR FACIAL NERVE	$435.00	$378.00
69745			REPAIR FACIAL NERVE	$590.00	$501.00
69799			UNLISTED PROCEDURE, MIDDLE EAR	BY REPORT	BY REPORT
69801			INCISION OF FLUID CANALS OF IN	$177.18	$150.60
69805			EXPLORE INNER EAR	$315.00	$267.00
69806			EXPLORE INNER EAR	$432.00	$367.00
69905			REMOVE INNER EAR	$393.00	$341.00
69910			REMOVE INNER EAR & MASTOID	$550.00	$467.00
69915			INCISE INNER EAR NERVE	$508.00	$431.00
69930			COCHLEAR DEVICE IMPLANTATION	$725.00	$616.00
69949			UNLISTED PROCEDURE, INNER EAR	BY REPORT	BY REPORT
69950			INCISE INNER EAR NERVE	$720.00	$612.00
69955			RELEASE FACIAL NERVE	$635.00	$539.00

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DME/P&O				**PURCHASE**	**RENTAL**
69960			RELEASE INNER EAR CANAL	$571.00	$485.00
69970			REMOVE INNER EAR LESION	$423.00	$368.00
69979			UNLISTED PROCEDURE,TEMPORAL BO	BY REPORT	BY REPORT
69990			USE OF OPERATING MICROSCOPE	$170.00	$145.00
70010			MYELOGRAPHY: PROCEDURE, S&I	NA	$63.90
70010	TC		MYELOGRAPHY: PROCEDURE, S&I	NA	$39.90
70010	26		MYELOGRAPHY: PROCEDURE, S&I	NA	$24.00
70015			CISTERNOGRAPHY: PROCEDURE, S&I	NA	$100.45
70015	TC		CISTERNOGRAPHY: PROCEDURE, S&I	NA	$53.84
70015	26		CISTERNOGRAPHY: PROCEDURE, S&I	NA	$46.61
70030			X-RAY EYE: DETECT FOREIGN BODY	NA	$15.00
70030	TC		X-RAY EYE: DETECT FOREIGN BODY	NA	$7.80
70030	26		X-RAY EYE: DETECT FOREIGN BODY	NA	$7.20
70100			X-RAY OF MANDIBLE, LESS THAN 4	NA	$15.00
70100	TC		X-RAY OF MANDIBLE, LESS THAN 4	NA	$9.60
70100	26		X-RAY OF MANDIBLE, LESS THAN 4	NA	$5.40
70110			X-RAY OF MANDIBLE, MINIMUM OF	NA	$20.00
70110	TC		X-RAY OF MANDIBLE, MINIMUM OF	NA	$11.00

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DME/P&O				**PURCHASE**	**RENTAL**
70110	26		X-RAY OF MANDIBLE, MINIMUM OF	NA	$9.00
70120			X-RAY OF MASTOID, LESS THAN 3	NA	$15.00
70120	TC		X-RAY OF MASTOID, LESS THAN 3	NA	$7.80
70120	26		X-RAY OF MASTOID, LESS THAN 3	NA	$7.20
70130			X-RAY OF MASTOID, MINIMUM OF 3	NA	$20.00
70130	TC		X-RAY OF MASTOID, MINIMUM OF 3	NA	$9.20
70130	26		X-RAY OF MASTOID, MINIMUM OF 3	NA	$10.80
70134			X-RAY INTERNAL AUDITORY MEATI	NA	$25.00
70134	TC		X-RAY INTERNAL AUDITORY MEATI	NA	$15.00
70134	26		X-RAY INTERNAL AUDITORY MEATI	NA	$10.00
70140			X-RAY OF BONES OF FACE, LESS T	NA	$15.00
70140	TC		X-RAY OF BONES OF FACE, LESS T	NA	$9.60
70140	26		X-RAY OF BONES OF FACE, LESS T	NA	$5.40
70150			X-RAY OF BONES OF FACE, MINIMU	NA	$20.00
70150	TC		X-RAY OF BONES OF FACE, MINIMU	NA	$11.00
70150	26		X-RAY OF BONES OF FACE, MINIMU	NA	$9.00
70160			X-RAY OF BONES OF NOSE, MINIMU	NA	$15.00
70160	TC		X-RAY OF BONES OF NOSE, MINIMU	NA	$9.60

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DME/P&O				**PURCHASE**	**RENTAL**
70160	26		X-RAY OF BONES OF NOSE, MINIMU	NA	$5.40
70170			DACRYOCYSTOGRAPHY:PROCEDURE, S	NA	$20.00
70170	TC		DACRYOCYSTOGRAPHY:PROCEDURE, S	NA	$12.80
70170	26		DACRYOCYSTOGRAPHY:PROCEDURE, S	NA	$7.20
70190			X-RAY OPTIC FORAMINA	NA	$15.00
70190	TC		X-RAY OPTIC FORAMINA	NA	$9.60
70190	26		X-RAY OPTIC FORAMINA	NA	$5.40
70200			X-RAY OF EYE BONES, MINIMUM OF	NA	$25.00
70200	TC		X-RAY OF EYE BONES, MINIMUM OF	NA	$16.00
70200	26		X-RAY OF EYE BONES, MINIMUM OF	NA	$9.00
70210			X-RAY OF PARANASAL SINUS, LESS	NA	$20.00
70210	TC		X-RAY OF PARANASAL SINUS, LESS	NA	$14.60
70210	26		X-RAY OF PARANASAL SINUS, LESS	NA	$5.40
70220			X-RAY OF PARANASAL SINUS, COMP	NA	$25.00
70220	TC		X-RAY OF PARANASAL SINUS, COMP	NA	$16.00
70220	26		X-RAY OF PARANASAL SINUS, COMP	NA	$9.00
70240			X-RAY SELLA TURCICA	NA	$15.00
70240	TC		X-RAY SELLA TURCICA	NA	$7.80

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DME/P&O				**PURCHASE**	**RENTAL**
70240	26		X-RAY SELLA TURCICA	NA	$7.20
70250			X-RAY OF SKULL, LESS THAN 4 VI	NA	$15.00
70250	TC		X-RAY OF SKULL, LESS THAN 4 VI	NA	$9.60
70250	26		X-RAY OF SKULL, LESS THAN 4 VI	NA	$5.40
70260			X-RAY OF SKULL, COMPLETE, MINI	NA	$25.00
70260	TC		X-RAY OF SKULL, COMPLETE, MINI	NA	$16.00
70260	26		X-RAY OF SKULL, COMPLETE, MINI	NA	$9.00
70300			X-RAY OF TEETH, SINGLE VIEW	NA	$5.00
70300	TC		X-RAY OF TEETH, SINGLE VIEW	NA	$3.20
70300	26		X-RAY OF TEETH, SINGLE VIEW	NA	$1.80
70310			X-RAY OF TEETH, LESS THAN FULL	NA	$10.00
70310	TC		X-RAY OF TEETH, LESS THAN FULL	NA	$6.40
70310	26		X-RAY OF TEETH, LESS THAN FULL	NA	$3.60
70320			X-RAY OF TEETH, FULL MOUTH	NA	$15.00
70320	TC		X-RAY OF TEETH, FULL MOUTH	NA	$7.80
70320	26		X-RAY OF TEETH, FULL MOUTH	NA	$7.20
70328			X-RAY TEMPOROMAN DIBULAR JNT:	NA	$13.00
70328	TC		X-RAY TEMPOROMAN DIBULAR JNT:	NA	$7.60

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DME/P&O				**PURCHASE**	**RENTAL**
70328	26		X-RAY TEMPOROMAN DIBULAR JNT:	NA	$5.40
70330			ARTHROTOMOGRAPHY:TEMPOROMAND.-	NA	$20.00
70330	TC		ARTHROTOMOGRAPHY:TEMPOROMAND.-	NA	$11.00
70330	26		ARTHROTOMOGRAPHY:TEMPOROMAND.-	NA	$9.00
70332			TEMPOROMAND.ARTHROGRAPHY:SUPER	NA	$70.50
70332	TC		TEMPOROMAND.ARTHROGRAPHY:SUPER	NA	$46.50
70332	26		TEMPOROMAND.ARTHROGRAPHY:SUPER	NA	$24.00
70336			MRI,TEMPOROMANDIBULAR JOINT	NA	$300.00
70336	TC		MRI,TEMPOROMANDIBULAR JOINT	NA	$234.51
70336	26		MRI,TEMPOROMANDIBULAR JOINT	NA	$65.49
70350			CEPHALOGRAM: ORTHODONTIC	NA	$8.00
70350	TC		CEPHALOGRAM: ORTHODONTIC	NA	$4.40
70350	26		CEPHALOGRAM: ORTHODONTIC	NA	$3.60
70355			ORTHOPANTOGRAM	NA	$10.00
70355	TC		ORTHOPANTOGRAM	NA	$6.00
70355	26		ORTHOPANTOGRAM	NA	$4.00
70360			X-RAY NECK: SOFT TISSUE	NA	$10.00
70360	TC		X-RAY NECK: SOFT TISSUE	NA	$6.40

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DME/P&O				**PURCHASE**	**RENTAL**
70360	26		X-RAY NECK: SOFT TISSUE	NA	$3.60
70370			X-RAY PHARYNX/LARYNX W/FLUROSC	NA	$20.00
70370	TC		X-RAY PHARYNX/LARYNX W/FLUROSC	NA	$11.00
70370	26		X-RAY PHARYNX/LARYNX W/FLUROSC	NA	$9.00
70371			COMPLEX DYNAMIC PHARYNGEAL/SPE	NA	$30.00
70371	TC		COMPLEX DYNAMIC PHARYNGEAL/SPE	NA	$17.00
70371	26		COMPLEX DYNAMIC PHARYNGEAL/SPE	NA	$13.00
70380			X-RAY SALIVARY GLANDFOR CALCUL	NA	$15.00
70380	TC		X-RAY SALIVARY GLANDFOR CALCUL	NA	$9.60
70380	26		X-RAY SALIVARY GLANDFOR CALCUL	NA	$5.40
70390			SIALOGRAPHY: PROCEDURE, S&I	NA	$15.00
70390	TC		SIALOGRAPHY: PROCEDURE, S&I	NA	$7.80
70390	26		SIALOGRAPHY: PROCEDURE, S&I	NA	$7.20
70450			CAT,HEAD/BRAIN:W/OUT CONTRAST	NA	$102.23
70450	TC		CAT,HEAD/BRAIN:W/OUT CONTRAST	NA	$65.72
70450	26		CAT,HEAD/BRAIN:W/OUT CONTRAST	NA	$36.51
70460			CAT,HEAD/BRAIN:W/CONTRAST	NA	$125.00
70460	TC		CAT,HEAD/BRAIN:W/CONTRAST	NA	$90.00

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DME/P&O				**PURCHASE**	**RENTAL**
70460	26		CAT,HEAD/BRAIN:W/CONTRAST	NA	$35.00
70470			CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	NA	$125.00
70470	TC		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	NA	$90.00
70470	26		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	NA	$35.00
70470	52		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$75.00	$54.00
70480			TOMOGRAPHY:ORBIT,SELLA,POSTERI	NA	$125.00
70480	TC		TOMOGRAPHY:ORBIT,SELLA,POSTERI	NA	$90.00
70480	26		TOMOGRAPHY:ORBIT,SELLA,POSTERI	NA	$35.00
70481			TOMOGRAPHY:ORBIT,ETC,WITH/CONT	NA	$125.00
70481	TC		TOMOGRAPHY:ORBIT,ETC,WITH/CONT	NA	$90.00
70481	26		TOMOGRAPHY:ORBIT,ETC,WITH/CONT	NA	$35.00
70482			CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	NA	$125.00
70482	TC		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	NA	$90.00
70482	26		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	NA	$35.00
70482	52		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$75.00	$54.00
70486			TOMOGRAPHY:MAXILLOFACIAL W/OUT	NA	$125.00
70486	TC		TOMOGRAPHY:MAXILLOFACIAL W/OUT	NA	$90.00
70486	26		TOMOGRAPHY:MAXILLOFACIAL W/OUT	NA	$35.00

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DME/P&O				**PURCHASE**	**RENTAL**
70487			TOMOGRAPHY:MAXILLOFAC,WITH CON	NA	$125.00
70487	TC		TOMOGRAPHY:MAXILLOFAC,WITH CON	NA	$90.00
70487	26		TOMOGRAPHY:MAXILLOFAC,WITH CON	NA	$35.00
70488			CAT:MAXILL.:W/OUT-W/ CONTRAST	NA	$125.00
70488	TC		CAT:MAXILL.:W/OUT-W/ CONTRAST	NA	$90.00
70488	26		CAT:MAXILL.:W/OUT-W/ CONTRAST	NA	$35.00
70488	52		CAT:MAXILL.:W/OUT-W/ CONTRAST	$75.00	$54.00
70490			CAT,SOFT TISSUE NECK:W/OUT CON	NA	$125.00
70490	TC		CAT,SOFT TISSUE NECK:W/OUT CON	NA	$90.00
70490	26		CAT,SOFT TISSUE NECK:W/OUT CON	NA	$35.00
70491			CAT.SOFT TISSUE NECK:W/ CONTRA	NA	$125.00
70491	TC		CAT.SOFT TISSUE NECK:W/ CONTRA	NA	$90.00
70491	26		CAT.SOFT TISSUE NECK:W/ CONTRA	NA	$35.00
70492			CAT,NECK:W/OUT-W/ CONTRAST MAT	NA	$125.00
70492	TC		CAT,NECK:W/OUT-W/ CONTRAST MAT	NA	$90.00
70492	26		CAT,NECK:W/OUT-W/ CONTRAST MAT	NA	$35.00
70492	52		CAT,NECK:W/OUT-W/ CONTRAST MAT	$75.00	$54.00
70496			COMPUTED TOMOGRAPH ANGIOGRAPHY	NA	$185.00

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DME/P&O				**PURCHASE**	**RENTAL**
70496	TC		COMPUTED TOMOGRAPH ANGIOGRAPHY	NA	$136.00
70496	26		COMPUTED TOMOGRAPH ANGIOGRAPHY	NA	$49.00
70498			COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$185.00
70498	TC		COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$136.00
70498	26		COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$49.00
70540			MRI SCAN BONES OF THE EYE, FAC	NA	$300.00
70540	TC		MRI SCAN BONES OF THE EYE, FAC	NA	$240.62
70540	26		MRI SCAN BONES OF THE EYE, FAC	NA	$59.38
70542			MRI SCAN BONES OF THE EYE, FAC	NA	$341.00
70542	TC		MRI SCAN BONES OF THE EYE, FAC	NA	$281.00
70542	26		MRI SCAN BONES OF THE EYE, FAC	NA	$60.00
70543			MRI SCAN BONES OF THE EYE, FAC	NA	$385.00
70543	TC		MRI SCAN BONES OF THE EYE, FAC	NA	$302.00
70543	26		MRI SCAN BONES OF THE EYE, FAC	NA	$83.00
70544			MRA-HEAD WITHOUT CONTRAST MATE	NA	$303.00
70544	TC		MRA-HEAD WITHOUT CONTRAST MATE	NA	$248.00
70544	26		MRA-HEAD WITHOUT CONTRAST MATE	NA	$55.00
70545			MRA-HEAD WITH CONTRAST MATERIA	NA	$341.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70545	TC		MRA-HEAD WITH CONTRAST MATERIA	NA	$288.34
70545	26		MRA-HEAD WITH CONTRAST MATERIA	NA	$52.66
70546			MRA-HEAD WITHOUT/WITH CONTRAST	NA	$385.00
70546	TC		MRA-HEAD WITHOUT/WITH CONTRAST	NA	$302.00
70546	26		MRA-HEAD WITHOUT/WITH CONTRAST	NA	$83.00
70547			MRA-NECK WITHOUT CONTRAST MATE	NA	$303.00
70547	TC		MRA-NECK WITHOUT CONTRAST MATE	NA	$248.00
70547	26		MRA-NECK WITHOUT CONTRAST MATE	NA	$55.00
70548			MRA-NECK WITH CONTRAST MATERIA	NA	$341.00
70548	TC		MRA-NECK WITH CONTRAST MATERIA	NA	$288.34
70548	26		MRA-NECK WITH CONTRAST MATERIA	NA	$52.66
70549			MRA-NECK WITHOUT/WITH CONTRAST	NA	$385.00
70549	TC		MRA-NECK WITHOUT/WITH CONTRAST	NA	$302.00
70549	26		MRA-NECK WITHOUT/WITH CONTRAST	NA	$83.00
70551			MRI-BRAIN/INCLUDING BRAIN STEM	NA	$218.46
70551	TC		MRI-BRAIN/INCLUDING BRAIN STEM	NA	$155.20
70551	26		MRI-BRAIN/INCLUDING BRAIN STEM	NA	$63.26
70552			MRI,BRAIN...WITH CONTRAST MATE	NA	$283.50

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DME/P&O				**PURCHASE**	**RENTAL**
70552	TC		MRI,BRAIN...WITH CONTRAST MATE	NA	$206.84
70552	26		MRI,BRAIN...WITH CONTRAST MATE	NA	$76.66
70553			MRI,BRAIN:WO CONTRAST MAT.FOLL	NA	$350.87
70553	TC		MRI,BRAIN:WO CONTRAST MAT.FOLL	NA	$252.65
70553	26		MRI,BRAIN:WO CONTRAST MAT.FOLL	NA	$98.22
70554			MAGNETIC RESONANCE IMAGING, BR	NA	$234.33
70554	TC		MAGNETIC RESONANCE IMAGING, BR	NA	$180.61
70554	26		MAGNETIC RESONANCE IMAGING, BR	NA	$53.72
70555			MAGNETIC RESONANCE IMAGING, BR	NA	$64.08
70555	TC		MAGNETIC RESONANCE IMAGING, BR	NA	$0.00
70555	26		MAGNETIC RESONANCE IMAGING, BR	NA	$64.08
70557			MRI SCAN OF BRAIN, DURING OPEN	NA	$62.00
70557	TC		MRI SCAN OF BRAIN, DURING OPEN	NA	$0.00
70557	26		MRI SCAN OF BRAIN, DURING OPEN	NA	$62.00
70558			MRI SCAN OF BRAIN WITH CONTRAS	NA	$68.00
70558	TC		MRI SCAN OF BRAIN WITH CONTRAS	NA	$0.00
70558	26		MRI SCAN OF BRAIN WITH CONTRAS	NA	$68.00
70559			MRI SCAN OF BRAIN, DURING OPEN	NA	$68.00

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DME/P&O				**PURCHASE**	**RENTAL**
70559	TC		MRI SCAN OF BRAIN, DURING OPEN	NA	$0.00
70559	26		MRI SCAN OF BRAIN, DURING OPEN	NA	$68.00
71045			X-RAY OF CHEST, 1 VIEW	NA	$10.39
71045	TC		X-RAY OF CHEST, 1 VIEW	NA	$5.73
71045	26		X-RAY OF CHEST, 1 VIEW	NA	$4.66
71046			X-RAY OF CHEST, 2 VIEWS	NA	$16.08
71046	TC		X-RAY OF CHEST, 2 VIEWS	NA	$10.53
71046	26		X-RAY OF CHEST, 2 VIEWS	NA	$5.55
71047			X-RAY OF CHEST, 3 VIEWS	NA	$21.01
71047	TC		X-RAY OF CHEST, 3 VIEWS	NA	$13.81
71047	26		X-RAY OF CHEST, 3 VIEWS	NA	$7.20
71048			X-RAY OF CHEST, MINIMUM OF 4 V	NA	$22.08
71048	TC		X-RAY OF CHEST, MINIMUM OF 4 V	NA	$13.80
71048	26		X-RAY OF CHEST, MINIMUM OF 4 V	NA	$8.28
71100			X-RAY OF RIBS OF ONE SIDE OF B	NA	$15.00
71100	TC		X-RAY OF RIBS OF ONE SIDE OF B	NA	$9.60
71100	26		X-RAY OF RIBS OF ONE SIDE OF B	NA	$5.40
71101			X-RAY OF RIBS ON ONE SIDE OF B	NA	$25.00

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DME/P&O				**PURCHASE**	**RENTAL**
71101	TC		X-RAY OF RIBS ON ONE SIDE OF B	NA	$15.00
71101	26		X-RAY OF RIBS ON ONE SIDE OF B	NA	$10.00
71110			X-RAY OF BOTH SIDES OF THE RIB	NA	$20.00
71110	TC		X-RAY OF BOTH SIDES OF THE RIB	NA	$11.00
71110	26		X-RAY OF BOTH SIDES OF THE RIB	NA	$9.00
71111			X-RAY OF BOTH SIDES OF THE RIB	NA	$35.00
71111	TC		X-RAY OF BOTH SIDES OF THE RIB	NA	$20.00
71111	26		X-RAY OF BOTH SIDES OF THE RIB	NA	$15.00
71120			X-RAY OF BREAST BONE, MINIMUM	NA	$15.00
71120	TC		X-RAY OF BREAST BONE, MINIMUM	NA	$9.60
71120	26		X-RAY OF BREAST BONE, MINIMUM	NA	$5.40
71130			X-RAY OF JUNCTION OF BREAST AN	NA	$20.00
71130	TC		X-RAY OF JUNCTION OF BREAST AN	NA	$12.80
71130	26		X-RAY OF JUNCTION OF BREAST AN	NA	$7.20
71250			CAT,THORAX:W/OUT CONTRAST MATE	NA	$125.00
71250	TC		CAT,THORAX:W/OUT CONTRAST MATE	NA	$90.00
71250	26		CAT,THORAX:W/OUT CONTRAST MATE	NA	$35.00
71260			CAT,THORAX: W/ CONTRAST MATERI	NA	$125.00

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DME/P&O				**PURCHASE**	**RENTAL**
71260	TC		CAT,THORAX: W/ CONTRAST MATERI	NA	$90.00
71260	26		CAT,THORAX: W/ CONTRAST MATERI	NA	$35.00
71270			CAT,THORAX:W/OUT-W/ CONTRAST M	NA	$125.00
71270	TC		CAT,THORAX:W/OUT-W/ CONTRAST M	NA	$90.00
71270	26		CAT,THORAX:W/OUT-W/ CONTRAST M	NA	$35.00
71270	52		CAT,THORAX:W/OUT-W/ CONTRAST M	$75.00	$54.00
71275			COMPUTED TOMOG ANGIOGRAPHY CHE	NA	$163.00
71275	TC		COMPUTED TOMOG ANGIOGRAPHY CHE	NA	$120.00
71275	26		COMPUTED TOMOG ANGIOGRAPHY CHE	NA	$43.00
71550			MRI-CHEST/LYPHADENOPATHY EVAL	NA	$300.00
71550	TC		MRI-CHEST/LYPHADENOPATHY EVAL	NA	$235.78
71550	26		MRI-CHEST/LYPHADENOPATHY EVAL	NA	$64.22
71551			MRI-CHEST WITH CONTRAST MATERI	NA	$298.00
71551	TC		MRI-CHEST WITH CONTRAST MATERI	NA	$240.00
71551	26		MRI-CHEST WITH CONTRAST MATERI	NA	$58.00
71552			MRI CHEST WITHOUT/WITH CONTRAS	NA	$336.00
71552	TC		MRI CHEST WITHOUT/WITH CONTRAS	NA	$264.00
71552	26		MRI CHEST WITHOUT/WITH CONTRAS	NA	$72.00

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DME/P&O				**PURCHASE**	**RENTAL**
71555			MRI ANGIOGRAPHY CHEST W/WO CON	NA	$298.97
71555	TC		MRI ANGIOGRAPHY CHEST W/WO CON	NA	$249.00
71555	26		MRI ANGIOGRAPHY CHEST W/WO CON	NA	$49.97
72020			X-RAY OF SPINE, 1 VIEW	NA	$10.00
72020	TC		X-RAY OF SPINE, 1 VIEW	NA	$6.40
72020	26		X-RAY OF SPINE, 1 VIEW	NA	$3.60
72040			X-RAY OF SPINE OF NECK, 2 OR 3	NA	$15.00
72040	TC		X-RAY OF SPINE OF NECK, 2 OR 3	NA	$9.60
72040	26		X-RAY OF SPINE OF NECK, 2 OR 3	NA	$5.40
72050			X-RAY OF UPPER SPINE, 4 OR 5 V	NA	$20.00
72050	TC		X-RAY OF UPPER SPINE, 4 OR 5 V	NA	$12.80
72050	26		X-RAY OF UPPER SPINE, 4 OR 5 V	NA	$7.20
72052			X-RAY OF UPPER SPINE, 6 OR MOR	NA	$25.00
72052	TC		X-RAY OF UPPER SPINE, 6 OR MOR	NA	$16.00
72052	26		X-RAY OF UPPER SPINE, 6 OR MOR	NA	$9.00
72070			X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$15.00
72070	TC		X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$9.60
72070	26		X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$5.40

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DME/P&O				**PURCHASE**	**RENTAL**
72072			X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$20.00
72072	TC		X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$12.00
72072	26		X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$8.00
72074			X-RAY OF MIDDLE SPINE, MINIMUM	NA	$25.00
72074	TC		X-RAY OF MIDDLE SPINE, MINIMUM	NA	$15.00
72074	26		X-RAY OF MIDDLE SPINE, MINIMUM	NA	$10.00
72080			X-RAY OF MIDDLE AND LOWER SPIN	NA	$15.00
72080	TC		X-RAY OF MIDDLE AND LOWER SPIN	NA	$9.60
72080	26		X-RAY OF MIDDLE AND LOWER SPIN	NA	$5.40
72081			X-RAY OF SPINE, 1 VIEW	NA	$21.38
72081	TC		X-RAY OF SPINE, 1 VIEW	NA	$14.39
72081	26		X-RAY OF SPINE, 1 VIEW	NA	$6.99
72082			X-RAY OF SPINE, 2 OR 3 VIEWS	NA	$34.56
72082	TC		X-RAY OF SPINE, 2 OR 3 VIEWS	NA	$26.30
72082	26		X-RAY OF SPINE, 2 OR 3 VIEWS	NA	$8.26
72083			X-RAY OF SPINE, 4 OR 5 VIEWS	NA	$40.84
72083	TC		X-RAY OF SPINE, 4 OR 5 VIEWS	NA	$31.50
72083	26		X-RAY OF SPINE, 4 OR 5 VIEWS	NA	$9.34

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DME/P&O				**PURCHASE**	**RENTAL**
72084			X-RAY OF SPINE, MINIMUM OF 6 V	NA	$47.63
72084	TC		X-RAY OF SPINE, MINIMUM OF 6 V	NA	$36.88
72084	26		X-RAY OF SPINE, MINIMUM OF 6 V	NA	$10.75
72100			X-RAY OF LOWER AND SACRAL SPIN	NA	$20.00
72100	TC		X-RAY OF LOWER AND SACRAL SPIN	NA	$12.80
72100	26		X-RAY OF LOWER AND SACRAL SPIN	NA	$7.20
72110			X-RAY OF LOWER AND SACRAL SPIN	NA	$25.00
72110	TC		X-RAY OF LOWER AND SACRAL SPIN	NA	$16.00
72110	26		X-RAY OF LOWER AND SACRAL SPIN	NA	$9.00
72114			X-RAY EXAM OF LOWER SPINE	NA	$20.00
72114	TC		X-RAY EXAM OF LOWER SPINE	NA	$12.80
72114	26		X-RAY EXAM OF LOWER SPINE	NA	$7.20
72120			X-RAY EXAM OF LOWER SPINE	NA	$20.00
72120	TC		X-RAY EXAM OF LOWER SPINE	NA	$12.00
72120	26		X-RAY EXAM OF LOWER SPINE	NA	$8.00
72125			CAT SCAN,CERVICAL SPINE W/OUT	NA	$125.00
72125	TC		CAT SCAN,CERVICAL SPINE W/OUT	NA	$90.00
72125	26		CAT SCAN,CERVICAL SPINE W/OUT	NA	$35.00

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DME/P&O				**PURCHASE**	**RENTAL**
72126			CAT SCAN CERVICAL SPINE W/CONT	NA	$125.00
72126	TC		CAT SCAN CERVICAL SPINE W/CONT	NA	$90.00
72126	26		CAT SCAN CERVICAL SPINE W/CONT	NA	$35.00
72127			CAT-CERVICAL SPINE:W/O,W/ CONT	NA	$125.00
72127	TC		CAT-CERVICAL SPINE:W/O,W/ CONT	NA	$90.00
72127	26		CAT-CERVICAL SPINE:W/O,W/ CONT	NA	$35.00
72128			CAT SCAN,THORACIC SPINE W/OUT	NA	$125.00
72128	TC		CAT SCAN,THORACIC SPINE W/OUT	NA	$90.00
72128	26		CAT SCAN,THORACIC SPINE W/OUT	NA	$35.00
72129			CAT SCAN,THORACIC SPINE W/CON	NA	$125.00
72129	TC		CAT SCAN,THORACIC SPINE W/CON	NA	$90.00
72129	26		CAT SCAN,THORACIC SPINE W/CON	NA	$35.00
72130			CAT-THORACIC SPINE:W/OUT,W/CON	NA	$125.00
72130	TC		CAT-THORACIC SPINE:W/OUT,W/CON	NA	$90.00
72130	26		CAT-THORACIC SPINE:W/OUT,W/CON	NA	$35.00
72131			CAT SCAN LUMBAR W/OUT CONTRAST	NA	$125.00
72131	TC		CAT SCAN LUMBAR W/OUT CONTRAST	NA	$90.00
72131	26		CAT SCAN LUMBAR W/OUT CONTRAST	NA	$35.00

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DME/P&O				**PURCHASE**	**RENTAL**
72132			CAT SCAN LUMBAR SPINE W/CONT M	NA	$125.00
72132	TC		CAT SCAN LUMBAR SPINE W/CONT M	NA	$90.00
72132	26		CAT SCAN LUMBAR SPINE W/CONT M	NA	$35.00
72133			CAT-LUMBAR SPINE:W/OUT,W/CONTR	NA	$125.00
72133	TC		CAT-LUMBAR SPINE:W/OUT,W/CONTR	NA	$90.00
72133	26		CAT-LUMBAR SPINE:W/OUT,W/CONTR	NA	$35.00
72141			MRI,SPINAL CANAL...:CERVICAL	NA	$216.83
72141	TC		MRI,SPINAL CANAL...:CERVICAL	NA	$152.93
72141	26		MRI,SPINAL CANAL...:CERVICAL	NA	$63.90
72142			MRI,SPINAL CANAL...W CONTRAST	NA	$287.05
72142	TC		MRI,SPINAL CANAL...W CONTRAST	NA	$210.39
72142	26		MRI,SPINAL CANAL...W CONTRAST	NA	$76.66
72146			MRI,SPINAL CANAL,THORACIC WO C	NA	$216.83
72146	TC		MRI,SPINAL CANAL,THORACIC WO C	NA	$152.93
72146	26		MRI,SPINAL CANAL,THORACIC WO C	NA	$63.90
72147			MRI,SPINAL CANAL,THORACIC W CO	NA	$300.00
72147	TC		MRI,SPINAL CANAL,THORACIC W CO	NA	$216.00
72147	26		MRI,SPINAL CANAL,THORACIC W CO	NA	$84.00

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DME/P&O				**PURCHASE**	**RENTAL**
72148			MRI,SPINAL CANAL,LUMBAR WO CON	NA	$217.14
72148	TC		MRI,SPINAL CANAL,LUMBAR WO CON	NA	$152.94
72148	26		MRI,SPINAL CANAL,LUMBAR WO CON	NA	$64.20
72149			MRI,SPINAL CANAL,LUMBAR WITH C	NA	$300.00
72149	TC		MRI,SPINAL CANAL,LUMBAR WITH C	NA	$216.00
72149	26		MRI,SPINAL CANAL,LUMBAR WITH C	NA	$84.00
72156			MRI,SPINAL CANAL/WO CONT.MAT./	NA	$351.19
72156	TC		MRI,SPINAL CANAL/WO CONT.MAT./	NA	$252.97
72156	26		MRI,SPINAL CANAL/WO CONT.MAT./	NA	$98.22
72157			MRI,SPINAL CANAL....THORACIC	NA	$351.52
72157	TC		MRI,SPINAL CANAL....THORACIC	NA	$253.30
72157	26		MRI,SPINAL CANAL....THORACIC	NA	$98.22
72158			MRI,SPINAL CANAL....LUMBAR	NA	$350.19
72158	TC		MRI,SPINAL CANAL....LUMBAR	NA	$251.36
72158	26		MRI,SPINAL CANAL....LUMBAR	NA	$98.83
72159			MRI ANGIOGRAPHY SPINAL CANAL W	NA	$216.30
72159	TC		MRI ANGIOGRAPHY SPINAL CANAL W	NA	$170.45
72159	26		MRI ANGIOGRAPHY SPINAL CANAL W	NA	$45.85

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72170			X-RAY OF PELVIS, 1 OR 2 VIEWS	NA	$15.00
72170	TC		X-RAY OF PELVIS, 1 OR 2 VIEWS	NA	$9.60
72170	26		X-RAY OF PELVIS, 1 OR 2 VIEWS	NA	$5.40
72190			X-RAY OF PELVIS, MINIMUM OF 3	NA	$20.00
72190	TC		X-RAY OF PELVIS, MINIMUM OF 3	NA	$12.80
72190	26		X-RAY OF PELVIS, MINIMUM OF 3	NA	$7.20
72191			COMP TOMOG ANGIOGRAPHY PELVIS	NA	$187.00
72191	TC		COMP TOMOG ANGIOGRAPHY PELVIS	NA	$137.00
72191	26		COMP TOMOG ANGIOGRAPHY PELVIS	NA	$50.00
72192			CAT,PELVIS:W/OUT CONTRAST MATE	NA	$125.00
72192	TC		CAT,PELVIS:W/OUT CONTRAST MATE	NA	$90.00
72192	26		CAT,PELVIS:W/OUT CONTRAST MATE	NA	$35.00
72193			CAT,PELVIS:W/ CONTRAST MATERIA	NA	$125.00
72193	TC		CAT,PELVIS:W/ CONTRAST MATERIA	NA	$90.00
72193	26		CAT,PELVIS:W/ CONTRAST MATERIA	NA	$35.00
72194			CAT,PELVIS:W/OUT-W/ CONTRAST M	NA	$125.00
72194	TC		CAT,PELVIS:W/OUT-W/ CONTRAST M	NA	$90.00
72194	26		CAT,PELVIS:W/OUT-W/ CONTRAST M	NA	$35.00

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DME/P&O				**PURCHASE**	**RENTAL**
72194	52		CAT,PELVIS:W/OUT-W/ CONTRAST M	$75.00	$54.00
72195			MRI PELVIS WITHOUT CONTRAST	NA	$275.00
72195	TC		MRI PELVIS WITHOUT CONTRAST	NA	$225.00
72195	26		MRI PELVIS WITHOUT CONTRAST	NA	$50.00
72196			MRI,PELVIS	NA	$300.00
72196	TC		MRI,PELVIS	NA	$233.33
72196	26		MRI,PELVIS	NA	$66.67
72197			MRI PELVIS WITHOUT/WITH CONTRA	NA	$385.00
72197	TC		MRI PELVIS WITHOUT/WITH CONTRA	NA	$302.00
72197	26		MRI PELVIS WITHOUT/WITH CONTRA	NA	$83.00
72198			MRI ANGIOGRAPHY PELVIS W/WO CO	NA	$296.79
72198	TC		MRI ANGIOGRAPHY PELVIS W/WO CO	NA	$247.51
72198	26		MRI ANGIOGRAPHY PELVIS W/WO CO	NA	$49.28
72200			X-RAY OF SACROILIAC JOINTS, LE	NA	$20.00
72200	TC		X-RAY OF SACROILIAC JOINTS, LE	NA	$14.60
72200	26		X-RAY OF SACROILIAC JOINTS, LE	NA	$5.40
72202			X-RAY OF SACROILIAC JOINTS, 3	NA	$20.00
72202	TC		X-RAY OF SACROILIAC JOINTS, 3	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
72202	26		X-RAY OF SACROILIAC JOINTS, 3	NA	$8.00
72220			X-RAY OF PELVIS, MINIMUM OF 2	NA	$15.00
72220	TC		X-RAY OF PELVIS, MINIMUM OF 2	NA	$9.60
72220	26		X-RAY OF PELVIS, MINIMUM OF 2	NA	$5.40
72240			CONTRAST X-RAY OF NECK SPINE	NA	$40.00
72240	TC		CONTRAST X-RAY OF NECK SPINE	NA	$17.50
72240	26		CONTRAST X-RAY OF NECK SPINE	NA	$22.50
72255			CONTRAST X-RAY THORAX SPINE	NA	$40.00
72255	TC		CONTRAST X-RAY THORAX SPINE	NA	$17.50
72255	26		CONTRAST X-RAY THORAX SPINE	NA	$22.50
72265			CONTRAST X-RAY LOWER SPINE	NA	$40.00
72265	TC		CONTRAST X-RAY LOWER SPINE	NA	$17.50
72265	26		CONTRAST X-RAY LOWER SPINE	NA	$22.50
72270			RADIOLOGICAL SUPERVISION AND I	NA	$60.00
72270	TC		RADIOLOGICAL SUPERVISION AND I	NA	$24.90
72270	26		RADIOLOGICAL SUPERVISION AND I	NA	$35.10
72275			EPIDUROGRAPHY RAD SUP & INTERP	NA	$60.00
72275	TC		EPIDUROGRAPHY RAD SUP & INTERP	NA	$37.00

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DME/P&O				**PURCHASE**	**RENTAL**
72275	26		EPIDUROGRAPHY RAD SUP & INTERP	NA	$23.00
72285			RADIOLOGICAL SUPERVISION AND I	NA	$50.00
72285	TC		RADIOLOGICAL SUPERVISION AND I	NA	$27.50
72285	26		RADIOLOGICAL SUPERVISION AND I	NA	$22.50
72295			RADIOLOGICAL SUPERVISION AND I	NA	$50.00
72295	TC		RADIOLOGICAL SUPERVISION AND I	NA	$27.50
72295	26		RADIOLOGICAL SUPERVISION AND I	NA	$22.50
73000			RADIOLOGIC EXAM:CLAVICAL,COMPL	NA	$10.00
73000	TC		RADIOLOGIC EXAM:CLAVICAL,COMPL	NA	$6.40
73000	26		RADIOLOGIC EXAM:CLAVICAL,COMPL	NA	$3.60
73010			RADIOLOGIC EXAM:SCAPULA,COMPLE	NA	$15.00
73010	TC		RADIOLOGIC EXAM:SCAPULA,COMPLE	NA	$9.60
73010	26		RADIOLOGIC EXAM:SCAPULA,COMPLE	NA	$5.40
73020			X-RAY OF SHOULDER, 1 VIEW	NA	$15.00
73020	TC		X-RAY OF SHOULDER, 1 VIEW	NA	$11.40
73020	26		X-RAY OF SHOULDER, 1 VIEW	NA	$3.60
73030			X-RAY OF SHOULDER, MINIMUM OF	NA	$15.00
73030	TC		X-RAY OF SHOULDER, MINIMUM OF	NA	$9.60

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DME/P&O				**PURCHASE**	**RENTAL**
73030	26		X-RAY OF SHOULDER, MINIMUM OF	NA	$5.40
73040			RADIOLOGIC EXAM,SHOULDER,ARTHR	NA	$15.00
73040	TC		RADIOLOGIC EXAM,SHOULDER,ARTHR	NA	$4.20
73040	26		RADIOLOGIC EXAM,SHOULDER,ARTHR	NA	$10.80
73050			X-RAY EXAM OF SHOULDERS	NA	$18.00
73050	TC		X-RAY EXAM OF SHOULDERS	NA	$10.80
73050	26		X-RAY EXAM OF SHOULDERS	NA	$7.20
73060			X-RAY OF UPPER ARM, MINIMUM OF	NA	$15.00
73060	TC		X-RAY OF UPPER ARM, MINIMUM OF	NA	$9.60
73060	26		X-RAY OF UPPER ARM, MINIMUM OF	NA	$5.40
73070			X-RAY OF ELBOW, 2 VIEWS	NA	$15.00
73070	TC		X-RAY OF ELBOW, 2 VIEWS	NA	$11.40
73070	26		X-RAY OF ELBOW, 2 VIEWS	NA	$3.60
73080			X-RAY OF ELBOW, MINIMUM OF 3 V	NA	$15.00
73080	TC		X-RAY OF ELBOW, MINIMUM OF 3 V	NA	$9.60
73080	26		X-RAY OF ELBOW, MINIMUM OF 3 V	NA	$5.40
73085			X-RAY,ELBOW,ARTHROGRAPHY:SUPER	NA	$15.00
73085	TC		X-RAY,ELBOW,ARTHROGRAPHY:SUPER	NA	$4.20

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DME/P&O				**PURCHASE**	**RENTAL**
73085	26		X-RAY,ELBOW,ARTHROGRAPHY:SUPER	NA	$10.80
73090			X-RAY OF FOREARM, 2 VIEWS	NA	$10.00
73090	TC		X-RAY OF FOREARM, 2 VIEWS	NA	$6.40
73090	26		X-RAY OF FOREARM, 2 VIEWS	NA	$3.60
73100			X-RAY OF WRIST, 2 VIEWS	NA	$10.00
73100	TC		X-RAY OF WRIST, 2 VIEWS	NA	$6.40
73100	26		X-RAY OF WRIST, 2 VIEWS	NA	$3.60
73110			X-RAY OF WRIST, MINIMUM OF 3 V	NA	$15.00
73110	TC		X-RAY OF WRIST, MINIMUM OF 3 V	NA	$9.60
73110	26		X-RAY OF WRIST, MINIMUM OF 3 V	NA	$5.40
73115			X-RAY,WRIST,ARTHROGRAPHY,SUPER	NA	$15.00
73115	TC		X-RAY,WRIST,ARTHROGRAPHY,SUPER	NA	$4.20
73115	26		X-RAY,WRIST,ARTHROGRAPHY,SUPER	NA	$10.80
73120			X-RAY OF HAND, 2 VIEWS	NA	$10.00
73120	TC		X-RAY OF HAND, 2 VIEWS	NA	$6.40
73120	26		X-RAY OF HAND, 2 VIEWS	NA	$3.60
73130			X-RAY OF HAND, MINIMUM OF 3 VI	NA	$15.00
73130	TC		X-RAY OF HAND, MINIMUM OF 3 VI	NA	$9.60

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DME/P&O				**PURCHASE**	**RENTAL**
73130	26		X-RAY OF HAND, MINIMUM OF 3 VI	NA	$5.40
73140			X-RAY OF FINGERS, MINIMUM OF 2	NA	$5.00
73140	TC		X-RAY OF FINGERS, MINIMUM OF 2	NA	$1.40
73140	26		X-RAY OF FINGERS, MINIMUM OF 2	NA	$3.60
73200			CAT,UPPER EXTREMITY:W/OUT CONT	NA	$125.00
73200	TC		CAT,UPPER EXTREMITY:W/OUT CONT	NA	$90.00
73200	26		CAT,UPPER EXTREMITY:W/OUT CONT	NA	$35.00
73201			CAT,UPPER EXTREMITY:W/ CONTRAS	NA	$125.00
73201	TC		CAT,UPPER EXTREMITY:W/ CONTRAS	NA	$90.00
73201	26		CAT,UPPER EXTREMITY:W/ CONTRAS	NA	$35.00
73202			CAT,UPPER EXT.:W/OUT-W/ CONTRA	NA	$125.00
73202	TC		CAT,UPPER EXT.:W/OUT-W/ CONTRA	NA	$90.00
73202	26		CAT,UPPER EXT.:W/OUT-W/ CONTRA	NA	$35.00
73206			COMP TOMOG ANGIO UP EXTREM WO/	NA	$187.00
73206	TC		COMP TOMOG ANGIO UP EXTREM WO/	NA	$137.00
73206	26		COMP TOMOG ANGIO UP EXTREM WO/	NA	$50.00
73218			MRI UPPER EXTREM WITHOUT CONTR	NA	$163.60
73218	TC		MRI UPPER EXTREM WITHOUT CONTR	NA	$127.02

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DME/P&O				**PURCHASE**	**RENTAL**
73218	26		MRI UPPER EXTREM WITHOUT CONTR	NA	$36.58
73219			MRI UPPER EXTREMITY WITH CONTR	NA	$341.00
73219	TC		MRI UPPER EXTREMITY WITH CONTR	NA	$281.00
73219	26		MRI UPPER EXTREMITY WITH CONTR	NA	$60.00
73220			MRI-UPPER EXTREMITY	NA	$300.00
73220	TC		MRI-UPPER EXTREMITY	NA	$216.00
73220	26		MRI-UPPER EXTREMITY	NA	$84.00
73221			MRI, ANY JOINT UPPER EXTREMITY	NA	$227.53
73221	TC		MRI, ANY JOINT UPPER EXTREMITY	NA	$168.43
73221	26		MRI, ANY JOINT UPPER EXTREMITY	NA	$59.10
73222			MRI ANY JOINT UP EXTREM WITH C	NA	$341.00
73222	TC		MRI ANY JOINT UP EXTREM WITH C	NA	$281.00
73222	26		MRI ANY JOINT UP EXTREM WITH C	NA	$60.00
73223			MRI UPPER EXTREM JOINT WO/W CO	NA	$385.00
73223	TC		MRI UPPER EXTREM JOINT WO/W CO	NA	$302.00
73223	26		MRI UPPER EXTREM JOINT WO/W CO	NA	$83.00
73225			MRI ANGIOGRAPHY UPPER EXTREMIT	NA	$297.39
73225	TC		MRI ANGIOGRAPHY UPPER EXTREMIT	NA	$247.51

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DME/P&O				**PURCHASE**	**RENTAL**
73225	26		MRI ANGIOGRAPHY UPPER EXTREMIT	NA	$49.88
73501			X-RAY OF HIP WITH PELVIS, 1 VI	NA	$16.36
73501	TC		X-RAY OF HIP WITH PELVIS, 1 VI	NA	$11.50
73501	26		X-RAY OF HIP WITH PELVIS, 1 VI	NA	$4.86
73502			X-RAY OF HIP WITH PELVIS, 2-3	NA	$22.03
73502	TC		X-RAY OF HIP WITH PELVIS, 2-3	NA	$16.28
73502	26		X-RAY OF HIP WITH PELVIS, 2-3	NA	$5.75
73503			X-RAY OF HIP WITH PELVIS, MINI	NA	$28.48
73503	TC		X-RAY OF HIP WITH PELVIS, MINI	NA	$21.31
73503	26		X-RAY OF HIP WITH PELVIS, MINI	NA	$7.17
73521			X-RAY OF BOTH HIPS WITH PELVIS	NA	$19.92
73521	TC		X-RAY OF BOTH HIPS WITH PELVIS	NA	$14.17
73521	26		X-RAY OF BOTH HIPS WITH PELVIS	NA	$5.75
73522			X-RAY OF BOTH HIPS WITH PELVIS	NA	$25.92
73522	TC		X-RAY OF BOTH HIPS WITH PELVIS	NA	$18.21
73522	26		X-RAY OF BOTH HIPS WITH PELVIS	NA	$7.71
73523			X-RAY OF BOTH HIPS WITH PELVIS	NA	$30.11
73523	TC		X-RAY OF BOTH HIPS WITH PELVIS	NA	$21.86

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DME/P&O				**PURCHASE**	**RENTAL**
73523	26		X-RAY OF BOTH HIPS WITH PELVIS	NA	$8.25
73525			CONTRAST X-RAY OF HIP	NA	$15.00
73525	TC		CONTRAST X-RAY OF HIP	NA	$4.20
73525	26		CONTRAST X-RAY OF HIP	NA	$10.80
73551			X-RAY OF FEMUR, 1 VIEW	NA	$15.61
73551	TC		X-RAY OF FEMUR, 1 VIEW	NA	$11.07
73551	26		X-RAY OF FEMUR, 1 VIEW	NA	$4.54
73552			X-RAY OF FEMUR, MINIMUM 2 VIEW	NA	$18.20
73552	TC		X-RAY OF FEMUR, MINIMUM 2 VIEW	NA	$13.09
73552	26		X-RAY OF FEMUR, MINIMUM 2 VIEW	NA	$5.11
73560			X-RAY OF KNEE, 1 OR 2 VIEWS	NA	$15.00
73560	TC		X-RAY OF KNEE, 1 OR 2 VIEWS	NA	$11.40
73560	26		X-RAY OF KNEE, 1 OR 2 VIEWS	NA	$3.60
73562			X-RAY OF KNEE, 3 VIEWS	NA	$15.00
73562	TC		X-RAY OF KNEE, 3 VIEWS	NA	$9.60
73562	26		X-RAY OF KNEE, 3 VIEWS	NA	$5.40
73564			X-RAY OF KNEE, 4 OR MORE VIEWS	NA	$22.50
73564	TC		X-RAY OF KNEE, 4 OR MORE VIEWS	NA	$13.50

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DME/P&O				**PURCHASE**	**RENTAL**
73564	26		X-RAY OF KNEE, 4 OR MORE VIEWS	NA	$9.00
73565			X-RAY OF BOTH KNEES, STANDING,	NA	$25.79
73565	TC		X-RAY OF BOTH KNEES, STANDING,	NA	$17.66
73565	26		X-RAY OF BOTH KNEES, STANDING,	NA	$8.13
73580			CONTRAST X-RAY OF KNEE JOINT	NA	$15.00
73580	TC		CONTRAST X-RAY OF KNEE JOINT	NA	$4.20
73580	26		CONTRAST X-RAY OF KNEE JOINT	NA	$10.80
73590			X-RAY OF LOWER LEG, 2 VIEWS	NA	$15.00
73590	TC		X-RAY OF LOWER LEG, 2 VIEWS	NA	$11.40
73590	26		X-RAY OF LOWER LEG, 2 VIEWS	NA	$3.60
73600			X-RAY OF ANKLE, 2 VIEWS	NA	$10.00
73600	TC		X-RAY OF ANKLE, 2 VIEWS	NA	$6.40
73600	26		X-RAY OF ANKLE, 2 VIEWS	NA	$3.60
73610			X-RAY OF ANKLE, MINIMUM OF 3 V	NA	$13.00
73610	TC		X-RAY OF ANKLE, MINIMUM OF 3 V	NA	$7.60
73610	26		X-RAY OF ANKLE, MINIMUM OF 3 V	NA	$5.40
73615			X-RAY ANKLE,ARTHROGRAPHY:SUPER	NA	$28.80
73615	TC		X-RAY ANKLE,ARTHROGRAPHY:SUPER	NA	$18.00

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DME/P&O				**PURCHASE**	**RENTAL**
73615	26		X-RAY ANKLE,ARTHROGRAPHY:SUPER	NA	$10.80
73620			X-RAY OF FOOT, 2 VIEWS	NA	$10.00
73620	TC		X-RAY OF FOOT, 2 VIEWS	NA	$6.40
73620	26		X-RAY OF FOOT, 2 VIEWS	NA	$3.60
73630			X-RAY OF FOOT, MINIMUM OF 3 VI	NA	$13.00
73630	TC		X-RAY OF FOOT, MINIMUM OF 3 VI	NA	$7.60
73630	26		X-RAY OF FOOT, MINIMUM OF 3 VI	NA	$5.40
73650			X-RAY OF HEEL, MINIMUM OF 2 VI	NA	$10.00
73650	TC		X-RAY OF HEEL, MINIMUM OF 2 VI	NA	$6.40
73650	26		X-RAY OF HEEL, MINIMUM OF 2 VI	NA	$3.60
73660			X-RAY OF TOES, MINIMUM OF 2 VI	NA	$5.00
73660	TC		X-RAY OF TOES, MINIMUM OF 2 VI	NA	$1.40
73660	26		X-RAY OF TOES, MINIMUM OF 2 VI	NA	$3.60
73700			CAT,LOWER EXTREMITY:W/OUT COUN	NA	$125.00
73700	TC		CAT,LOWER EXTREMITY:W/OUT COUN	NA	$90.00
73700	26		CAT,LOWER EXTREMITY:W/OUT COUN	NA	$35.00
73701			CAT,LOWER EXTREMITY:W/ CONTRAS	NA	$125.00
73701	TC		CAT,LOWER EXTREMITY:W/ CONTRAS	NA	$90.00

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DME/P&O				**PURCHASE**	**RENTAL**
73701	26		CAT,LOWER EXTREMITY:W/ CONTRAS	NA	$35.00
73702			CAT.,LOWER EXT.:W/OUT-W/CONTRA	NA	$125.00
73702	TC		CAT.,LOWER EXT.:W/OUT-W/CONTRA	NA	$90.00
73702	26		CAT.,LOWER EXT.:W/OUT-W/CONTRA	NA	$35.00
73706			COMP TOMOGRAPH ANGIO LOW EXTRE	NA	$187.00
73706	TC		COMP TOMOGRAPH ANGIO LOW EXTRE	NA	$137.00
73706	26		COMP TOMOGRAPH ANGIO LOW EXTRE	NA	$50.00
73718			MRI LOWER EXTREMITY WO CONTRAS	NA	$303.00
73718	TC		MRI LOWER EXTREMITY WO CONTRAS	NA	$248.00
73718	26		MRI LOWER EXTREMITY WO CONTRAS	NA	$55.00
73719			MRI LOWER EXTREMITY W/CONTRAST	NA	$341.00
73719	TC		MRI LOWER EXTREMITY W/CONTRAST	NA	$275.00
73719	26		MRI LOWER EXTREMITY W/CONTRAST	NA	$66.00
73720			MRI-LOWER EXTREMITY,OTHER THAN	NA	$300.00
73720	TC		MRI-LOWER EXTREMITY,OTHER THAN	NA	$216.00
73720	26		MRI-LOWER EXTREMITY,OTHER THAN	NA	$84.00
73721			MRI, ANY JOINT LOWER EXTREMITY	NA	$227.85
73721	TC		MRI, ANY JOINT LOWER EXTREMITY	NA	$168.75

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DME/P&O				**PURCHASE**	**RENTAL**
73721	26		MRI, ANY JOINT LOWER EXTREMITY	NA	$59.10
73722			MRI LOWER EXTREMITY JOINT W/CO	NA	$341.00
73722	TC		MRI LOWER EXTREMITY JOINT W/CO	NA	$275.00
73722	26		MRI LOWER EXTREMITY JOINT W/CO	NA	$66.00
73723			MRI LOWER EXTREMITY JOINT WO/W	NA	$385.00
73723	TC		MRI LOWER EXTREMITY JOINT WO/W	NA	$302.00
73723	26		MRI LOWER EXTREMITY JOINT WO/W	NA	$83.00
73725			MRI ANGIOGRAPHY LOWER EXTREMIT	NA	$297.39
73725	TC		MRI ANGIOGRAPHY LOWER EXTREMIT	NA	$247.51
73725	26		MRI ANGIOGRAPHY LOWER EXTREMIT	NA	$49.88
74018			X-RAY OF ABDOMEN, 1 VIEW	NA	$14.42
74018	TC		X-RAY OF ABDOMEN, 1 VIEW	NA	$9.76
74018	26		X-RAY OF ABDOMEN, 1 VIEW	NA	$4.66
74019			X-RAY OF ABDOMEN, 2 VIEWS	NA	$17.60
74019	TC		X-RAY OF ABDOMEN, 2 VIEWS	NA	$11.68
74019	26		X-RAY OF ABDOMEN, 2 VIEWS	NA	$5.92
74021			X-RAY OF ABDOMEN, MINIMUM OF 3	NA	$20.57
74021	TC		X-RAY OF ABDOMEN, MINIMUM OF 3	NA	$13.60

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DME/P&O				**PURCHASE**	**RENTAL**
74021	26		X-RAY OF ABDOMEN, MINIMUM OF 3	NA	$6.97
74022			IMAGING OF ABDOMEN AND CHEST	NA	$25.00
74022	TC		IMAGING OF ABDOMEN AND CHEST	NA	$15.00
74022	26		IMAGING OF ABDOMEN AND CHEST	NA	$10.00
74150			CAT,ABDOMEN:W/OUT CONTRAST MAT	NA	$125.00
74150	TC		CAT,ABDOMEN:W/OUT CONTRAST MAT	NA	$90.00
74150	26		CAT,ABDOMEN:W/OUT CONTRAST MAT	NA	$35.00
74160			CAT,ABDOMEN:W/ CONTRAST MATERI	NA	$125.00
74160	TC		CAT,ABDOMEN:W/ CONTRAST MATERI	NA	$90.00
74160	26		CAT,ABDOMEN:W/ CONTRAST MATERI	NA	$35.00
74170			CAT,ABDOMEN:W/OUT-W/CONTRAST M	NA	$125.00
74170	TC		CAT,ABDOMEN:W/OUT-W/CONTRAST M	NA	$90.00
74170	26		CAT,ABDOMEN:W/OUT-W/CONTRAST M	NA	$35.00
74170	52		CAT,ABDOMEN:W/OUT-W/CONTRAST M	$75.00	$54.00
74174			COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$210.34
74174	TC		COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$154.88
74174	26		COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$55.46
74175			COMP TOMO ANGIO ABDOMEN WO/W C	NA	$170.00

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DME/P&O				**PURCHASE**	**RENTAL**
74175	TC		COMP TOMO ANGIO ABDOMEN WO/W C	NA	$125.00
74175	26		COMP TOMO ANGIO ABDOMEN WO/W C	NA	$45.00
74176			COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$105.32
74176	TC		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$60.90
74176	26		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$44.42
74177			COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$169.40
74177	TC		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$122.81
74177	26		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$46.59
74178			COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$191.31
74178	TC		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$140.27
74178	26		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$51.04
74181			MRI-ABDOMEN	NA	$300.00
74181	TC		MRI-ABDOMEN	NA	$235.78
74181	26		MRI-ABDOMEN	NA	$64.22
74182			MRI ABDOMEN WITH CONTRAST	NA	$310.00
74182	TC		MRI ABDOMEN WITH CONTRAST	NA	$250.00
74182	26		MRI ABDOMEN WITH CONTRAST	NA	$60.00
74183			MRI ABDOMEN WO/W CONTRAST	NA	$350.00

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DME/P&O				**PURCHASE**	**RENTAL**
74183	TC		MRI ABDOMEN WO/W CONTRAST	NA	$275.00
74183	26		MRI ABDOMEN WO/W CONTRAST	NA	$75.00
74185			MRI ANGIOGRAPHY ABDOMEN W/WO C	NA	$296.79
74185	TC		MRI ANGIOGRAPHY ABDOMEN W/WO C	NA	$247.51
74185	26		MRI ANGIOGRAPHY ABDOMEN W/WO C	NA	$49.28
74190			PERITONEOGRAM RADIOLOGICAL SUP	NA	$53.00
74190	TC		PERITONEOGRAM RADIOLOGICAL SUP	NA	$38.00
74190	26		PERITONEOGRAM RADIOLOGICAL SUP	NA	$15.00
74210			CONTRAST XRAY EXAM OF THROAT	NA	$20.00
74210	TC		CONTRAST XRAY EXAM OF THROAT	NA	$12.00
74210	26		CONTRAST XRAY EXAM OF THROAT	NA	$8.00
74220			CONTRAST XRAY EXAM,ESOPHAGUS	NA	$20.00
74220	TC		CONTRAST XRAY EXAM,ESOPHAGUS	NA	$11.00
74220	26		CONTRAST XRAY EXAM,ESOPHAGUS	NA	$9.00
74230			CINEMA XRAY THROAT/ESOPHAGUS	NA	$30.00
74230	TC		CINEMA XRAY THROAT/ESOPHAGUS	NA	$17.50
74230	26		CINEMA XRAY THROAT/ESOPHAGUS	NA	$12.50
74235			REMOVE FOREIGN BODY(S),ESOPHA	NA	$46.10

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DME/P&O				**PURCHASE**	**RENTAL**
74235	TC		REMOVE FOREIGN BODY(S),ESOPHA	NA	$0.00
74235	26		REMOVE FOREIGN BODY(S),ESOPHA	NA	$46.10
74240			X-RAY EXAM UPPER GI TRACT	NA	$40.00
74240	TC		X-RAY EXAM UPPER GI TRACT	NA	$25.60
74240	26		X-RAY EXAM UPPER GI TRACT	NA	$14.40
74241			X-RAY OF UPPER DIGESTIVE TRACT	NA	$45.00
74241	TC		X-RAY OF UPPER DIGESTIVE TRACT	NA	$28.80
74241	26		X-RAY OF UPPER DIGESTIVE TRACT	NA	$16.20
74245			X-RAY UPPER GI SERIES, WITH SM	NA	$50.00
74245	TC		X-RAY UPPER GI SERIES, WITH SM	NA	$30.20
74245	26		X-RAY UPPER GI SERIES, WITH SM	NA	$19.80
74246			X-RAY GASTROINTESTINAL TRACT	NA	$43.00
74246	TC		X-RAY GASTROINTESTINAL TRACT	NA	$28.00
74246	26		X-RAY GASTROINTESTINAL TRACT	NA	$15.00
74247			X-RAY OF UPPER DIGESTIVE TRACT	NA	$50.00
74247	TC		X-RAY OF UPPER DIGESTIVE TRACT	NA	$33.00
74247	26		X-RAY OF UPPER DIGESTIVE TRACT	NA	$17.00
74249			X-RAY/GASTROINTESTINAL TRACT..	NA	$57.00

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DME/P&O				**PURCHASE**	**RENTAL**
74249	TC		X-RAY/GASTROINTESTINAL TRACT..	NA	$34.00
74249	26		X-RAY/GASTROINTESTINAL TRACT..	NA	$23.00
74250			X-RAY EXAM OF SMALL BOWEL	NA	$30.00
74250	TC		X-RAY EXAM OF SMALL BOWEL	NA	$19.20
74250	26		X-RAY EXAM OF SMALL BOWEL	NA	$10.80
74251			XRAY EXAM SM BOWEL CLYSIS TUBE	NA	$45.00
74251	TC		XRAY EXAM SM BOWEL CLYSIS TUBE	NA	$30.00
74251	26		XRAY EXAM SM BOWEL CLYSIS TUBE	NA	$15.00
74260			X-RAY EXAM OF SMALL BOWEL	NA	$25.00
74260	TC		X-RAY EXAM OF SMALL BOWEL	NA	$14.20
74260	26		X-RAY EXAM OF SMALL BOWEL	NA	$10.80
74261			COMPUTED TOMOGRAPHIC (CT) COLO	NA	$121.38
74261	TC		COMPUTED TOMOGRAPHIC (CT) COLO	NA	$60.14
74261	26		COMPUTED TOMOGRAPHIC (CT) COLO	NA	$61.24
74262			COMPUTED TOMOGRAPHIC (CT) COLO	NA	$171.38
74262	TC		COMPUTED TOMOGRAPHIC (CT) COLO	NA	$107.62
74262	26		COMPUTED TOMOGRAPHIC (CT) COLO	NA	$63.76
74263			COMPUTED TOMOGRAPHIC (CT) COLO	NA	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
74263	TC		COMPUTED TOMOGRAPHIC (CT) COLO	NA	$0.00
74263	26		COMPUTED TOMOGRAPHIC (CT) COLO	NA	$0.00
74270			CONTRAST X-RAY EXAM OF COLON,	NA	$30.00
74270	TC		CONTRAST X-RAY EXAM OF COLON,	NA	$16.50
74270	26		CONTRAST X-RAY EXAM OF COLON,	NA	$13.50
74280			CONTRAST X-RAY EXAM OF COLON	NA	$40.00
74280	TC		CONTRAST X-RAY EXAM OF COLON	NA	$23.80
74280	26		CONTRAST X-RAY EXAM OF COLON	NA	$16.20
74283			BARIUM ENEMA,THER/REDUCE INTUS	NA	$35.00
74283	TC		BARIUM ENEMA,THER/REDUCE INTUS	NA	$13.45
74283	26		BARIUM ENEMA,THER/REDUCE INTUS	NA	$21.55
74290			CONTRAST X-RAY, GALLBLADDER	NA	$35.00
74290	TC		CONTRAST X-RAY, GALLBLADDER	NA	$26.00
74290	26		CONTRAST X-RAY, GALLBLADDER	NA	$9.00
74300			CONTR.X-RAY/BILE DUCTS:DURING	NA	$40.00
74300	TC		CONTR.X-RAY/BILE DUCTS:DURING	NA	$29.20
74300	26		CONTR.X-RAY/BILE DUCTS:DURING	NA	$10.80
74301			CHOLANGIOGRA:ADDITIONAL SET/SU	NA	$10.00

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DME/P&O				**PURCHASE**	**RENTAL**
74301	TC		CHOLANGIOGRA:ADDITIONAL SET/SU	NA	$6.00
74301	26		CHOLANGIOGRA:ADDITIONAL SET/SU	NA	$4.00
74328			XRAY FOR BILE DUCT ENDOSCOPY	NA	$27.15
74328	TC		XRAY FOR BILE DUCT ENDOSCOPY	NA	$0.00
74328	26		XRAY FOR BILE DUCT ENDOSCOPY	NA	$27.15
74329			X-RAY FOR PANCREAS ENDOSCOPY	NA	$27.15
74329	TC		X-RAY FOR PANCREAS ENDOSCOPY	NA	$0.00
74329	26		X-RAY FOR PANCREAS ENDOSCOPY	NA	$27.15
74330			XRAY,BILE/PANCREAS ENDOSCOPY	NA	$76.00
74330	TC		XRAY,BILE/PANCREAS ENDOSCOPY	NA	$53.00
74330	26		XRAY,BILE/PANCREAS ENDOSCOPY	NA	$23.00
74340			X-RAY GUIDE FOR GI TUBE	NA	$40.00
74340	TC		X-RAY GUIDE FOR GI TUBE	NA	$24.00
74340	26		X-RAY GUIDE FOR GI TUBE	NA	$16.00
74355			PERC.PLACE.ENTEROLYSIS TUBE:GU	NA	$50.00
74355	TC		PERC.PLACE.ENTEROLYSIS TUBE:GU	NA	$30.00
74355	26		PERC.PLACE.ENTEROLYSIS TUBE:GU	NA	$20.00
74360			INTRALUMINAL DILATION:GUIDANCE	NA	$50.00

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DME/P&O				**PURCHASE**	**RENTAL**
74360	TC		INTRALUMINAL DILATION:GUIDANCE	NA	$30.00
74360	26		INTRALUMINAL DILATION:GUIDANCE	NA	$20.00
74363			PERCU TRANSHEPATIC DIL OF BIL	NA	$117.07
74363	TC		PERCU TRANSHEPATIC DIL OF BIL	NA	$79.14
74363	26		PERCU TRANSHEPATIC DIL OF BIL	NA	$37.93
74400			CONTRAST X-RAY URINARY TRACT	NA	$35.00
74400	TC		CONTRAST X-RAY URINARY TRACT	NA	$22.40
74400	26		CONTRAST X-RAY URINARY TRACT	NA	$12.60
74410			CONTRAST X-RAY URINARY TRACT	NA	$40.00
74410	TC		CONTRAST X-RAY URINARY TRACT	NA	$25.60
74410	26		CONTRAST X-RAY URINARY TRACT	NA	$14.40
74415			CONTRAST X-RAY URINARY TRACT	NA	$75.00
74415	TC		CONTRAST X-RAY URINARY TRACT	NA	$57.00
74415	26		CONTRAST X-RAY URINARY TRACT	NA	$18.00
74420			CONTRAST X-RAY URINARY TRACT	NA	$35.00
74420	TC		CONTRAST X-RAY URINARY TRACT	NA	$26.00
74420	26		CONTRAST X-RAY URINARY TRACT	NA	$9.00
74425			CONTRAST X-RAY URINARY TRACT	NA	$20.00

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DME/P&O				**PURCHASE**	**RENTAL**
74425	TC		CONTRAST X-RAY URINARY TRACT	NA	$11.00
74425	26		CONTRAST X-RAY URINARY TRACT	NA	$9.00
74430			RADIOLOGICAL SUPERVISION AND I	NA	$15.00
74430	TC		RADIOLOGICAL SUPERVISION AND I	NA	$6.00
74430	26		RADIOLOGICAL SUPERVISION AND I	NA	$9.00
74440			XRAY EXAM MALE GENITAL TRACT	NA	$20.00
74440	TC		XRAY EXAM MALE GENITAL TRACT	NA	$11.00
74440	26		XRAY EXAM MALE GENITAL TRACT	NA	$9.00
74445			COPORA CAVERNOSOGRAPHY:SUPER/I	NA	$43.00
74445	TC		COPORA CAVERNOSOGRAPHY:SUPER/I	NA	$15.00
74445	26		COPORA CAVERNOSOGRAPHY:SUPER/I	NA	$28.00
74450			X-RAY EXAM URETHRA/BLADDER	NA	$20.00
74450	TC		X-RAY EXAM URETHRA/BLADDER	NA	$11.00
74450	26		X-RAY EXAM URETHRA/BLADDER	NA	$9.00
74455			X-RAY EXAM URETHRA/BLADDER	NA	$20.00
74455	TC		X-RAY EXAM URETHRA/BLADDER	NA	$3.80
74455	26		X-RAY EXAM URETHRA/BLADDER	NA	$16.20
74470			RADIOLOGICAL SUPERVISION AND I	NA	$20.00

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DME/P&O				**PURCHASE**	**RENTAL**
74470	TC		RADIOLOGICAL SUPERVISION AND I	NA	$11.00
74470	26		RADIOLOGICAL SUPERVISION AND I	NA	$9.00
74485			RADIOLOGICAL SUPERVISION AND I	NA	$94.95
74485	TC		RADIOLOGICAL SUPERVISION AND I	NA	$72.95
74485	26		RADIOLOGICAL SUPERVISION AND I	NA	$22.00
74710			X-RAY MEASUREMENT OF PELVIS	NA	$25.00
74710	TC		X-RAY MEASUREMENT OF PELVIS	NA	$16.00
74710	26		X-RAY MEASUREMENT OF PELVIS	NA	$9.00
74712			MAGNETIC RESONANCE IMAGING OF	NA	$199.28
74712	TC		MAGNETIC RESONANCE IMAGING OF	NA	$122.81
74712	26		MAGNETIC RESONANCE IMAGING OF	NA	$76.47
74713			MAGNETIC RESONANCE IMAGING OF	NA	$123.36
74713	TC		MAGNETIC RESONANCE IMAGING OF	NA	$75.90
74713	26		MAGNETIC RESONANCE IMAGING OF	NA	$47.46
74740			HYSTEROSALPINGOGRAPHY, SUPER &	NA	$20.00
74740	TC		HYSTEROSALPINGOGRAPHY, SUPER &	NA	$11.00
74740	26		HYSTEROSALPINGOGRAPHY, SUPER &	NA	$9.00
74742			TRANSCERVICAL CATH OF FALLOPIA	NA	$57.00

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DME/P&O				**PURCHASE**	**RENTAL**
74742	TC		TRANSCERVICAL CATH OF FALLOPIA	NA	$41.25
74742	26		TRANSCERVICAL CATH OF FALLOPIA	NA	$15.75
74775			PERINEOGRAM-DET.SEX/EXTENT ANO	NA	$30.00
74775	TC		PERINEOGRAM-DET.SEX/EXTENT ANO	NA	$18.00
74775	26		PERINEOGRAM-DET.SEX/EXTENT ANO	NA	$12.00
75557			CARDIAC MAGNETIC RESONANCE IMA	NA	$171.73
75557	TC		CARDIAC MAGNETIC RESONANCE IMA	NA	$112.81
75557	26		CARDIAC MAGNETIC RESONANCE IMA	NA	$58.92
75559			CARDIAC MAGNETIC RESONANCE IMA	NA	$240.05
75559	TC		CARDIAC MAGNETIC RESONANCE IMA	NA	$167.57
75559	26		CARDIAC MAGNETIC RESONANCE IMA	NA	$72.48
75561			CARDIAC MAGNETIC RESONANCE IMA	NA	$226.42
75561	TC		CARDIAC MAGNETIC RESONANCE IMA	NA	$161.42
75561	26		CARDIAC MAGNETIC RESONANCE IMA	NA	$65.00
75563			CARDIAC MAGNETIC RESONANCE IMA	NA	$268.61
75563	TC		CARDIAC MAGNETIC RESONANCE IMA	NA	$194.10
75563	26		CARDIAC MAGNETIC RESONANCE IMA	NA	$74.51
75565			CARDIAC MAGNETIC RESONANCE IMA	NA	$28.57

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DME/P&O				**PURCHASE**	**RENTAL**
75565	TC		CARDIAC MAGNETIC RESONANCE IMA	NA	$22.29
75565	26		CARDIAC MAGNETIC RESONANCE IMA	NA	$6.28
75571			COMPUTED TOMOGRAPHY, HEART, WI	NA	$47.92
75571	TC		COMPUTED TOMOGRAPHY, HEART, WI	NA	$33.23
75571	26		COMPUTED TOMOGRAPHY, HEART, WI	NA	$14.69
75572			COMPUTED TOMOGRAPHY, HEART, WI	NA	$141.25
75572	TC		COMPUTED TOMOGRAPHY, HEART, WI	NA	$97.02
75572	26		COMPUTED TOMOGRAPHY, HEART, WI	NA	$44.23
75573			COMPUTED TOMOGRAPHY, HEART, WI	NA	$171.88
75573	TC		COMPUTED TOMOGRAPHY, HEART, WI	NA	$107.60
75573	26		COMPUTED TOMOGRAPHY, HEART, WI	NA	$64.28
75574			COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$167.74
75574	TC		COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$107.59
75574	26		COMPUTED TOMOGRAPHIC ANGIOGRAP	NA	$60.15
75600			CONTRAST X-RAY EXAM OF AORTA	NA	$57.00
75600	TC		CONTRAST X-RAY EXAM OF AORTA	NA	$40.80
75600	26		CONTRAST X-RAY EXAM OF AORTA	NA	$16.20
75605			CONTRAST X-RAY EXAM OF AORTA	NA	$102.38

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DME/P&O				**PURCHASE**	**RENTAL**
75605	TC		CONTRAST X-RAY EXAM OF AORTA	NA	$75.38
75605	26		CONTRAST X-RAY EXAM OF AORTA	NA	$27.00
75625			CONTRAST X-RAY EXAM OF AORTA	NA	$108.00
75625	TC		CONTRAST X-RAY EXAM OF AORTA	NA	$81.00
75625	26		CONTRAST X-RAY EXAM OF AORTA	NA	$27.00
75630			AORTOGRAPH:ABDOMEN-BILAT	NA	$62.50
75630	TC		AORTOGRAPH:ABDOMEN-BILAT	NA	$32.50
75630	26		AORTOGRAPH:ABDOMEN-BILAT	NA	$30.00
75635			COMP TOMO ANGIO ABD AORTA/BIL	NA	$184.00
75635	TC		COMP TOMO ANGIO ABD AORTA/BIL	NA	$135.00
75635	26		COMP TOMO ANGIO ABD AORTA/BIL	NA	$49.00
75705			ARTERY X-RAYS, SPINE	NA	$178.10
75705	TC		ARTERY X-RAYS, SPINE	NA	$143.00
75705	26		ARTERY X-RAYS, SPINE	NA	$35.10
75710			ARTERY X-RAYS, ARM/LEG	NA	$54.00
75710	TC		ARTERY X-RAYS, ARM/LEG	NA	$40.50
75710	26		ARTERY X-RAYS, ARM/LEG	NA	$13.50
75716			ARTERY X-RAYS, ARMS/LEGS	NA	$90.00

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DME/P&O				**PURCHASE**	**RENTAL**
75716	TC		ARTERY X-RAYS, ARMS/LEGS	NA	$67.50
75716	26		ARTERY X-RAYS, ARMS/LEGS	NA	$22.50
75726			ARTERY X-RAYS, ABDOMEN	NA	$101.80
75726	TC		ARTERY X-RAYS, ABDOMEN	NA	$66.70
75726	26		ARTERY X-RAYS, ABDOMEN	NA	$35.10
75731			ARTERY X-RAYS, ADRENAL GLAND	NA	$108.00
75731	TC		ARTERY X-RAYS, ADRENAL GLAND	NA	$78.30
75731	26		ARTERY X-RAYS, ADRENAL GLAND	NA	$29.70
75733			ARTERY X-RAYS,ADRENAL GLANDS	NA	$145.80
75733	TC		ARTERY X-RAYS,ADRENAL GLANDS	NA	$102.60
75733	26		ARTERY X-RAYS,ADRENAL GLANDS	NA	$43.20
75736			ARTERY X-RAYS, PELVIS	NA	$108.00
75736	TC		ARTERY X-RAYS, PELVIS	NA	$81.00
75736	26		ARTERY X-RAYS, PELVIS	NA	$27.00
75741			ARTERY X-RAYS, LUNG	NA	$100.00
75741	TC		ARTERY X-RAYS, LUNG	NA	$73.00
75741	26		ARTERY X-RAYS, LUNG	NA	$27.00
75743			ARTERY X-RAYS, LUNGS	NA	$124.99

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DME/P&O				**PURCHASE**	**RENTAL**
75743	TC		ARTERY X-RAYS, LUNGS	NA	$84.49
75743	26		ARTERY X-RAYS, LUNGS	NA	$40.50
75746			RADIOLOGICAL SUPERVISION AND I	NA	$54.00
75746	TC		RADIOLOGICAL SUPERVISION AND I	NA	$27.00
75746	26		RADIOLOGICAL SUPERVISION AND I	NA	$27.00
75756			ARTERY X-RAYS, CHEST	NA	$49.68
75756	TC		ARTERY X-RAYS, CHEST	NA	$33.48
75756	26		ARTERY X-RAYS, CHEST	NA	$16.20
75774			ANGIOGRAPHY, SELECTIVE,PROCEDU	NA	$91.44
75774	TC		ANGIOGRAPHY, SELECTIVE,PROCEDU	NA	$76.90
75774	26		ANGIOGRAPHY, SELECTIVE,PROCEDU	NA	$14.54
75801			LYMPH VESSEL X-RAY, ARM/LEG	NA	$60.00
75801	TC		LYMPH VESSEL X-RAY, ARM/LEG	NA	$42.00
75801	26		LYMPH VESSEL X-RAY, ARM/LEG	NA	$18.00
75803			LYMPH VESSEL X-RAY,ARMS/LEGS	NA	$90.00
75803	TC		LYMPH VESSEL X-RAY,ARMS/LEGS	NA	$67.50
75803	26		LYMPH VESSEL X-RAY,ARMS/LEGS	NA	$22.50
75805			LYMPH VESSEL X-RAY, TRUNK	NA	$75.60

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DME/P&O				**PURCHASE**	**RENTAL**
75805	TC		LYMPH VESSEL X-RAY, TRUNK	NA	$54.00
75805	26		LYMPH VESSEL X-RAY, TRUNK	NA	$21.60
75807			LYMPH VESSEL X-RAY, TRUNK	NA	$94.70
75807	TC		LYMPH VESSEL X-RAY, TRUNK	NA	$65.00
75807	26		LYMPH VESSEL X-RAY, TRUNK	NA	$29.70
75809			SHUNTOGRAM, NONVASCULAR SHUNT	NA	$32.00
75809	TC		SHUNTOGRAM, NONVASCULAR SHUNT	NA	$18.00
75809	26		SHUNTOGRAM, NONVASCULAR SHUNT	NA	$14.00
75810			VEIN X-RAY, SPLEEN/LIVER	NA	$62.50
75810	TC		VEIN X-RAY, SPLEEN/LIVER	NA	$40.00
75810	26		VEIN X-RAY, SPLEEN/LIVER	NA	$22.50
75820			VEIN X-RAY, ARM/LEG	NA	$62.64
75820	TC		VEIN X-RAY, ARM/LEG	NA	$34.00
75820	26		VEIN X-RAY, ARM/LEG	NA	$28.64
75822			VEIN X-RAY, ARMS/LEGS	NA	$79.00
75822	TC		VEIN X-RAY, ARMS/LEGS	NA	$56.50
75822	26		VEIN X-RAY, ARMS/LEGS	NA	$22.50
75825			VEIN X-RAY, TRUNK	NA	$84.00

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DME/P&O				**PURCHASE**	**RENTAL**
75825	TC		VEIN X-RAY, TRUNK	NA	$61.50
75825	26		VEIN X-RAY, TRUNK	NA	$22.50
75827			VEIN X-RAY, CHEST	NA	$136.02
75827	TC		VEIN X-RAY, CHEST	NA	$91.01
75827	26		VEIN X-RAY, CHEST	NA	$45.01
75831			VEIN X-RAY, KIDNEY	NA	$139.83
75831	TC		VEIN X-RAY, KIDNEY	NA	$88.08
75831	26		VEIN X-RAY, KIDNEY	NA	$51.75
75833			VEIN X-RAY, KIDNEYS	NA	$147.51
75833	TC		VEIN X-RAY, KIDNEYS	NA	$82.15
75833	26		VEIN X-RAY, KIDNEYS	NA	$65.36
75840			VEIN X-RAY, ADRENAL GLAND	NA	$131.34
75840	TC		VEIN X-RAY, ADRENAL GLAND	NA	$81.83
75840	26		VEIN X-RAY, ADRENAL GLAND	NA	$49.51
75842			VEIN X-RAY, ADRENAL GLANDS	NA	$150.00
75842	TC		VEIN X-RAY, ADRENAL GLANDS	NA	$112.20
75842	26		VEIN X-RAY, ADRENAL GLANDS	NA	$37.80
75860			VEIN X-RAY, NECK	NA	$126.80

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DME/P&O				**PURCHASE**	**RENTAL**
75860	TC		VEIN X-RAY, NECK	NA	$78.61
75860	26		VEIN X-RAY, NECK	NA	$48.19
75870			VEIN X-RAY, SKULL	NA	$131.02
75870	TC		VEIN X-RAY, SKULL	NA	$81.51
75870	26		VEIN X-RAY, SKULL	NA	$49.51
75872			VENOGRAPH,EPIDURAL:SUPER/INTER	NA	$131.66
75872	TC		VENOGRAPH,EPIDURAL:SUPER/INTER	NA	$82.15
75872	26		VENOGRAPH,EPIDURAL:SUPER/INTER	NA	$49.51
75880			VEIN X-RAY, EYE SOCKET	NA	$53.00
75880	TC		VEIN X-RAY, EYE SOCKET	NA	$36.80
75880	26		VEIN X-RAY, EYE SOCKET	NA	$16.20
75885			RADIOLOGICAL SUPERVISION AND I	NA	$102.00
75885	TC		RADIOLOGICAL SUPERVISION AND I	NA	$66.00
75885	26		RADIOLOGICAL SUPERVISION AND I	NA	$36.00
75887			RADIOLOGICAL SUPERVISION AND I	NA	$148.99
75887	TC		RADIOLOGICAL SUPERVISION AND I	NA	$92.23
75887	26		RADIOLOGICAL SUPERVISION AND I	NA	$56.76
75889			VEIN X-RAY, LIVER	NA	$135.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75889	TC		VEIN X-RAY, LIVER	NA	$99.00
75889	26		VEIN X-RAY, LIVER	NA	$36.00
75891			VEIN X-RAY, LIVER	NA	$128.44
75891	TC		VEIN X-RAY, LIVER	NA	$80.54
75891	26		VEIN X-RAY, LIVER	NA	$47.90
75893			VENOUS SAMPLING BY CATHETER	NA	$75.00
75893	TC		VENOUS SAMPLING BY CATHETER	NA	$51.22
75893	26		VENOUS SAMPLING BY CATHETER	NA	$23.78
75894			XRAYS, TRANSCATHETER THERAPY	NA	$149.57
75894	TC		XRAYS, TRANSCATHETER THERAPY	NA	$92.70
75894	26		XRAYS, TRANSCATHETER THERAPY	NA	$56.87
75898			ANGIOGRAPHY THROUGH EXISTING C	NA	$100.00
75898	TC		ANGIOGRAPHY THROUGH EXISTING C	NA	$37.39
75898	26		ANGIOGRAPHY THROUGH EXISTING C	NA	$62.61
75901			MECH REMOVAL PERICATH OBSTRUCT	NA	$41.00
75901	TC		MECH REMOVAL PERICATH OBSTRUCT	NA	$31.00
75901	26		MECH REMOVAL PERICATH OBSTRUCT	NA	$10.00
75902			MECH REMOVAL INTRALUM OBSTRUC	NA	$39.00

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DME/P&O				**PURCHASE**	**RENTAL**
75902	TC		MECH REMOVAL INTRALUM OBSTRUC	NA	$30.00
75902	26		MECH REMOVAL INTRALUM OBSTRUC	NA	$9.00
75956			ENDOVASC REPAIR DESCEND THORAC	NA	$173.67
75956	TC		ENDOVASC REPAIR DESCEND THORAC	NA	$0.00
75956	26		ENDOVASC REPAIR DESCEND THORAC	NA	$173.67
75957			ENDOVASCULAR REPAIR OF DESCEND	NA	$148.89
75957	TC		ENDOVASCULAR REPAIR OF DESCEND	NA	$0.00
75957	26		ENDOVASCULAR REPAIR OF DESCEND	NA	$148.89
75958			PLACEMENT OF PROXIMAL EXTENSIO	NA	$99.10
75958	TC		PLACEMENT OF PROXIMAL EXTENSIO	NA	$0.00
75958	26		PLACEMENT OF PROXIMAL EXTENSIO	NA	$99.10
75959			PLACEMENT OF DISTAL EXTENSION	NA	$86.92
75959	TC		PLACEMENT OF DISTAL EXTENSION	NA	$0.00
75959	26		PLACEMENT OF DISTAL EXTENSION	NA	$86.92
75970			TRANSCATH BXX:SUPER/INTERP	NA	$150.00
75970	TC		TRANSCATH BXX:SUPER/INTERP	NA	$120.00
75970	26		TRANSCATH BXX:SUPER/INTERP	NA	$30.00
75984			CHNG PERC CATH W/C0NTRAST MONI	NA	$36.75

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DME/P&O				**PURCHASE**	**RENTAL**
75984	TC		CHNG PERC CATH W/C0NTRAST MONI	NA	$21.75
75984	26		CHNG PERC CATH W/C0NTRAST MONI	NA	$15.00
75989			RADIOLOGIC SUIDANCE PERCU DRAI	NA	$115.74
75989	TC		RADIOLOGIC SUIDANCE PERCU DRAI	NA	$67.74
75989	26		RADIOLOGIC SUIDANCE PERCU DRAI	NA	$48.00
76000			IMAGING GUIDANCE FOR PROCEDURE	NA	$45.00
76000	TC		IMAGING GUIDANCE FOR PROCEDURE	NA	$38.70
76000	26		IMAGING GUIDANCE FOR PROCEDURE	NA	$6.30
76010			IMAGING FROM NOSE TO RECTUM, S	NA	$15.00
76010	TC		IMAGING FROM NOSE TO RECTUM, S	NA	$9.00
76010	26		IMAGING FROM NOSE TO RECTUM, S	NA	$6.00
76080			X-RAY EXAM OF FISTULA	NA	$15.00
76080	TC		X-RAY EXAM OF FISTULA	NA	$6.00
76080	26		X-RAY EXAM OF FISTULA	NA	$9.00
76098			RADIO.EXAM.,BREAST SURGICAL SP	NA	$15.00
76098	TC		RADIO.EXAM.,BREAST SURGICAL SP	NA	$9.00
76098	26		RADIO.EXAM.,BREAST SURGICAL SP	NA	$6.00
76100			X-RAY EXAM OF BODY SECTION	NA	$35.00

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DME/P&O				**PURCHASE**	**RENTAL**
76100	TC		X-RAY EXAM OF BODY SECTION	NA	$21.00
76100	26		X-RAY EXAM OF BODY SECTION	NA	$14.00
76101			X-RAY,COMPLEX MOTION ,BODY SEC	NA	$40.00
76101	TC		X-RAY,COMPLEX MOTION ,BODY SEC	NA	$24.00
76101	26		X-RAY,COMPLEX MOTION ,BODY SEC	NA	$16.00
76102			X-RAY,COMPLEX MOTION,BODY SECT	NA	$60.00
76102	TC		X-RAY,COMPLEX MOTION,BODY SECT	NA	$36.00
76102	26		X-RAY,COMPLEX MOTION,BODY SECT	NA	$24.00
76120			CINEMATIC X-RAYS	NA	$30.00
76120	TC		CINEMATIC X-RAYS	NA	$24.60
76120	26		CINEMATIC X-RAYS	NA	$5.40
76125			CINEMATIC X-RAYS	NA	$5.00
76125	TC		CINEMATIC X-RAYS	NA	$0.00
76125	26		CINEMATIC X-RAYS	NA	$5.00
76376			3D RENDERING WITH INTERPRETATI	NA	$12.28
76376	TC		3D RENDERING WITH INTERPRETATI	NA	$7.27
76376	26		3D RENDERING WITH INTERPRETATI	NA	$5.01
76377			3D RENDERING WITH INTERPRETATI	NA	$37.11

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DME/P&O				**PURCHASE**	**RENTAL**
76377	TC		3D RENDERING WITH INTERPRETATI	NA	$16.88
76377	26		3D RENDERING WITH INTERPRETATI	NA	$20.23
76380			COMP.TOMOGRAPHY,LOCAL OR F/UP	NA	$67.16
76380	TC		COMP.TOMOGRAPHY,LOCAL OR F/UP	NA	$40.30
76380	26		COMP.TOMOGRAPHY,LOCAL OR F/UP	NA	$26.86
76390			MAGNETIC RESONANCE SPECTROSCOP	NA	$280.00
76390	TC		MAGNETIC RESONANCE SPECTROSCOP	NA	$235.00
76390	26		MAGNETIC RESONANCE SPECTROSCOP	NA	$45.00
76496			UNLISTED FLUOROSCOPIC PROCEDUR	NA	$0.00
76496	TC		UNLISTED FLUOROSCOPIC PROCEDUR	NA	$0.00
76496	26		UNLISTED FLUOROSCOPIC PROCEDUR	NA	$0.00
76497			UNLISTED COMPUT TOMOGRAPHY PRO	NA	$0.00
76497	TC		UNLISTED COMPUT TOMOGRAPHY PRO	NA	$0.00
76497	26		UNLISTED COMPUT TOMOGRAPHY PRO	NA	$0.00
76498			UNLISTED MAGNETIC RESONANCE PR	NA	$0.00
76498	TC		UNLISTED MAGNETIC RESONANCE PR	NA	$0.00
76498	26		UNLISTED MAGNETIC RESONANCE PR	NA	$0.00
76499			UNLISTED DIAGNOSTIC RADIOGRAPH	NA	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
76499	TC		UNLISTED DIAGNOSTIC RADIOGRAPH	NA	$0.00
76499	26		UNLISTED DIAGNOSTIC RADIOGRAPH	NA	$0.00
76506			ECHO EXAM OF HEAD B-MODE COMPL	NA	$42.00
76506	TC		ECHO EXAM OF HEAD B-MODE COMPL	NA	$25.00
76506	26		ECHO EXAM OF HEAD B-MODE COMPL	NA	$17.00
76510			OPHTHALMIC ULTRASOUND, DIAGNOS	NA	$59.31
76510	TC		OPHTHALMIC ULTRASOUND, DIAGNOS	NA	$28.81
76510	26		OPHTHALMIC ULTRASOUND, DIAGNOS	NA	$30.50
76511			ECHO EXAM OF EYE	NA	$40.00
76511	TC		ECHO EXAM OF EYE	NA	$22.00
76511	26		ECHO EXAM OF EYE	NA	$18.00
76512			ULTRASOUND OF EYE DISEASE, GRO	NA	$60.00
76512	TC		ULTRASOUND OF EYE DISEASE, GRO	NA	$25.80
76512	26		ULTRASOUND OF EYE DISEASE, GRO	NA	$34.20
76513			OPHTH.ULTRASOUND,ECHOGRAPHY:H2	NA	$60.00
76513	TC		OPHTH.ULTRASOUND,ECHOGRAPHY:H2	NA	$36.00
76513	26		OPHTH.ULTRASOUND,ECHOGRAPHY:H2	NA	$24.00
76514			OPTH U/S CORN PACH UNILAT/BILA	NA	$11.00

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DME/P&O				**PURCHASE**	**RENTAL**
76514	TC		OPTH U/S CORN PACH UNILAT/BILA	NA	$2.00
76514	26		OPTH U/S CORN PACH UNILAT/BILA	NA	$9.00
76516			ECHO EXAM OF EYE	NA	$40.00
76516	TC		ECHO EXAM OF EYE	NA	$22.00
76516	26		ECHO EXAM OF EYE	NA	$18.00
76519			OPHTHALMIC BIOMETRY,A-MODE:W/L	NA	$44.00
76519	TC		OPHTHALMIC BIOMETRY,A-MODE:W/L	NA	$24.00
76519	26		OPHTHALMIC BIOMETRY,A-MODE:W/L	NA	$20.00
76529			ECHO EXAM OF EYE	NA	$47.00
76529	TC		ECHO EXAM OF EYE	NA	$25.00
76529	26		ECHO EXAM OF EYE	NA	$22.00
76536			ECHOGRAPHY,B-SCAN/REAL TIME W/	NA	$30.00
76536	TC		ECHOGRAPHY,B-SCAN/REAL TIME W/	NA	$16.50
76536	26		ECHOGRAPHY,B-SCAN/REAL TIME W/	NA	$13.50
76604			ECHO EXAM OF CHEST	NA	$25.00
76604	TC		ECHO EXAM OF CHEST	NA	$14.20
76604	26		ECHO EXAM OF CHEST	NA	$10.80
76641			ULTRASOUND OF ONE BREAST	NA	$56.67

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DME/P&O				**PURCHASE**	**RENTAL**
76641	TC		ULTRASOUND OF ONE BREAST	NA	$38.04
76641	26		ULTRASOUND OF ONE BREAST	NA	$18.63
76642			ULTRASOUND OF ONE BREAST	NA	$46.18
76642	TC		ULTRASOUND OF ONE BREAST	NA	$28.81
76642	26		ULTRASOUND OF ONE BREAST	NA	$17.37
76700			ECHO EXAM OF ABDOMEN	NA	$60.00
76700	TC		ECHO EXAM OF ABDOMEN	NA	$33.00
76700	26		ECHO EXAM OF ABDOMEN	NA	$27.00
76705			ECHO EXAM OF ABDOMEN	NA	$40.00
76705	TC		ECHO EXAM OF ABDOMEN	NA	$22.00
76705	26		ECHO EXAM OF ABDOMEN	NA	$18.00
76706			ULTRASOUND EVALUATION OF ABDOM	NA	$60.46
76706	TC		ULTRASOUND EVALUATION OF ABDOM	NA	$46.49
76706	26		ULTRASOUND EVALUATION OF ABDOM	NA	$13.97
76770			ECHO EXAM ABDOMEN BACK WALL	NA	$60.00
76770	TC		ECHO EXAM ABDOMEN BACK WALL	NA	$33.00
76770	26		ECHO EXAM ABDOMEN BACK WALL	NA	$27.00
76775			ULTRASOUND BEHIND ABDOMINAL CA	NA	$50.50

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DME/P&O				**PURCHASE**	**RENTAL**
76775	TC		ULTRASOUND BEHIND ABDOMINAL CA	NA	$26.09
76775	26		ULTRASOUND BEHIND ABDOMINAL CA	NA	$24.41
76776			ULTRASOUND, TRANSPLANTED KIDNE	NA	$82.76
76776	TC		ULTRASOUND, TRANSPLANTED KIDNE	NA	$63.41
76776	26		ULTRASOUND, TRANSPLANTED KIDNE	NA	$19.35
76800			ECHOGRAPHY,SPINAL CANAL&CONTEN	NA	$65.00
76800	TC		ECHOGRAPHY,SPINAL CANAL&CONTEN	NA	$36.00
76800	26		ECHOGRAPHY,SPINAL CANAL&CONTEN	NA	$29.00
76801			ULTRASOUND PREG UTERUS 1ST TRI	NA	$55.00
76801	TC		ULTRASOUND PREG UTERUS 1ST TRI	NA	$33.00
76801	26		ULTRASOUND PREG UTERUS 1ST TRI	NA	$22.00
76801	UD		ULTRASOUND PREG UTERUS 1ST TRI	$55.00	$33.00
76802			ULTRASOUND PREG UTER 1ST TRIM	NA	$43.00
76802	TC		ULTRASOUND PREG UTER 1ST TRIM	NA	$25.00
76802	26		ULTRASOUND PREG UTER 1ST TRIM	NA	$18.00
76802	UD		ULTRASOUND PREG UTER 1ST TRIM	$43.00	$25.00
76805			U/S PREG UTERUS >OR=14 WKS SIN	NA	$55.00
76805	TC		U/S PREG UTERUS >OR=14 WKS SIN	NA	$29.80

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DME/P&O				**PURCHASE**	**RENTAL**
76805	26		U/S PREG UTERUS >OR=14 WKS SIN	NA	$25.20
76805	UD		U/S PREG UTERUS >OR =14 WKS SI	$55.00	$29.80
76810			U/S PREG UTERUS >OR=14 WKS ADD	NA	$50.00
76810	TC		U/S PREG UTERUS >OR=14 WKS ADD	NA	$29.00
76810	26		U/S PREG UTERUS >OR=14 WKS ADD	NA	$21.00
76810	UD		U/S PREG UTERUS >OR=14 WKS ADD	$50.00	$29.00
76811			ULTRASOUND PREG UTER FET ANAT	NA	$168.59
76811	TC		ULTRASOUND PREG UTER FET ANAT	NA	$89.51
76811	26		ULTRASOUND PREG UTER FET ANAT	NA	$79.08
76812			U/S PREG UTER FET ANAT EXAM EA	NA	$132.39
76812	TC		U/S PREG UTER FET ANAT EXAM EA	NA	$58.21
76812	26		U/S PREG UTER FET ANAT EXAM EA	NA	$74.18
76813			ULTRASOUND, PREGNANT UTERUS, R	NA	$63.98
76813	TC		ULTRASOUND, PREGNANT UTERUS, R	NA	$33.04
76813	26		ULTRASOUND, PREGNANT UTERUS, R	NA	$30.94
76814			ULTRASOUND OF PREGNANT UTERUS	NA	$41.65
76814	TC		ULTRASOUND OF PREGNANT UTERUS	NA	$15.54
76814	26		ULTRASOUND OF PREGNANT UTERUS	NA	$26.11

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DME/P&O				**PURCHASE**	**RENTAL**
76815			ULTRASOUND OF PREGNANT UTERUS,	NA	$25.00
76815	TC		ULTRASOUND OF PREGNANT UTERUS,	NA	$14.20
76815	26		ULTRASOUND OF PREGNANT UTERUS,	NA	$10.80
76815	UD		U/S PREG UTERUS LIM 1 OR MORE	$25.00	$14.20
76816			ULTRASOUND RE-EVALUATION OF PR	NA	$25.00
76816	TC		ULTRASOUND RE-EVALUATION OF PR	NA	$14.20
76816	26		ULTRASOUND RE-EVALUATION OF PR	NA	$10.80
76816	UD		ECHOGRAPHY..PG UTERUS:FOLLOW-U	$25.00	$14.20
76817			ULTRASOUND UTERUS TRANSVAGINAL	NA	$81.00
76817	TC		ULTRASOUND UTERUS TRANSVAGINAL	NA	$48.00
76817	26		ULTRASOUND UTERUS TRANSVAGINAL	NA	$33.00
76817	UD		ULTRASOUND UTERUS TRANSVAGINAL	$81.00	$48.00
76818			FETAL BIOPHYSICAL PROFILE	NA	$55.00
76818	TC		FETAL BIOPHYSICAL PROFILE	NA	$27.50
76818	26		FETAL BIOPHYSICAL PROFILE	NA	$27.50
76819			FETAL BIOPHYSICAL PROFILE WO S	NA	$55.00
76819	TC		FETAL BIOPHYSICAL PROFILE WO S	NA	$27.50
76819	26		FETAL BIOPHYSICAL PROFILE WO S	NA	$27.50

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DME/P&O				**PURCHASE**	**RENTAL**
76820			DOPPLER VELOCIMETRY, FETAL: UM	NA	$24.95
76820	TC		DOPPLER VELOCIMETRY, FETAL: UM	NA	$11.89
76820	26		DOPPLER VELOCIMETRY, FETAL: UM	NA	$13.06
76821			DOPPLER VELOCIMETRY, FETAL: MI	NA	$48.77
76821	TC		DOPPLER VELOCIMETRY, FETAL: MI	NA	$30.34
76821	26		DOPPLER VELOCIMETRY, FETAL: MI	NA	$18.43
76825			ECHOCARDIOGRAPHY, FETAL HEART-	NA	$55.00
76825	TC		ECHOCARDIOGRAPHY, FETAL HEART-	NA	$27.00
76825	26		ECHOCARDIOGRAPHY, FETAL HEART-	NA	$28.00
76826			ECHOCARDIOGRAPHY/FETAL REAL-TI	NA	$53.50
76826	TC		ECHOCARDIOGRAPHY/FETAL REAL-TI	NA	$28.50
76826	26		ECHOCARDIOGRAPHY/FETAL REAL-TI	NA	$25.00
76827			DOPPLER ECHOCARDIOGRAPHY FETAL	NA	$52.85
76827	TC		DOPPLER ECHOCARDIOGRAPHY FETAL	NA	$29.40
76827	26		DOPPLER ECHOCARDIOGRAPHY FETAL	NA	$23.45
76828			DOPPLER ECG...FOLLOW-UP/REPEAT	NA	$38.81
76828	TC		DOPPLER ECG...FOLLOW-UP/REPEAT	NA	$15.91
76828	26		DOPPLER ECG...FOLLOW-UP/REPEAT	NA	$22.90

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DME/P&O				**PURCHASE**	**RENTAL**
76830			ECHOGRAPHY,TRANSVAGINAL	NA	$67.00
76830	TC		ECHOGRAPHY,TRANSVAGINAL	NA	$38.00
76830	26		ECHOGRAPHY,TRANSVAGINAL	NA	$29.00
76830	UD		ECHOGRAPHY,TRANSVAGINAL	$67.00	$38.00
76831			HYSTEROSONOGRAPHY W/WO COLOR F	NA	$67.00
76831	TC		HYSTEROSONOGRAPHY W/WO COLOR F	NA	$38.00
76831	26		HYSTEROSONOGRAPHY W/WO COLOR F	NA	$29.00
76856			ECHOGRAPHY, PELVIC, REAL TIME	NA	$60.00
76856	TC		ECHOGRAPHY, PELVIC, REAL TIME	NA	$33.00
76856	26		ECHOGRAPHY, PELVIC, REAL TIME	NA	$27.00
76857			ECHOGRAPHY, PELVIC,LIMITED OR	NA	$40.00
76857	TC		ECHOGRAPHY, PELVIC,LIMITED OR	NA	$24.00
76857	26		ECHOGRAPHY, PELVIC,LIMITED OR	NA	$16.00
76857	FP		ECHOGRAPHY, PELVIC, LIMITED, O	$40.00	$24.00
76857	SA		ECHOGRAPHY, PELVIC, LIMITED OR	$38.00	$22.80
76870			ECHOGRAPHY,SCROTUM AND CONTENT	NA	$47.00
76870	TC		ECHOGRAPHY,SCROTUM AND CONTENT	NA	$28.00
76870	26		ECHOGRAPHY,SCROTUM AND CONTENT	NA	$19.00

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DME/P&O				**PURCHASE**	**RENTAL**
76872			ECHOGRAPHY,TRANSRECTAL	NA	$64.12
76872	TC		ECHOGRAPHY,TRANSRECTAL	NA	$36.45
76872	26		ECHOGRAPHY,TRANSRECTAL	NA	$27.67
76873			TRANSRECTAL ECHOGRAPHY PROST V	NA	$102.00
76873	TC		TRANSRECTAL ECHOGRAPHY PROST V	NA	$48.00
76873	26		TRANSRECTAL ECHOGRAPHY PROST V	NA	$54.00
76881			COMPLETE ULTRASOUND OF JOINT O	NA	$47.06
76881	TC		COMPLETE ULTRASOUND OF JOINT O	NA	$30.92
76881	26		COMPLETE ULTRASOUND OF JOINT O	NA	$16.14
76882			PARTIAL ULTRASOUND OF JOINT OR	NA	$30.19
76882	TC		PARTIAL ULTRASOUND OF JOINT OR	NA	$17.66
76882	26		PARTIAL ULTRASOUND OF JOINT OR	NA	$12.53
76885			ULTRASOUND OF HIPS WITH MANIPU	NA	$37.00
76885	TC		ULTRASOUND OF HIPS WITH MANIPU	NA	$21.00
76885	26		ULTRASOUND OF HIPS WITH MANIPU	NA	$16.00
76886			ULTRASOUND OF HIPS, INFANT	NA	$37.00
76886	TC		ULTRASOUND OF HIPS, INFANT	NA	$21.00
76886	26		ULTRASOUND OF HIPS, INFANT	NA	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
76930			ECHO GUIDE FOR HEART SAC TAP	NA	$39.34
76930	TC		ECHO GUIDE FOR HEART SAC TAP	NA	$21.34
76930	26		ECHO GUIDE FOR HEART SAC TAP	NA	$18.00
76932			ULTRASONIC GUID. ENDOMYOCARD..	NA	$42.00
76932	TC		ULTRASONIC GUID. ENDOMYOCARD..	NA	$22.00
76932	26		ULTRASONIC GUID. ENDOMYOCARD..	NA	$20.00
76936			ART-PSEUDO ANEURYSM/AV FISTULA	NA	$135.00
76936	TC		ART-PSEUDO ANEURYSM/AV FISTULA	NA	$100.00
76936	26		ART-PSEUDO ANEURYSM/AV FISTULA	NA	$35.00
76937			ULTRASOUND GUID FOR VASCULAR A	NA	$29.00
76937	TC		ULTRASOUND GUID FOR VASCULAR A	NA	$15.00
76937	26		ULTRASOUND GUID FOR VASCULAR A	NA	$14.00
76940			ULTRASOUND GUID VISCERAL TISS	NA	$92.90
76940	TC		ULTRASOUND GUID VISCERAL TISS	NA	$72.66
76940	26		ULTRASOUND GUID VISCERAL TISS	NA	$20.24
76941			INTRAUTERINE TRANSFUSN/CORDOCE	NA	$57.00
76941	TC		INTRAUTERINE TRANSFUSN/CORDOCE	NA	$25.00
76941	26		INTRAUTERINE TRANSFUSN/CORDOCE	NA	$32.00

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DME/P&O				**PURCHASE**	**RENTAL**
76941	UD		INTRAUTERINE TRANSFUSN/CORDOCE	$57.00	$25.00
76942			ECHO GUIDE FOR BIOPSY	NA	$37.00
76942	TC		ECHO GUIDE FOR BIOPSY	NA	$19.50
76942	26		ECHO GUIDE FOR BIOPSY	NA	$17.50
76945			ULTRASONIC GUIDE/COLL/DRAIN:CO	NA	$40.00
76945	TC		ULTRASONIC GUIDE/COLL/DRAIN:CO	NA	$20.00
76945	26		ULTRASONIC GUIDE/COLL/DRAIN:CO	NA	$20.00
76946			ECHO GUIDE-AMNIOCENTESIS	NA	$31.00
76946	TC		ECHO GUIDE-AMNIOCENTESIS	NA	$13.00
76946	26		ECHO GUIDE-AMNIOCENTESIS	NA	$18.00
76948			ULTRASONIC GUIDE,ASPIRE OVA,SU	NA	$30.00
76948	TC		ULTRASONIC GUIDE,ASPIRE OVA,SU	NA	$12.00
76948	26		ULTRASONIC GUIDE,ASPIRE OVA,SU	NA	$18.00
76965			ULTRASON GUID INTERSTIT RADIOE	NA	$76.88
76965	TC		ULTRASON GUID INTERSTIT RADIOE	NA	$22.04
76965	26		ULTRASON GUID INTERSTIT RADIOE	NA	$54.84
76975			GI ENDOSCOPIC ULTRASOUND XRAY	NA	$60.00
76975	TC		GI ENDOSCOPIC ULTRASOUND XRAY	NA	$33.00

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DME/P&O				**PURCHASE**	**RENTAL**
76975	26		GI ENDOSCOPIC ULTRASOUND XRAY	NA	$27.00
76977			ULTRASOUND BONE DENSITY MEASUR	NA	$6.25
76977	TC		ULTRASOUND BONE DENSITY MEASUR	NA	$3.96
76977	26		ULTRASOUND BONE DENSITY MEASUR	NA	$2.29
76998			ULTRASONIC GUIDANCE, INTRAOPER	NA	$97.31
76998	TC		ULTRASONIC GUIDANCE, INTRAOPER	NA	$65.28
76998	26		ULTRASONIC GUIDANCE, INTRAOPER	NA	$32.03
76998	UD		ULTRASONIC GUIDANCE, INTRAOPER	NA	$33.09
76999			ECHO EXAMINATION PROCEDURE	NA	$0.00
76999	TC		ECHO EXAMINATION PROCEDURE	NA	$0.00
76999	26		ECHO EXAMINATION PROCEDURE	NA	$0.00
77001			FLUOROSCOPIC GUIDANCE FOR INSE	NA	$48.25
77001	TC		FLUOROSCOPIC GUIDANCE FOR INSE	NA	$38.80
77001	26		FLUOROSCOPIC GUIDANCE FOR INSE	NA	$9.45
77002			FLUOROSCOPIC GUIDANCE FOR NEED	NA	$53.94
77002	TC		FLUOROSCOPIC GUIDANCE FOR NEED	NA	$39.76
77002	26		FLUOROSCOPIC GUIDANCE FOR NEED	NA	$14.18
77003			FLUOROSCOPIC GUIDANCE FOR INJE	NA	$52.08

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DME/P&O				**PURCHASE**	**RENTAL**
77003	TC		FLUOROSCOPIC GUIDANCE FOR INJE	NA	$36.69
77003	26		FLUOROSCOPIC GUIDANCE FOR INJE	NA	$15.39
77011			COMPUTED TOMOGRAPHY GUIDANCE F	NA	$122.05
77011	TC		COMPUTED TOMOGRAPHY GUIDANCE F	NA	$89.94
77011	26		COMPUTED TOMOGRAPHY GUIDANCE F	NA	$32.11
77012			COMPUTED TOMOGRAPHY GUIDANCE F	NA	$79.23
77012	TC		COMPUTED TOMOGRAPHY GUIDANCE F	NA	$41.68
77012	26		COMPUTED TOMOGRAPHY GUIDANCE F	NA	$37.55
77013			COMPUTERIZED TOMOGRAPHY GUIDAN	NA	$97.75
77013	TC		COMPUTERIZED TOMOGRAPHY GUIDAN	NA	$0.00
77013	26		COMPUTERIZED TOMOGRAPHY GUIDAN	NA	$97.75
77014			COMPUTED TOMOGRAPHY GUIDANCE F	NA	$63.96
77014	TC		COMPUTED TOMOGRAPHY GUIDANCE F	NA	$41.11
77014	26		COMPUTED TOMOGRAPHY GUIDANCE F	NA	$22.85
77021			MAGNETIC RESONANCE GUIDANCE FO	NA	$255.55
77021	TC		MAGNETIC RESONANCE GUIDANCE FO	NA	$218.33
77021	26		MAGNETIC RESONANCE GUIDANCE FO	NA	$37.22
77022			MAGNETIC RESONANCE GUIDANCE FO	NA	$110.16

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DME/P&O				**PURCHASE**	**RENTAL**
77022	TC		MAGNETIC RESONANCE GUIDANCE FO	NA	$0.00
77022	26		MAGNETIC RESONANCE GUIDANCE FO	NA	$110.16
77053			MAMMARY DUCTOGRAM OR GALACTOGR	NA	$30.44
77053	TC		MAMMARY DUCTOGRAM OR GALACTOGR	NA	$21.31
77053	26		MAMMARY DUCTOGRAM OR GALACTOGR	NA	$9.13
77054			MAMMARY DUCTOGRAM OR GALACTOGR	NA	$39.87
77054	TC		MAMMARY DUCTOGRAM OR GALACTOGR	NA	$28.23
77054	26		MAMMARY DUCTOGRAM OR GALACTOGR	NA	$11.64
77063			SCREENING DIGITAL TOMOGRAPHY O	NA	$28.69
77063	TC		SCREENING DIGITAL TOMOGRAPHY O	NA	$13.46
77063	26		SCREENING DIGITAL TOMOGRAPHY O	NA	$15.23
77065			MAMMOGRAPHY OF ONE BREAST	NA	$70.92
77065	TC		MAMMOGRAPHY OF ONE BREAST	NA	$50.15
77065	26		MAMMOGRAPHY OF ONE BREAST	NA	$20.77
77066			MAMMOGRAPHY OF BOTH BREASTS	NA	$89.79
77066	TC		MAMMOGRAPHY OF BOTH BREASTS	NA	$64.18
77066	26		MAMMOGRAPHY OF BOTH BREASTS	NA	$25.61
77067			MAMMOGRAPHY OF BOTH BREASTS	NA	$72.38

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DME/P&O				**PURCHASE**	**RENTAL**
77067	TC		MAMMOGRAPHY OF BOTH BREASTS	NA	$53.03
77067	26		MAMMOGRAPHY OF BOTH BREASTS	NA	$19.35
77071			MANUAL APPLICATION OF STRESS P	NA	$26.58
77071	TC		MANUAL APPLICATION OF STRESS P	NA	$0.00
77071	26		MANUAL APPLICATION OF STRESS P	NA	$26.58
77072			BONE AGE STUDIES	NA	$12.10
77072	TC		BONE AGE STUDIES	NA	$7.27
77072	26		BONE AGE STUDIES	NA	$4.83
77073			BONE LENGTH STUDIES (ORTHOROEN	NA	$19.83
77073	TC		BONE LENGTH STUDIES (ORTHOROEN	NA	$12.46
77073	26		BONE LENGTH STUDIES (ORTHOROEN	NA	$7.37
77074			RADIOLOGIC EXAMINATION, OSSEOU	NA	$35.83
77074	TC		RADIOLOGIC EXAMINATION, OSSEOU	NA	$24.19
77074	26		RADIOLOGIC EXAMINATION, OSSEOU	NA	$11.64
77075			RADIOLOGIC EXAMINATION, OSSEOU	NA	$48.94
77075	TC		RADIOLOGIC EXAMINATION, OSSEOU	NA	$35.14
77075	26		RADIOLOGIC EXAMINATION, OSSEOU	NA	$13.80
77076			X-RAY SURVEY OF BONES, INFANT	NA	$53.44

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DME/P&O				**PURCHASE**	**RENTAL**
77076	TC		X-RAY SURVEY OF BONES, INFANT	NA	$35.53
77076	26		X-RAY SURVEY OF BONES, INFANT	NA	$17.91
77077			IMAGING OF 2 OR MORE JOINTS, S	NA	$20.34
77077	TC		IMAGING OF 2 OR MORE JOINTS, S	NA	$12.08
77077	26		IMAGING OF 2 OR MORE JOINTS, S	NA	$8.26
77084			MAGNETIC RESONANCE (EG, PROTON	NA	$164.00
77084	TC		MAGNETIC RESONANCE (EG, PROTON	NA	$122.97
77084	26		MAGNETIC RESONANCE (EG, PROTON	NA	$41.03
77085			BONE DENSITY MEASUREMENT USING	NA	$29.01
77085	TC		BONE DENSITY MEASUREMENT USING	NA	$21.31
77085	26		BONE DENSITY MEASUREMENT USING	NA	$7.70
77086			FRACTURE ASSESSMENT OF SPINE B	NA	$18.68
77086	TC		FRACTURE ASSESSMENT OF SPINE B	NA	$14.38
77086	26		FRACTURE ASSESSMENT OF SPINE B	NA	$4.30
77261			MANAGEMENT OF RADIATION THERAP	NA	$22.00
77261	TC		MANAGEMENT OF RADIATION THERAP	NA	$0.00
77261	26		MANAGEMENT OF RADIATION THERAP	NA	$22.00
77262			MANAGEMENT OF RADIATION THERAP	NA	$34.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77262	TC		MANAGEMENT OF RADIATION THERAP	NA	$0.00
77262	26		MANAGEMENT OF RADIATION THERAP	NA	$34.00
77263			MANAGEMENT OF RADIATION THERAP	NA	$45.00
77263	TC		MANAGEMENT OF RADIATION THERAP	NA	$0.00
77263	26		MANAGEMENT OF RADIATION THERAP	NA	$45.00
77280			MANAGEMENT OF RADIATION THERAP	NA	$110.00
77280	TC		MANAGEMENT OF RADIATION THERAP	NA	$77.00
77280	26		MANAGEMENT OF RADIATION THERAP	NA	$33.00
77285			MANAGEMENT OF RADIATION THERAP	NA	$134.00
77285	TC		MANAGEMENT OF RADIATION THERAP	NA	$94.00
77285	26		MANAGEMENT OF RADIATION THERAP	NA	$40.00
77290			MANAGEMENT OF RADIATION THERAP	NA	$169.00
77290	TC		MANAGEMENT OF RADIATION THERAP	NA	$110.00
77290	26		MANAGEMENT OF RADIATION THERAP	NA	$59.00
77293			RESPIRATORY MOTION MANAGEMENT	NA	$247.33
77293	TC		RESPIRATORY MOTION MANAGEMENT	NA	$193.52
77293	26		RESPIRATORY MOTION MANAGEMENT	NA	$53.81
77295			MANAGEMENT OF RADIATION THERAP	NA	$387.53

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DME/P&O				**PURCHASE**	**RENTAL**
77295	TC		MANAGEMENT OF RADIATION THERAP	NA	$197.28
77295	26		MANAGEMENT OF RADIATION THERAP	NA	$190.25
77299			UNLISTED CLINICAL TREAT.PLAN	NA	$0.00
77299	TC		UNLISTED CLINICAL TREAT.PLAN	NA	$0.00
77299	26		UNLISTED CLINICAL TREAT.PLAN	NA	$0.00
77300			BASIC RAD DOSIMETRY CALCULATIO	NA	$52.00
77300	TC		BASIC RAD DOSIMETRY CALCULATIO	NA	$26.00
77300	26		BASIC RAD DOSIMETRY CALCULATIO	NA	$26.00
77301			INTENSITY MODULATED RADIOTHERA	NA	$753.00
77301	TC		INTENSITY MODULATED RADIOTHERA	NA	$541.00
77301	26		INTENSITY MODULATED RADIOTHERA	NA	$212.00
77306			RADIATION THERAPY PLAN	NA	$79.08
77306	TC		RADIATION THERAPY PLAN	NA	$41.46
77306	26		RADIATION THERAPY PLAN	NA	$37.62
77307			RADIATION THERAPY PLAN	NA	$152.63
77307	TC		RADIATION THERAPY PLAN	NA	$74.87
77307	26		RADIATION THERAPY PLAN	NA	$77.76
77316			RADIATION THERAPY PLAN	NA	$108.46

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DME/P&O				**PURCHASE**	**RENTAL**
77316	TC		RADIATION THERAPY PLAN	NA	$70.65
77316	26		RADIATION THERAPY PLAN	NA	$37.81
77317			RADIATION THERAPY PLAN	NA	$142.05
77317	TC		RADIATION THERAPY PLAN	NA	$92.92
77317	26		RADIATION THERAPY PLAN	NA	$49.13
77318			RADIATION THERAPY PLAN	NA	$203.68
77318	TC		RADIATION THERAPY PLAN	NA	$125.92
77318	26		RADIATION THERAPY PLAN	NA	$77.76
77321			SPEC TELETHERAPY PLAN TOTALBOD	NA	$85.78
77321	TC		SPEC TELETHERAPY PLAN TOTALBOD	NA	$46.58
77321	26		SPEC TELETHERAPY PLAN TOTALBOD	NA	$39.20
77331			SPECIAL DOSIMETRY (SPECIFY)	NA	$28.00
77331	TC		SPECIAL DOSIMETRY (SPECIFY)	NA	$6.00
77331	26		SPECIAL DOSIMETRY (SPECIFY)	NA	$22.00
77332			RADIATION TREATMENT DEVICES, D	NA	$53.00
77332	TC		RADIATION TREATMENT DEVICES, D	NA	$31.00
77332	26		RADIATION TREATMENT DEVICES, D	NA	$22.00
77333			RADIATION TREATMENT DEVICES, D	NA	$43.46

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DME/P&O				**PURCHASE**	**RENTAL**
77333	TC		RADIATION TREATMENT DEVICES, D	NA	$8.56
77333	26		RADIATION TREATMENT DEVICES, D	NA	$34.90
77334			RADIATION TREATMENT DEVICES, D	NA	$116.26
77334	TC		RADIATION TREATMENT DEVICES, D	NA	$84.31
77334	26		RADIATION TREATMENT DEVICES, D	NA	$31.95
77336			CONTINUE MED.RADIATION PHYSICS	NA	$38.00
77336	TC		CONTINUE MED.RADIATION PHYSICS	NA	$0.00
77336	26		CONTINUE MED.RADIATION PHYSICS	NA	$38.00
77338			MULTI-LEAF COLLIMATOR (MLC) DE	NA	$264.19
77338	TC		MULTI-LEAF COLLIMATOR (MLC) DE	NA	$149.00
77338	26		MULTI-LEAF COLLIMATOR (MLC) DE	NA	$115.19
77370			SPECIAL MED RAD PHYSICS CONSUL	NA	$42.00
77370	TC		SPECIAL MED RAD PHYSICS CONSUL	NA	$0.00
77370	26		SPECIAL MED RAD PHYSICS CONSUL	NA	$42.00
77371			RADIATION THERAPY DELIVERY, ST	NA	$652.82
77371	TC		RADIATION THERAPY DELIVERY, ST	NA	$0.00
77371	26		RADIATION THERAPY DELIVERY, ST	NA	$652.82
77372			RADIATION THERAPY DELIVERY, ST	NA	$580.83

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DME/P&O				**PURCHASE**	**RENTAL**
77372	TC		RADIATION THERAPY DELIVERY, ST	NA	$0.00
77372	26		RADIATION THERAPY DELIVERY, ST	NA	$580.83
77373			STEREOTACTIC BODY RADIATION TH	NA	$703.16
77373	TC		STEREOTACTIC BODY RADIATION TH	NA	$0.00
77373	26		STEREOTACTIC BODY RADIATION TH	NA	$703.16
77399			UNLISTED RAD THER/PHYSICS CONS	NA	$0.00
77399	TC		UNLISTED RAD THER/PHYSICS CONS	NA	$0.00
77399	26		UNLISTED RAD THER/PHYSICS CONS	NA	$0.00
77401			RADIATION TREATMENT DELIVERY,	NA	$21.00
77401	TC		RADIATION TREATMENT DELIVERY,	NA	$21.00
77401	26		RADIATION TREATMENT DELIVERY,	NA	$0.00
77402			RAD TX DEL,STXAR,SPT/PAR OP:UP	NA	$21.00
77402	TC		RAD TX DEL,STXAR,SPT/PAR OP:UP	NA	$21.00
77402	26		RAD TX DEL,STXAR,SPT/PAR OP:UP	NA	$0.00
77407			RAD TX DEL,2SEP TX ARS,3 OR:UP	NA	$21.00
77407	TC		RAD TX DEL,2SEP TX ARS,3 OR:UP	NA	$21.00
77407	26		RAD TX DEL,2SEP TX ARS,3 OR:UP	NA	$0.00
77412			RAD TX DEL,3 OR MORE SEP TX:UP	NA	$41.00

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DME/P&O				**PURCHASE**	**RENTAL**
77412	TC		RAD TX DEL,3 OR MORE SEP TX:UP	NA	$41.00
77412	26		RAD TX DEL,3 OR MORE SEP TX:UP	NA	$0.00
77417			THERAPEUTIC RADIOLOGY PORT FIL	NA	$10.00
77417	TC		THERAPEUTIC RADIOLOGY PORT FIL	NA	$5.00
77417	26		THERAPEUTIC RADIOLOGY PORT FIL	NA	$5.00
77423			RADIATION TREATMENT DELIVERY,	NA	$36.84
77423	TC		RADIATION TREATMENT DELIVERY,	NA	$36.84
77423	26		RADIATION TREATMENT DELIVERY,	NA	$0.00
77424			INTRAOPERATIVE RADIATION TREAT	NA	$0.00
77424	TC		INTRAOPERATIVE RADIATION TREAT	NA	$0.00
77424	26		INTRAOPERATIVE RADIATION TREAT	NA	$0.00
77425			INTRAOPERATIVE RADIATION TX DE	NA	$0.00
77425	TC		INTRAOPERATIVE RADIATION TX DE	NA	$0.00
77425	26		INTRAOPERATIVE RADIATION TX DE	NA	$0.00
77427			RADIATION TREATMENT MANAGEMENT	NA	$98.53
77427	TC		RADIATION TREATMENT MANAGEMENT	NA	$0.00
77427	26		RADIATION TREATMENT MANAGEMENT	NA	$98.53
77431			RADIATION TREATMENT MANAGEMENT	NA	$13.40

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DME/P&O				**PURCHASE**	**RENTAL**
77431	TC		RADIATION TREATMENT MANAGEMENT	NA	$0.00
77431	26		RADIATION TREATMENT MANAGEMENT	NA	$13.40
77432			STEREOTACTIC RADIATION TREATME	NA	$336.24
77432	TC		STEREOTACTIC RADIATION TREATME	NA	$0.00
77432	26		STEREOTACTIC RADIATION TREATME	NA	$336.24
77435			STEREOTACTIC RADIATION TREATME	NA	$326.53
77435	TC		STEREOTACTIC RADIATION TREATME	NA	$0.00
77435	26		STEREOTACTIC RADIATION TREATME	NA	$326.53
77469			INTRAOPERATIVE RADIATION TREAT	NA	$161.94
77469	TC		INTRAOPERATIVE RADIATION TREAT	NA	$0.00
77469	26		INTRAOPERATIVE RADIATION TREAT	NA	$161.94
77470			SPECIAL TREATMENT PROCEDURE	NA	$78.69
77470	TC		SPECIAL TREATMENT PROCEDURE	NA	$22.16
77470	26		SPECIAL TREATMENT PROCEDURE	NA	$56.53
77499			UNLISTED,CLINICAL TREAT. MNGT	NA	$0.00
77499	TC		UNLISTED,CLINICAL TREAT. MNGT	NA	$0.00
77499	26		UNLISTED,CLINICAL TREAT. MNGT	NA	$0.00
77520			PROTON TREATMENT DELIVERY, SIM	NA	$474.74

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DME/P&O				**PURCHASE**	**RENTAL**
77520	TC		PROTON TREATMENT DELIVERY, SIM	NA	$474.74
77520	26		PROTON TREATMENT DELIVERY, SIM	NA	$0.00
77522			PROTON TREATMENT DELIVERY, SIM	NA	$474.74
77522	TC		PROTON TREATMENT DELIVERY, SIM	NA	$474.74
77522	26		PROTON TREATMENT DELIVERY, SIM	NA	$0.00
77523			PROTON TREATMENT DELIVERY, INT	NA	$545.12
77523	TC		PROTON TREATMENT DELIVERY, INT	NA	$545.12
77523	26		PROTON TREATMENT DELIVERY, INT	NA	$0.00
77525			PROTON TREATMENT DELIVERY, COM	NA	$615.50
77525	TC		PROTON TREATMENT DELIVERY, COM	NA	$615.50
77525	26		PROTON TREATMENT DELIVERY, COM	NA	$0.00
77600			HYPERTHERMIA,EXT GEN, SUPERFIC	NA	$37.00
77600	TC		HYPERTHERMIA,EXT GEN, SUPERFIC	NA	$0.00
77600	26		HYPERTHERMIA,EXT GEN, SUPERFIC	NA	$37.00
77605			HYPERTHERMIA,EXT GEN/DEEP	NA	$37.00
77605	TC		HYPERTHERMIA,EXT GEN/DEEP	NA	$0.00
77605	26		HYPERTHERMIA,EXT GEN/DEEP	NA	$37.00
77610			HYPERTHERMIA TREATMENT, 5 OR F	NA	$37.00

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DME/P&O				**PURCHASE**	**RENTAL**
77610	TC		HYPERTHERMIA TREATMENT, 5 OR F	NA	$0.00
77610	26		HYPERTHERMIA TREATMENT, 5 OR F	NA	$37.00
77615			HYPERTHERMIA TREATMENT, 5 OR M	NA	$37.00
77615	TC		HYPERTHERMIA TREATMENT, 5 OR M	NA	$0.00
77615	26		HYPERTHERMIA TREATMENT, 5 OR M	NA	$37.00
77620			HYPERTHERMIA...INTRACACITARY P	NA	$37.00
77620	TC		HYPERTHERMIA...INTRACACITARY P	NA	$0.00
77620	26		HYPERTHERMIA...INTRACACITARY P	NA	$37.00
77750			INFUSION OR INSTILLATION OF RA	NA	$28.90
77750	TC		INFUSION OR INSTILLATION OF RA	NA	$3.90
77750	26		INFUSION OR INSTILLATION OF RA	NA	$25.00
77761			APPLICATION OF ORGAN CAVITY RA	NA	$97.00
77761	TC		APPLICATION OF ORGAN CAVITY RA	NA	$22.00
77761	26		APPLICATION OF ORGAN CAVITY RA	NA	$75.00
77762			APPLICATION OF ORGAN CAVITY RA	NA	$130.00
77762	TC		APPLICATION OF ORGAN CAVITY RA	NA	$30.00
77762	26		APPLICATION OF ORGAN CAVITY RA	NA	$100.00
77763			APPLICATION OF ORGAN CAVITY RA	NA	$156.00

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DME/P&O				**PURCHASE**	**RENTAL**
77763	TC		APPLICATION OF ORGAN CAVITY RA	NA	$31.00
77763	26		APPLICATION OF ORGAN CAVITY RA	NA	$125.00
77767			HIGH DOSE BRACHYTHERAPY THROUG	NA	$124.88
77767	TC		HIGH DOSE BRACHYTHERAPY THROUG	NA	$96.60
77767	26		HIGH DOSE BRACHYTHERAPY THROUG	NA	$28.28
77768			HIGH DOSE BRACHYTHERAPY THROUG	NA	$192.22
77768	TC		HIGH DOSE BRACHYTHERAPY THROUG	NA	$154.41
77768	26		HIGH DOSE BRACHYTHERAPY THROUG	NA	$37.81
77770			HIGH DOSE BRACHYTHERAPY , 1 CH	NA	$176.26
77770	TC		HIGH DOSE BRACHYTHERAPY , 1 CH	NA	$124.06
77770	26		HIGH DOSE BRACHYTHERAPY , 1 CH	NA	$52.20
77771			HIGH DOSE BRACHYTHERAPY , 2- 1	NA	$321.18
77771	TC		HIGH DOSE BRACHYTHERAPY , 2- 1	NA	$218.93
77771	26		HIGH DOSE BRACHYTHERAPY , 2- 1	NA	$102.25
77772			HIGH DOSE BRACHYTHERAPY , MORE	NA	$487.26
77772	TC		HIGH DOSE BRACHYTHERAPY , MORE	NA	$342.58
77772	26		HIGH DOSE BRACHYTHERAPY , MORE	NA	$144.68
77778			APPLICATION OF RADIATION SOURC	NA	$187.00

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DME/P&O				**PURCHASE**	**RENTAL**
77778	TC		APPLICATION OF RADIATION SOURC	NA	$37.00
77778	26		APPLICATION OF RADIATION SOURC	NA	$150.00
77789			SURFACE APPLICATION OF RADIOEL	NA	$15.00
77789	TC		SURFACE APPLICATION OF RADIOEL	NA	$9.00
77789	26		SURFACE APPLICATION OF RADIOEL	NA	$6.00
77790			SUPERVISION, HANDLING, LOADING	NA	$61.20
77790	TC		SUPERVISION, HANDLING, LOADING	NA	$11.20
77790	26		SUPERVISION, HANDLING, LOADING	NA	$50.00
77799			UNLISTED CLINICAL BRACHYTHERAP	NA	$0.00
77799	TC		UNLISTED CLINICAL BRACHYTHERAP	NA	$0.00
77799	26		UNLISTED CLINICAL BRACHYTHERAP	NA	$0.00
78012			THYROID UPTAKE, SINGLE OR MULT	NA	$45.10
78012	TC		THYROID UPTAKE, SINGLE OR MULT	NA	$40.27
78012	26		THYROID UPTAKE, SINGLE OR MULT	NA	$4.83
78013			THYROID IMAGING (INCLUDING VAS	NA	$105.72
78013	TC		THYROID IMAGING (INCLUDING VAS	NA	$96.41
78013	26		THYROID IMAGING (INCLUDING VAS	NA	$9.31
78014			THYROID IMAGING (INCLUDING VAS	NA	$132.58

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78014	TC		THYROID IMAGING (INCLUDING VAS	NA	$120.06
78014	26		THYROID IMAGING (INCLUDING VAS	NA	$12.52
78015			NUCLEAR SCAN OF THYROID	NA	$50.00
78015	TC		NUCLEAR SCAN OF THYROID	NA	$30.00
78015	26		NUCLEAR SCAN OF THYROID	NA	$20.00
78016			EXTENSIVE THYROID SCAN	NA	$56.00
78016	TC		EXTENSIVE THYROID SCAN	NA	$34.00
78016	26		EXTENSIVE THYROID SCAN	NA	$22.00
78018			THYROID CA IMAGING:WHOLE BODY	NA	$70.00
78018	TC		THYROID CA IMAGING:WHOLE BODY	NA	$42.00
78018	26		THYROID CA IMAGING:WHOLE BODY	NA	$28.00
78020			THYROID CARCINOMA METASTASES U	NA	$24.00
78020	TC		THYROID CARCINOMA METASTASES U	NA	$10.00
78020	26		THYROID CARCINOMA METASTASES U	NA	$14.00
78070			PARATHYROID PLANAR IMAGING (IN	NA	$37.00
78070	TC		PARATHYROID PLANAR IMAGING (IN	NA	$17.00
78070	26		PARATHYROID PLANAR IMAGING (IN	NA	$20.00
78071			PARATHYROID PLANAR IMAGING (IN	NA	$195.09

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DME/P&O				**PURCHASE**	**RENTAL**
78071	TC		PARATHYROID PLANAR IMAGING (IN	NA	$165.21
78071	26		PARATHYROID PLANAR IMAGING (IN	NA	$29.88
78072			PARATHYROID PLANAR IMAGING (IN	NA	$230.04
78072	TC		PARATHYROID PLANAR IMAGING (IN	NA	$190.94
78072	26		PARATHYROID PLANAR IMAGING (IN	NA	$39.10
78075			NUCLEAR SCAN OF ADRENALS	NA	$50.00
78075	TC		NUCLEAR SCAN OF ADRENALS	NA	$30.00
78075	26		NUCLEAR SCAN OF ADRENALS	NA	$20.00
78099			ENDOCRINE NUCLEAR PROCEDURE	NA	$0.00
78099	TC		ENDOCRINE NUCLEAR PROCEDURE	NA	$0.00
78099	26		ENDOCRINE NUCLEAR PROCEDURE	NA	$0.00
78102			NUCLEAR SCAN OF BONE MARROW	NA	$60.00
78102	TC		NUCLEAR SCAN OF BONE MARROW	NA	$36.00
78102	26		NUCLEAR SCAN OF BONE MARROW	NA	$24.00
78103			NUCLEAR SCAN OF BONE MARROW	NA	$75.00
78103	TC		NUCLEAR SCAN OF BONE MARROW	NA	$45.00
78103	26		NUCLEAR SCAN OF BONE MARROW	NA	$30.00
78104			NUCLEAR SCAN OF BONE MARROW	NA	$90.00

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DME/P&O				**PURCHASE**	**RENTAL**
78104	TC		NUCLEAR SCAN OF BONE MARROW	NA	$54.00
78104	26		NUCLEAR SCAN OF BONE MARROW	NA	$36.00
78110			NUCLEAR EXAM, PLASMA VOLUME	NA	$20.00
78110	TC		NUCLEAR EXAM, PLASMA VOLUME	NA	$11.32
78110	26		NUCLEAR EXAM, PLASMA VOLUME	NA	$8.68
78111			NUCLEAR EXAM, PLASMA VOLUME	NA	$77.43
78111	TC		NUCLEAR EXAM, PLASMA VOLUME	NA	$69.50
78111	26		NUCLEAR EXAM, PLASMA VOLUME	NA	$7.93
78120			NUCLEAR EXAM OF RBC MASS	NA	$30.00
78120	TC		NUCLEAR EXAM OF RBC MASS	NA	$19.72
78120	26		NUCLEAR EXAM OF RBC MASS	NA	$10.28
78121			NUCLEAR EXAM OF RBC MASS	NA	$40.00
78121	TC		NUCLEAR EXAM OF RBC MASS	NA	$27.54
78121	26		NUCLEAR EXAM OF RBC MASS	NA	$12.46
78122			WHOLE BLOOD VOLUME DETERMINATI	NA	$75.00
78122	TC		WHOLE BLOOD VOLUME DETERMINATI	NA	$54.75
78122	26		WHOLE BLOOD VOLUME DETERMINATI	NA	$20.25
78130			RED CELL SURVIVAL EXAM	NA	$25.00

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DME/P&O				**PURCHASE**	**RENTAL**
78130	TC		RED CELL SURVIVAL EXAM	NA	$7.00
78130	26		RED CELL SURVIVAL EXAM	NA	$18.00
78135			RED CELL SURVIVAL EXAM	NA	$75.00
78135	TC		RED CELL SURVIVAL EXAM	NA	$57.00
78135	26		RED CELL SURVIVAL EXAM	NA	$18.00
78140			NUCLEAR EXAM,RED BLOOD CELLS	NA	$50.00
78140	TC		NUCLEAR EXAM,RED BLOOD CELLS	NA	$32.00
78140	26		NUCLEAR EXAM,RED BLOOD CELLS	NA	$18.00
78185			NUCLEAR SCAN OF SPLEEN	NA	$50.00
78185	TC		NUCLEAR SCAN OF SPLEEN	NA	$32.00
78185	26		NUCLEAR SCAN OF SPLEEN	NA	$18.00
78191			PLATELET SURVIVAL	NA	$50.00
78191	TC		PLATELET SURVIVAL	NA	$30.00
78191	26		PLATELET SURVIVAL	NA	$20.00
78195			NUCLEAR SCAN OF LYMPH SYSTEM	NA	$75.00
78195	TC		NUCLEAR SCAN OF LYMPH SYSTEM	NA	$45.00
78195	26		NUCLEAR SCAN OF LYMPH SYSTEM	NA	$30.00
78199			NUCLEAR EXAM BLOOD/LYMPH	NA	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
78199	TC		NUCLEAR EXAM BLOOD/LYMPH	NA	$0.00
78199	26		NUCLEAR EXAM BLOOD/LYMPH	NA	$0.00
78201			NUCLEAR SCAN OF LIVER	NA	$40.00
78201	TC		NUCLEAR SCAN OF LIVER	NA	$20.41
78201	26		NUCLEAR SCAN OF LIVER	NA	$19.59
78202			NUCLEAR SCAN OF LIVER	NA	$188.17
78202	TC		NUCLEAR SCAN OF LIVER	NA	$169.11
78202	26		NUCLEAR SCAN OF LIVER	NA	$19.06
78205			LIVER IMAGING (SPECT)	NA	$53.00
78205	TC		LIVER IMAGING (SPECT)	NA	$32.00
78205	26		LIVER IMAGING (SPECT)	NA	$21.00
78206			LIVER IMAGING WITH VASCULAR FL	NA	$117.00
78206	TC		LIVER IMAGING WITH VASCULAR FL	NA	$90.00
78206	26		LIVER IMAGING WITH VASCULAR FL	NA	$27.00
78215			NUCLEAR SCAN, LIVER & SPLEEN	NA	$40.00
78215	TC		NUCLEAR SCAN, LIVER & SPLEEN	NA	$18.49
78215	26		NUCLEAR SCAN, LIVER & SPLEEN	NA	$21.51
78216			NUCLEAR SCAN, LIVER/SPLEEN	NA	$62.50

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DME/P&O				**PURCHASE**	**RENTAL**
78216	TC		NUCLEAR SCAN, LIVER/SPLEEN	NA	$37.50
78216	26		NUCLEAR SCAN, LIVER/SPLEEN	NA	$25.00
78226			HEPATOBILIARY SYSTEM IMAGING,	NA	$181.51
78226	TC		HEPATOBILIARY SYSTEM IMAGING,	NA	$162.90
78226	26		HEPATOBILIARY SYSTEM IMAGING,	NA	$18.61
78227			HEPATOBILIARY SYSTEM IMAGING,	NA	$245.58
78227	TC		HEPATOBILIARY SYSTEM IMAGING,	NA	$222.85
78227	26		HEPATOBILIARY SYSTEM IMAGING,	NA	$22.73
78230			NUCLEAR SCAN, SALIVARY GLAND	NA	$35.00
78230	TC		NUCLEAR SCAN, SALIVARY GLAND	NA	$21.00
78230	26		NUCLEAR SCAN, SALIVARY GLAND	NA	$14.00
78231			NUCLEAR SCANS,SALIVARY GLAND	NA	$35.00
78231	TC		NUCLEAR SCANS,SALIVARY GLAND	NA	$21.00
78231	26		NUCLEAR SCANS,SALIVARY GLAND	NA	$14.00
78232			SALIVARY GLAND FUNCTION STUDY	NA	$35.00
78232	TC		SALIVARY GLAND FUNCTION STUDY	NA	$21.00
78232	26		SALIVARY GLAND FUNCTION STUDY	NA	$14.00
78258			ESOPHAGEAL MOTILITY	NA	$30.00

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DME/P&O				**PURCHASE**	**RENTAL**
78258	TC		ESOPHAGEAL MOTILITY	NA	$17.00
78258	26		ESOPHAGEAL MOTILITY	NA	$13.00
78261			GASTRIC MUCOSA IMAGING	NA	$30.00
78261	TC		GASTRIC MUCOSA IMAGING	NA	$18.00
78261	26		GASTRIC MUCOSA IMAGING	NA	$12.00
78262			GASTROESOPHAGEAL REFLUX STUDY	NA	$32.00
78262	TC		GASTROESOPHAGEAL REFLUX STUDY	NA	$19.00
78262	26		GASTROESOPHAGEAL REFLUX STUDY	NA	$13.00
78264			GASTRIC EMPTYING STUDY	NA	$34.00
78264	TC		GASTRIC EMPTYING STUDY	NA	$20.00
78264	26		GASTRIC EMPTYING STUDY	NA	$14.00
78265			STOMACH EMPTYING AND SMALL BOW	NA	$212.95
78265	TC		STOMACH EMPTYING AND SMALL BOW	NA	$188.43
78265	26		STOMACH EMPTYING AND SMALL BOW	NA	$24.52
78266			STOMACH EMPTYING AND SMALL BOW	NA	$258.89
78266	TC		STOMACH EMPTYING AND SMALL BOW	NA	$231.88
78266	26		STOMACH EMPTYING AND SMALL BOW	NA	$27.01
78267			UREA BREATH TEST C14 ACQUIS FO	NA	$9.00

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DME/P&O				**PURCHASE**	**RENTAL**
78267	TC		UREA BREATH TEST C14 ACQUIS FO	NA	$0.00
78267	26		UREA BREATH TEST C14 ACQUIS FO	NA	$9.00
78268			UREA BREATH TEST C14 ANALYSIS	NA	$48.00
78268	TC		UREA BREATH TEST C14 ANALYSIS	NA	$0.00
78268	26		UREA BREATH TEST C14 ANALYSIS	NA	$48.00
78278			ACUTE GI BLOOD LOSS IMAGING	NA	$35.00
78278	TC		ACUTE GI BLOOD LOSS IMAGING	NA	$21.00
78278	26		ACUTE GI BLOOD LOSS IMAGING	NA	$14.00
78282			G.I. PROTEIN LOSS EXAM	NA	$30.00
78282	TC		G.I. PROTEIN LOSS EXAM	NA	$19.20
78282	26		G.I. PROTEIN LOSS EXAM	NA	$10.80
78290			INTESTINE IMAGING	NA	$52.00
78290	TC		INTESTINE IMAGING	NA	$31.00
78290	26		INTESTINE IMAGING	NA	$21.00
78291			PERITONEAL-VENOUS SHUNT PATENC	NA	$23.00
78291	TC		PERITONEAL-VENOUS SHUNT PATENC	NA	$10.00
78291	26		PERITONEAL-VENOUS SHUNT PATENC	NA	$13.00
78299			G.I. NUCLEAR PROCEDURE	NA	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
78299	TC		G.I. NUCLEAR PROCEDURE	NA	$0.00
78299	26		G.I. NUCLEAR PROCEDURE	NA	$0.00
78300			NUCLEAR SCAN OF BONE	NA	$60.00
78300	TC		NUCLEAR SCAN OF BONE	NA	$42.00
78300	26		NUCLEAR SCAN OF BONE	NA	$18.00
78305			BONE AND/OR JOINT IMAGING, MUL	NA	$75.00
78305	TC		BONE AND/OR JOINT IMAGING, MUL	NA	$48.00
78305	26		BONE AND/OR JOINT IMAGING, MUL	NA	$27.00
78306			BONE AND/OR JOINT IMAGING, WHO	NA	$75.00
78306	TC		BONE AND/OR JOINT IMAGING, WHO	NA	$48.00
78306	26		BONE AND/OR JOINT IMAGING, WHO	NA	$27.00
78315			BONE AND/OR JOINT IMAGING, 3 P	NA	$113.00
78315	TC		BONE AND/OR JOINT IMAGING, 3 P	NA	$68.00
78315	26		BONE AND/OR JOINT IMAGING, 3 P	NA	$45.00
78320			BONE IMAGING:TOMOGRAPHIC (SPEC	NA	$60.00
78320	TC		BONE IMAGING:TOMOGRAPHIC (SPEC	NA	$36.00
78320	26		BONE IMAGING:TOMOGRAPHIC (SPEC	NA	$24.00
78399			MUSCULOSKELETAL NUCLEAR EXAM	NA	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
78399	TC		MUSCULOSKELETAL NUCLEAR EXAM	NA	$0.00
78399	26		MUSCULOSKELETAL NUCLEAR EXAM	NA	$0.00
78414			DETERMINE VENTRIC.EJECT FRACTI	NA	$20.25
78414	TC		DETERMINE VENTRIC.EJECT FRACTI	NA	$0.00
78414	26		DETERMINE VENTRIC.EJECT FRACTI	NA	$20.25
78428			CARDIAC SHUNT DETECTION	NA	$62.00
78428	TC		CARDIAC SHUNT DETECTION	NA	$26.61
78428	26		CARDIAC SHUNT DETECTION	NA	$35.39
78445			NUCLEAR SCAN OF BLOOD FLOW	NA	$60.00
78445	TC		NUCLEAR SCAN OF BLOOD FLOW	NA	$39.00
78445	26		NUCLEAR SCAN OF BLOOD FLOW	NA	$21.00
78451			MYOCARDIAL PERFUSION IMAGING,	NA	$185.17
78451	TC		MYOCARDIAL PERFUSION IMAGING,	NA	$150.98
78451	26		MYOCARDIAL PERFUSION IMAGING,	NA	$34.19
78452			MYOCARDIAL PERFUSION IMAGING,	NA	$258.33
78452	TC		MYOCARDIAL PERFUSION IMAGING,	NA	$218.20
78452	26		MYOCARDIAL PERFUSION IMAGING,	NA	$40.13
78453			MYOCARDIAL PERFUSION IMAGING,	NA	$169.13

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DME/P&O				**PURCHASE**	**RENTAL**
78453	TC		MYOCARDIAL PERFUSION IMAGING,	NA	$144.09
78453	26		MYOCARDIAL PERFUSION IMAGING,	NA	$25.04
78454			NUCLEAR MEDICINE MULTIPLE STUD	NA	$238.81
78454	TC		NUCLEAR MEDICINE MULTIPLE STUD	NA	$204.97
78454	26		NUCLEAR MEDICINE MULTIPLE STUD	NA	$33.84
78456			ACUTE VENOUS THROMBOSIS IMAG P	NA	$104.00
78456	TC		ACUTE VENOUS THROMBOSIS IMAG P	NA	$62.00
78456	26		ACUTE VENOUS THROMBOSIS IMAG P	NA	$42.00
78457			VENOGRAPHY FOR BLOOD CLOT IN V	NA	$100.00
78457	TC		VENOGRAPHY FOR BLOOD CLOT IN V	NA	$70.31
78457	26		VENOGRAPHY FOR BLOOD CLOT IN V	NA	$29.69
78458			VENOGRAPHY FOR BLOOD CLOT IN V	NA	$150.00
78458	TC		VENOGRAPHY FOR BLOOD CLOT IN V	NA	$109.50
78458	26		VENOGRAPHY FOR BLOOD CLOT IN V	NA	$40.50
78459			MYOCARD IMAGING PET, METABOLIC	NA	$738.33
78459	TC		MYOCARD IMAGING PET, METABOLIC	NA	$700.85
78459	26		MYOCARD IMAGING PET, METABOLIC	NA	$37.48
78466			MYOCARD IMAGING..:AT REST,QUAL	NA	$72.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78466	TC		MYOCARD IMAGING..:AT REST,QUAL	NA	$43.00
78466	26		MYOCARD IMAGING..:AT REST,QUAL	NA	$29.00
78468			MYOCARD IMAGING..AT REST:FIRST	NA	$81.00
78468	TC		MYOCARD IMAGING..AT REST:FIRST	NA	$49.00
78468	26		MYOCARD IMAGING..AT REST:FIRST	NA	$32.00
78472			NUCLEAR MEDICINE STUDY OF HEAR	NA	$100.00
78472	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$60.00
78472	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$40.00
78473			NUCLEAR MEDICINE STUDY OF HEAR	NA	$130.00
78473	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$78.00
78473	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$52.00
78481			NUCLEAR MEDICINE STUDY OF HEAR	NA	$100.00
78481	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$60.00
78481	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$40.00
78483			NUCLEAR MEDICINE STUDY OF HEAR	NA	$131.00
78483	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$99.00
78483	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$32.00
78491			MYOCARD IMAGING PET,PERFUSION	NA	$117.00

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DME/P&O				**PURCHASE**	**RENTAL**
78491	TC		MYOCARD IMAGING PET,PERFUSION	NA	$97.00
78491	26		MYOCARD IMAGING PET,PERFUSION	NA	$20.00
78492			MYOCARD IMAGING PET PERFUS MUL	NA	$141.00
78492	TC		MYOCARD IMAGING PET PERFUS MUL	NA	$117.00
78492	26		MYOCARD IMAGING PET PERFUS MUL	NA	$24.00
78494			CARD BLD POOL IMAG-GATED EQUIL	NA	$117.00
78494	TC		CARD BLD POOL IMAG-GATED EQUIL	NA	$91.00
78494	26		CARD BLD POOL IMAG-GATED EQUIL	NA	$26.00
78496			CARD BLD POOL IMAG-GATED EQUIL	NA	$39.29
78496	TC		CARD BLD POOL IMAG-GATED EQUIL	NA	$19.59
78496	26		CARD BLD POOL IMAG-GATED EQUIL	NA	$19.70
78499			CARDIOVASCULAR NUCLEAR EXAM	NA	$0.00
78499	TC		CARDIOVASCULAR NUCLEAR EXAM	NA	$0.00
78499	26		CARDIOVASCULAR NUCLEAR EXAM	NA	$0.00
78579			PULMONARY VENTILATION IMAGING	NA	$102.08
78579	TC		PULMONARY VENTILATION IMAGING	NA	$89.90
78579	26		PULMONARY VENTILATION IMAGING	NA	$12.18
78580			NUCLEAR SCAN OF LUNG	NA	$50.00

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DME/P&O				**PURCHASE**	**RENTAL**
78580	TC		NUCLEAR SCAN OF LUNG	NA	$23.00
78580	26		NUCLEAR SCAN OF LUNG	NA	$27.00
78582			PULMONARY VENT/PERFUSION IMAGI	NA	$183.19
78582	TC		PULMONARY VENT/PERFUSION IMAGI	NA	$156.35
78582	26		PULMONARY VENT/PERFUSION IMAGI	NA	$26.84
78597			QUANTITATIVE DIFFERENTIAL PULM	NA	$109.88
78597	TC		QUANTITATIVE DIFFERENTIAL PULM	NA	$91.83
78597	26		QUANTITATIVE DIFFERENTIAL PULM	NA	$18.05
78598			QUANTITATIVE DIFFERENTIAL PULM	NA	$167.48
78598	TC		QUANTITATIVE DIFFERENTIAL PULM	NA	$146.55
78598	26		QUANTITATIVE DIFFERENTIAL PULM	NA	$20.93
78599			UNLISTED RESP PROC DIAG NUCLEA	NA	$0.00
78599	TC		UNLISTED RESP PROC DIAG NUCLEA	NA	$0.00
78599	26		UNLISTED RESP PROC DIAG NUCLEA	NA	$0.00
78600			IMAGING OF BRAIN, LESS THAN 4	NA	$60.00
78600	TC		IMAGING OF BRAIN, LESS THAN 4	NA	$40.41
78600	26		IMAGING OF BRAIN, LESS THAN 4	NA	$19.59
78601			IMAGING OF BRAIN WITH BLOOD FL	NA	$85.00

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DME/P&O				**PURCHASE**	**RENTAL**
78601	TC		IMAGING OF BRAIN WITH BLOOD FL	NA	$62.51
78601	26		IMAGING OF BRAIN WITH BLOOD FL	NA	$22.49
78605			IMAGING OF BRAIN WITH BLOOD FL	NA	$60.00
78605	TC		IMAGING OF BRAIN WITH BLOOD FL	NA	$39.65
78605	26		IMAGING OF BRAIN WITH BLOOD FL	NA	$20.35
78606			IMAGING OF BRAIN WITH BLOOD FL	NA	$85.00
78606	TC		IMAGING OF BRAIN WITH BLOOD FL	NA	$60.43
78606	26		IMAGING OF BRAIN WITH BLOOD FL	NA	$24.57
78607			BRAIN IMAGING,COMP.:TOMOGRAPHI	NA	$90.00
78607	TC		BRAIN IMAGING,COMP.:TOMOGRAPHI	NA	$54.00
78607	26		BRAIN IMAGING,COMP.:TOMOGRAPHI	NA	$36.00
78608			BRAINIMAGING PET METABOLIC EVA	NA	$1,080.00
78608	TC		BRAINIMAGING PET METABOLIC EVA	NA	$1,022.02
78608	26		BRAINIMAGING PET METABOLIC EVA	NA	$57.98
78609			BRAIN IMAGING PET PERFUSION EV	NA	$0.00
78609	TC		BRAIN IMAGING PET PERFUSION EV	NA	$0.00
78609	26		BRAIN IMAGING PET PERFUSION EV	NA	$0.00
78610			IMAGING OF BRAIN, BLOOD FLOW	NA	$13.51

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DME/P&O				**PURCHASE**	**RENTAL**
78610	TC		IMAGING OF BRAIN, BLOOD FLOW	NA	$0.00
78610	26		IMAGING OF BRAIN, BLOOD FLOW	NA	$13.51
78630			CEREBROSPINAL FLUID SCAN	NA	$75.00
78630	TC		CEREBROSPINAL FLUID SCAN	NA	$44.81
78630	26		CEREBROSPINAL FLUID SCAN	NA	$30.19
78635			CEREBROSPINAL FLUID SCAN	NA	$85.00
78635	TC		CEREBROSPINAL FLUID SCAN	NA	$60.87
78635	26		CEREBROSPINAL FLUID SCAN	NA	$24.13
78645			CEREBROSPINAL FLUID SCAN	NA	$95.00
78645	TC		CEREBROSPINAL FLUID SCAN	NA	$69.94
78645	26		CEREBROSPINAL FLUID SCAN	NA	$25.06
78647			TOMOGRAPHIC SPECT	NA	$116.00
78647	TC		TOMOGRAPHIC SPECT	NA	$90.00
78647	26		TOMOGRAPHIC SPECT	NA	$26.00
78650			CEREBROSPINAL FLUID SCAN	NA	$75.00
78650	TC		CEREBROSPINAL FLUID SCAN	NA	$47.70
78650	26		CEREBROSPINAL FLUID SCAN	NA	$27.30
78660			NUCLEAR EXAM OF TEAR FLOW	NA	$40.00

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DME/P&O				**PURCHASE**	**RENTAL**
78660	TC		NUCLEAR EXAM OF TEAR FLOW	NA	$24.00
78660	26		NUCLEAR EXAM OF TEAR FLOW	NA	$16.00
78699			NERVOUS SYSTEM NUCLEAR EXAM	NA	$0.00
78699	TC		NERVOUS SYSTEM NUCLEAR EXAM	NA	$0.00
78699	26		NERVOUS SYSTEM NUCLEAR EXAM	NA	$0.00
78700			NUCLEAR SCAN OF KIDNEY	NA	$40.00
78700	TC		NUCLEAR SCAN OF KIDNEY	NA	$22.00
78700	26		NUCLEAR SCAN OF KIDNEY	NA	$18.00
78701			NUCLEAR SCAN OF KIDNEY	NA	$65.00
78701	TC		NUCLEAR SCAN OF KIDNEY	NA	$46.06
78701	26		NUCLEAR SCAN OF KIDNEY	NA	$18.94
78707			NUCLEAR SCAN OF KIDNEY	NA	$110.00
78707	TC		NUCLEAR SCAN OF KIDNEY	NA	$72.97
78707	26		NUCLEAR SCAN OF KIDNEY	NA	$37.03
78708			NUCLEAR MEDICINE STUDY OF KIDN	NA	$120.00
78708	TC		NUCLEAR MEDICINE STUDY OF KIDN	NA	$80.00
78708	26		NUCLEAR MEDICINE STUDY OF KIDN	NA	$40.00
78709			KIDNEY IMAGING W/VASC FLOW MUL	NA	$144.00

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DME/P&O				**PURCHASE**	**RENTAL**
78709	TC		KIDNEY IMAGING W/VASC FLOW MUL	NA	$94.00
78709	26		KIDNEY IMAGING W/VASC FLOW MUL	NA	$50.00
78710			KIDNEY IMAGING (SPECT)	NA	$40.00
78710	TC		KIDNEY IMAGING (SPECT)	NA	$24.00
78710	26		KIDNEY IMAGING (SPECT)	NA	$16.00
78725			NUCLEAR EXAM OF KIDNEY	NA	$30.00
78725	TC		NUCLEAR EXAM OF KIDNEY	NA	$16.50
78725	26		NUCLEAR EXAM OF KIDNEY	NA	$13.50
78730			NUCLEAR EXAM OF BLADDER	NA	$60.82
78730	TC		NUCLEAR EXAM OF BLADDER	NA	$54.84
78730	26		NUCLEAR EXAM OF BLADDER	NA	$5.98
78740			NUCLEAR EXAM OF URETER	NA	$50.00
78740	TC		NUCLEAR EXAM OF URETER	NA	$27.50
78740	26		NUCLEAR EXAM OF URETER	NA	$22.50
78761			TESTICULAR IMAGING,W/VASCULAR	NA	$31.48
78761	TC		TESTICULAR IMAGING,W/VASCULAR	NA	$0.00
78761	26		TESTICULAR IMAGING,W/VASCULAR	NA	$31.48
78799			GENITOURINARY NUCLEAR EXAM	NA	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
78799	TC		GENITOURINARY NUCLEAR EXAM	NA	$0.00
78799	26		GENITOURINARY NUCLEAR EXAM	NA	$0.00
78800			NUCLEAR EXAM OF LESION	NA	$137.00
78800	TC		NUCLEAR EXAM OF LESION	NA	$107.49
78800	26		NUCLEAR EXAM OF LESION	NA	$29.51
78801			NUCLEAR EXAM OF LESIONS	NA	$137.00
78801	TC		NUCLEAR EXAM OF LESIONS	NA	$101.38
78801	26		NUCLEAR EXAM OF LESIONS	NA	$35.62
78802			NUCLEAR MEDICINE STUDY OF RADI	NA	$60.00
78802	TC		NUCLEAR MEDICINE STUDY OF RADI	NA	$36.00
78802	26		NUCLEAR MEDICINE STUDY OF RADI	NA	$24.00
78803			TUMOR LOCALIZATION (SPECT)	NA	$68.00
78803	TC		TUMOR LOCALIZATION (SPECT)	NA	$41.00
78803	26		TUMOR LOCALIZATION (SPECT)	NA	$27.00
78804			NUCLEAR MEDICINE STUDY OF RADI	NA	$172.00
78804	TC		NUCLEAR MEDICINE STUDY OF RADI	NA	$130.00
78804	26		NUCLEAR MEDICINE STUDY OF RADI	NA	$42.00
78805			ABSCESS LOCALIZATION:LIMITED A	NA	$137.00

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DME/P&O				**PURCHASE**	**RENTAL**
78805	TC		ABSCESS LOCALIZATION:LIMITED A	NA	$104.55
78805	26		ABSCESS LOCALIZATION:LIMITED A	NA	$32.45
78806			ABSCESS LOCALIZATION:WHOLE BOD	NA	$60.00
78806	TC		ABSCESS LOCALIZATION:WHOLE BOD	NA	$36.00
78806	26		ABSCESS LOCALIZATION:WHOLE BOD	NA	$24.00
78807			RADIONUCLIDE LOC ABSCESS SPECT	NA	$70.00
78807	TC		RADIONUCLIDE LOC ABSCESS SPECT	NA	$43.00
78807	26		RADIONUCLIDE LOC ABSCESS SPECT	NA	$27.00
78808			INJECTION PROCEDURE FOR RADIOP	NA	$21.14
78808	TC		INJECTION PROCEDURE FOR RADIOP	NA	$0.00
78808	26		INJECTION PROCEDURE FOR RADIOP	NA	$21.14
78811			TUMOR IMAGING, POSITRON EMISSI	NA	$693.98
78811	TC		TUMOR IMAGING, POSITRON EMISSI	NA	$655.70
78811	26		TUMOR IMAGING, POSITRON EMISSI	NA	$38.28
78812			TUMOR IMAGING, POSITRON EMISSI	NA	$780.76
78812	TC		TUMOR IMAGING, POSITRON EMISSI	NA	$733.75
78812	26		TUMOR IMAGING, POSITRON EMISSI	NA	$47.01
78813			TUMOR IMAGING, POSITRON EMISSI	NA	$782.37

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DME/P&O				**PURCHASE**	**RENTAL**
78813	TC		TUMOR IMAGING, POSITRON EMISSI	NA	$733.75
78813	26		TUMOR IMAGING, POSITRON EMISSI	NA	$48.62
78814			TUMOR IMAGING, POSITRON EMISSI	NA	$787.74
78814	TC		TUMOR IMAGING, POSITRON EMISSI	NA	$733.76
78814	26		TUMOR IMAGING, POSITRON EMISSI	NA	$53.98
78815			TUMOR IMAGING, POSITRON EMISSI	NA	$794.22
78815	TC		TUMOR IMAGING, POSITRON EMISSI	NA	$733.75
78815	26		TUMOR IMAGING, POSITRON EMISSI	NA	$60.47
78816			TUMOR IMAGING, POSITRON EMISSI	NA	$794.89
78816	TC		TUMOR IMAGING, POSITRON EMISSI	NA	$733.76
78816	26		TUMOR IMAGING, POSITRON EMISSI	NA	$61.13
78999			NUCLEAR DIAGNOSTIC EXAM	NA	$0.00
78999	TC		NUCLEAR DIAGNOSTIC EXAM	NA	$0.00
78999	26		NUCLEAR DIAGNOSTIC EXAM	NA	$0.00
79005			RADIOPHARMACEUTICAL THERAPY, B	NA	$71.80
79005	TC		RADIOPHARMACEUTICAL THERAPY, B	NA	$27.04
79005	26		RADIOPHARMACEUTICAL THERAPY, B	NA	$44.76
79101			RADIOPHARMACEUTICAL THERAPY, B	NA	$76.72

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DME/P&O				**PURCHASE**	**RENTAL**
79101	TC		RADIOPHARMACEUTICAL THERAPY, B	NA	$26.88
79101	26		RADIOPHARMACEUTICAL THERAPY, B	NA	$49.84
79200			RADIONUCLIDE THERAPY	NA	$45.00
79200	TC		RADIONUCLIDE THERAPY	NA	$18.00
79200	26		RADIONUCLIDE THERAPY	NA	$27.00
79300			RADIONUCLIDE THERAPY	NA	$109.00
79300	TC		RADIONUCLIDE THERAPY	NA	$35.57
79300	26		RADIONUCLIDE THERAPY	NA	$73.43
79403			RADIOPHARM THER RADIO MONOCLON	NA	$167.10
79403	TC		RADIOPHARM THER RADIO MONOCLON	NA	$76.58
79403	26		RADIOPHARM THER RADIO MONOCLON	NA	$90.52
79440			RADIONUCLIDE THERAPY	NA	$66.00
79440	TC		RADIONUCLIDE THERAPY	NA	$40.00
79440	26		RADIONUCLIDE THERAPY	NA	$26.00
79445			RADIOPHARMACEUTICAL THERAPY, B	NA	$58.19
79445	TC		RADIOPHARMACEUTICAL THERAPY, B	NA	$0.00
79445	26		RADIOPHARMACEUTICAL THERAPY, B	NA	$58.19
79999			NUCLEAR MEDICINE THERAPY	NA	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
79999	TC		NUCLEAR MEDICINE THERAPY	NA	$0.00
79999	26		NUCLEAR MEDICINE THERAPY	NA	$0.00
80047			BLOOD TEST, BASIC GROUP OF BLO	NA	$10.98
80048			BLOOD TEST, BASIC GROUP OF BLO	NA	$9.30
80050			GENERAL HEALTH PANEL	NA	$36.00
80051			BLOOD TEST PANEL FOR ELECTROLY	NA	$5.90
80051	UD		ELECTROLYTE PANEL	NA	$5.90
80053			BLOOD TEST, COMPREHENSIVE GROU	NA	$10.50
80055			OBSTETRIC BLOOD TEST PANEL	NA	$15.00
80055	UD		OBSTETRIC PROFILE	NA	$15.00
80061			BLOOD TEST, LIPIDS (CHOLESTERO	NA	$15.00
80061	QW		LIPID PROFILE	NA	$15.00
80061	22		LIPID PROFILE	NA	$23.00
80069			KIDNEY FUNCTION BLOOD TEST PAN	NA	$9.60
80074			ACUTE HEPATITIS PANEL	NA	$30.00
80076			LIVER FUNCTION BLOOD TEST PANE	NA	$7.00
80081			BLOOD TEST PANEL FOR OBSTETRIC	NA	$66.54
80102	HF		DRUG CONFIRMATION EACH PROCEDU	NA	$15.00

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80104	HF		DRUG SCREEN,QUALITATIVE, MULTI	NA	$3.25
80104	HF	QW	DRUG SCREEN, QUALITATIVE, MULT	NA	$3.25
80150			AMIKACIN	NA	$15.00
80155			CAFFEINE LEVEL	NA	$30.86
80156			CARBAMAZEPINE	NA	$15.90
80157			CARBAMAZEPINE:FREE	NA	$10.00
80158			CYCLOSPORINE	NA	$20.00
80159			CLOZAPINE LEVEL	NA	$16.44
80162			DIGOXIN	NA	$15.00
80163			DIGOXIN LEVEL	NA	$11.80
80164			VALPROIC ACID LEVEL	NA	$10.00
80165			VALPROIC ACID LEVEL	NA	$12.04
80168			ETHOSUXIMIDE	NA	$18.00
80169			EVEROLIMUS LEVEL	NA	$15.07
80170			GENTAMICIN	NA	$12.60
80171			GABAPENTIN LEVEL	NA	$14.43
80173			HALOPERIDOL	NA	$16.10
80175			LAMOTRIGINE LEVEL	NA	$14.54

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DME/P&O				**PURCHASE**	**RENTAL**
80176			LIDOCAINE	NA	$18.00
80177			LEVETIRACETAM LEVEL	NA	$14.54
80178			LITHIUM	NA	$9.00
80178	QW		LITHIUM	NA	$9.00
80180			MYCOPHENOLATE (MYCOPHENOLIC AC	NA	$16.05
80183			OXCARBAZEPINE LEVEL	NA	$14.54
80184			PHENOBARBITAL	NA	$12.80
80185			PHENYTOIN: TOTAL	NA	$14.65
80186			PHENYTOIN: FREE	NA	$15.02
80188			PRIMIDONE	NA	$20.00
80190			PROCAINAMIDE	NA	$15.00
80192			PROCAINAMIDE:WITH METABOLITES	NA	$15.00
80194			QUINIDINE	NA	$15.00
80195			SIROLIMUS	NA	$14.95
80197			TACROLIMUS	NA	$15.00
80198			THEOPHYLLINE	NA	$15.00
80199			TIAGABINE LEVEL	NA	$21.69
80200			TOBRAMYCIN	NA	$12.60

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DME/P&O				**PURCHASE**	**RENTAL**
80201			TOPIRMATE	NA	$12.00
80202			VANCOMYCIN	NA	$12.00
80203			ZONISAMIDE LEVEL	NA	$14.54
80299			QUANTITATION OF THERAPEUTIC DR	NA	$10.80
80305			TESTING FOR PRESENCE OF DRUG	NA	$10.08
80306			TESTING FOR PRESENCE OF DRUG	NA	$21.58
80307			TESTING FOR PRESENCE OF DRUG	NA	$51.72
80400			HORMONAL PANEL FOR ADRENAL GLA	NA	$34.00
80402			HORMONE PANEL FOR ADRENAL GLAN	NA	$96.00
80406			HORMONE PANEL ADRENAL GLAND AS	NA	$98.00
80408			ALDOSTERONE SUPPRESSION EVALUA	NA	$130.00
80410			CALCITONIN STIMULATION PANEL	NA	$102.00
80412			ADRENAL GLAND STIMULATION PANE	NA	$364.36
80414			REPRODUCTIVE HORMONE PANEL (TE	NA	$61.00
80415			REPRODUCTIVE HORMONE PANEL (ES	NA	$50.00
80416			RENAL VEIN RENIN (KIDNEY ENZYM	NA	$150.00
80417			PERIPHERAL VEIN RENIN (KIDNEY	NA	$50.00
80418			ANTERIOR PITUITARY GLAND EVALU	NA	$640.73

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DME/P&O				**PURCHASE**	**RENTAL**
80420			DEXAMETHASONE (STEROID) SUPPRE	NA	$74.00
80422			GLUCAGON (HORMONE) TOLERANCE P	NA	$45.00
80424			GLUCAGON (HORMONE) TOLERANCE P	NA	$33.00
80426			GONADOTROPIN RELEASING HORMONE	NA	$130.00
80428			GROWTH HORMONE STIMULATION PAN	NA	$60.00
80430			GROWTH HORMONE SUPPRESSION PAN	NA	$73.00
80432			INSULIN-INDUCED C-PEPTIDE (PRO	NA	$125.00
80434			INSULIN TOLERANCE PANEL FOR AC	NA	$100.00
80435			INSULIN TOLERANCE PANEL FOR GR	NA	$95.00
80436			METYRAPONE (HORMONE ANTIBODY)	NA	$75.00
80438			THYROTROPIN RELEASING HORMONE	NA	$50.00
80439			THYROTROPIN RELEASING HORMONE	NA	$74.27
80500			CLINICAL PATHOLOGY CONSULTATIO	NA	$9.00
80502			COMPREHENSIVE, CLINICAL PATHOL	NA	$13.00
81000			URINALYSIS WITH MICROSCOPY	NA	$1.20
81000	FP		URINALYSIS WITH MICROSCOPY	NA	$1.20
81000	UD		URINALYSIS WITH MICROSCOPY	NA	$1.20
81001			URINALYSIS,AUTOMATED W.MICROSC	NA	$1.20

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DME/P&O				**PURCHASE**	**RENTAL**
81002			URINALYSIS, MANUAL TEST	NA	$1.00
81002	FP		ROUTINE URINE ANALYSIS	NA	$1.00
81002	UD		ROUTINE URINE ANALYSIS	NA	$1.00
81003			URINALYSIS WITHOUT MICR.AUTOMA	NA	$1.50
81003	QW		URINALYSIS WITHOUT MICR.AUTOMA	NA	$1.50
81005			URINLS,QUAL OR SEMI-QUANT ECPT	NA	$1.00
81005	UD		URINAL,QUAL OR SEMI-QUANT ECPT	NA	$1.00
81007			URINE BACTERIURIA SR NON-CUIT	NA	$2.84
81007	QW		URINE BACTERIURIA SR NON-CUIT	NA	$2.84
81015			MICROSCOPIC EXAM OF URINE	NA	$0.40
81020			URINALYSIS, 2 OR 3 GLASS TEST	NA	$4.30
81025			URINE PREG.TEST:VISUAL COLOR C	NA	$3.00
81025	FP		URINE PREG.TEST:VISUAL COLOR C	NA	$3.00
81025	UD		URINE PREG.TEST:VISUAL COLOR C	NA	$3.00
81050			VOL.MEAS.TIMED COLLECTION,EACH	NA	$3.40
81099			UNLISTED URINALYSIS PROC	BY REPORT	BY REPORT
81105			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64
81106			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64

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DME/P&O				**PURCHASE**	**RENTAL**
81107			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64
81108			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64
81109			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64
81110			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64
81111			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64
81112			GENE ANALYSIS (HUMAN PLATELET	NA	$108.64
81120			GENE ANALYSIS (ISOCITRATE DEHY	NA	$154.60
81121			GENE ANALYSIS (ISOCITRATE DEHY	NA	$236.63
81161			GENE ANALYSIS (DYSTROPHIN)	NA	$223.20
81162			GENE ANALYSIS (BREAST CANCER 1	NA	$2,002.61
81170			GENE ANALYSIS (ABL PROTO-ONCOG	NA	$265.46
81175			GENE ANALYSIS (ADDITIONAL SEX	NA	$541.20
81176			GENE ANALYSIS (ADDITIONAL SEX	NA	$215.02
81200			ASPA (ASPARTOACYLASE) (EG, CAN	NA	$37.80
81201			GENE ANALYSIS (ADENOMATOUS POL	NA	$624.00
81202			GENE ANALYSIS (ADENOMATOUS POL	NA	$224.00
81203			GENE ANALYSIS (ADENOMATOUS POL	NA	$160.00
81205			GENE ANALYSIS (BRANCHED-CHAIN	NA	$75.99

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DME/P&O				**PURCHASE**	**RENTAL**
81206			BCR/ABL1 (T(9:22)) (EG, CHRONI	NA	$145.74
81207			BCR/ABL1 (T(9:22)) (EG, CHRONI	NA	$128.74
81208			BCR/ABL1 (T(9:22)) (EG, CHRONI	NA	$171.70
81209			GENE ANALYSIS (BLOOM SYNDROME,	NA	$31.45
81210			BRAF (V-RAF MURINE SARCOMA VIR	NA	$140.32
81212			GENE ANALYSIS (BREAST CANCER 1	NA	$352.00
81215			GENE ANALYSIS (BREAST CANCER 1	NA	$300.20
81216			GENE ANALYSIS (BREAST CANCER 2	NA	$148.10
81217			GENE ANALYSIS (BREAST CANCER 2	NA	$300.20
81218			GENE ANALYSIS (CCAAT/ENHANCER	NA	$265.46
81219			GENE ANALYSIS (CALRETICULIN),	NA	$133.47
81220			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$445.28
81221			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$77.78
81222			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$348.06
81223			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$399.20
81224			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$135.00
81225			GENE ANALYSIS (CYTOCHROME P450	NA	$233.09
81226			GENE ANALYSIS (CYTOCHROME P450	NA	$360.73

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DME/P&O				**PURCHASE**	**RENTAL**
81227			GENE ANALYSIS (CYTOCHROME P450	NA	$139.85
81228			CYTOGENOMIC CONSTITUTIONAL (GE	NA	$720.00
81229			CYTOGENOMIC CONSTITUTIONAL (GE	NA	$928.00
81230			GENE ANALYSIS (CYTOCHROME P450	NA	$139.85
81231			GENE ANALYSIS (CYTOCHROME P450	NA	$139.85
81232			GENE ANALYSIS (DIHYDROPYRIMIDI	NA	$139.85
81235			GENE ANALYSIS (EPIDERMAL GROWT	NA	$259.66
81238			GENE ANALYSIS (COAGULATION FAC	NA	$480.00
81240			GENE ANALYSIS (PROTHROMBIN, CO	NA	$52.55
81241			F5 (COAGULATION FACTOR V) (EG,	NA	$58.70
81242			GENE ANALYSIS (FANCONI ANEMIA,	NA	$29.30
81243			FMR1 (FRAGILE X MENTAL RETARDA	NA	$45.63
81244			GENE ANALYSIS (FRAGILE X MENTA	NA	$35.91
81245			FLT3 (FMS-RELATED TYROSINE KIN	NA	$133.47
81246			TEST FOR DETECTING GENES ASSOC	NA	$66.40
81247			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$139.85
81248			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$300.20
81249			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$480.00

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DME/P&O				**PURCHASE**	**RENTAL**
81250			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$46.79
81251			GENE ANALYSIS (GLUCOSIDASE, BE	NA	$37.80
81252			GENE ANALYSIS (GAP JUNCTION PR	NA	$80.90
81253			GENE ANALYSIS (GAP JUNCTION PR	NA	$49.22
81254			GENE ANALYSIS (GAP JUNCTION PR	NA	$28.00
81255			HEXA (HEXOSAMINIDASE A [ALPHA	NA	$41.16
81256			HFE (HEMOCHROMATOSIS) (EG, HER	NA	$58.10
81257			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$81.81
81258			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$300.20
81259			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$480.00
81260			GENE ANALYSIS (INHIBITOR OF KA	NA	$31.45
81261			IGH@ (IMMUNOGLOBULIN HEAVY CHA	NA	$175.99
81262			IGH@ (IMMUNOGLOBULIN HEAVY CHA	NA	$54.84
81263			GENE REARRANGEMENT ANALYSIS (I	NA	$261.79
81264			IGK@ (IMMUNOGLOBULIN KAPPA LIG	NA	$138.18
81265			COMPARATIVE ANALYSIS USING SHO	NA	$191.15
81266			COMPARATIVE ANALYSIS USING SHO	NA	$243.85
81267			CHIMERISM (ENGRAFTMENT) ANALYS	NA	$181.41

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DME/P&O				**PURCHASE**	**RENTAL**
81268			CHIMERISM (ENGRAFTMENT) ANALYS	NA	$231.81
81269			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$161.92
81270			JAK2 (JANUS KINASE 2) (EG, MYE	NA	$81.48
81272			GENE ANALYSIS (V-KIT HARDY-ZUC	NA	$265.46
81273			GENE ANALYSIS (V-KIT HARDY-ZUC	NA	$100.59
81275			KRAS (V-KI-RAS2 KIRSTEN RAT SA	NA	$154.60
81276			GENE ANALYSIS (KIRSTEN RAT SAR	NA	$158.86
81283			GENE ANALYSIS (INTERFERON, LAM	NA	$58.70
81287			GENE ANALYSIS (O-6-METHYLGUANI	NA	$99.71
81288			TEST FOR DETECTING GENES ASSOC	NA	$153.86
81290			MCOLN1 (MUCOLIPIN 1) (EG, MUCO	NA	$31.45
81291			GENE ANALYSIS (5, 10-METHYLENE	NA	$52.27
81292			GENE ANALYSIS (MUTL HOMOLOG 1,	NA	$540.32
81293			GENE ANALYSIS (MUTL HOMOLOG 1,	NA	$264.80
81294			GENE ANALYSIS (MUTL HOMOLOG 1,	NA	$161.92
81295			GENE ANALYSIS (MUTS HOMOLOG 2,	NA	$305.36
81296			GENE ANALYSIS (MUTS HOMOLOG 2,	NA	$270.18
81297			GENE ANALYSIS (MUTS HOMOLOG 2,	NA	$170.64

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81298			MSH6 (MUTS HOMOLOG 6 [E. COLI]	NA	$513.48
81299			MSH6 (MUTS HOMOLOG 6 [E. COLI]	NA	$246.40
81300			MSH6 (MUTS HOMOLOG 6 [E. COLI]	NA	$190.40
81301			MICROSATELLITE INSTABILITY ANA	NA	$278.85
81302			MECP2 (METHYL CPG BINDING PROT	NA	$422.30
81303			MECP2 (METHYL CPG BINDING PROT	NA	$96.00
81304			MECP2 (METHYL CPG BINDING PROT	NA	$120.00
81310			NPM1 (NUCLEOPHOSMIN) (EG, ACUT	NA	$198.80
81311			GENE ANALYSIS FOR CANCER (NEUR	NA	$238.29
81313			TEST FOR DETECTING GENES ASSOC	NA	$204.04
81314			GENE ANALYSIS ((PLATELET-DERIV	NA	$265.46
81315			PML/RARALPHA, (T(15:17)), (PRO	NA	$184.28
81316			PML/RARALPHA, (T(15:17)), (PRO	NA	$184.28
81317			PMS2 (POSTMEIOTIC SEGREGATION	NA	$541.20
81318			PMS2 (POSTMEIOTIC SEGREGATION	NA	$264.80
81319			PMS2 (POSTMEIOTIC SEGREGATION	NA	$162.80
81321			GENE ANALYSIS (PHOSPHATASE AND	NA	$480.00
81322			GENE ANALYSIS (PHOSPHATASE AND	NA	$38.05

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DME/P&O				**PURCHASE**	**RENTAL**
81323			GENE ANALYSIS (PHOSPHATASE AND	NA	$240.00
81324			GENE ANALYSIS (PERIPHERAL MYEL	NA	$606.69
81325			GENE ANALYSIS (PERIPHERAL MYEL	NA	$615.66
81326			GENE ANALYSIS (PERIPHERAL MYEL	NA	$38.05
81327			GENE ANALYSIS (SEPTIN9) FOR PR	NA	$153.60
81328			GENE ANALYSIS (SOLUTE CARRIER	NA	$139.85
81330			GENE ANALYSIS (SPHINGOMYELIN P	NA	$37.60
81331			SNRPN/UBE3A (SMALL NUCLEAR RIB	NA	$40.86
81332			GENE ANALYSIS (SERPIN PEPTIDAS	NA	$38.80
81334			GENE ANALYSIS (RUNT RELATED TR	NA	$527.22
81335			GENE ANALYSIS (THIOPURINE S-ME	NA	$139.85
81340			TRB@ (T CELL ANTIGEN RECEPTOR,	NA	$185.70
81341			TRB@ (T CELL ANTIGEN RECEPTOR,	NA	$44.08
81342			TRG@ (T CELL ANTIGEN RECEPTOR,	NA	$179.10
81346			GENE ANALYSIS (THYMIDYLATE SYN	NA	$139.85
81350			GENE ANALYSIS (UDP GLUCURONOSY	NA	$187.20
81355			GENE ANALYSIS (VITAMIN K EPOXI	NA	$70.56
81361			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$139.85

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DME/P&O				**PURCHASE**	**RENTAL**
81362			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$300.20
81363			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$161.92
81364			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$259.66
81370			HLA CLASS I AND II TYPING LOW	NA	$357.44
81371			HLA CLASS I AND II TYPING, LOW	NA	$323.62
81372			HLA CLASS I TYPING, LOW RESOLU	NA	$322.87
81373			HLA CLASS I TYPING, LOW RESOLU	NA	$101.94
81374			HLA CLASS I TYPING, LOW RESOLU	NA	$64.66
81375			HLA CLASS II TYPING, LOW RESOL	NA	$196.22
81376			HLA CLASS II TYPING LOW RESOLU	NA	$108.64
81377			HLA CLASS II TYPING, LOW RESOL	NA	$81.61
81378			HLA CLASS I AND II TYPING HIGH	NA	$307.17
81379			HLA CLASS I TYPING, HIGH RESOL	NA	$298.12
81380			HLA CLASS I TYPING, HIGH RESOL	NA	$157.55
81381			HLA CLASS I TYPING, HIGH RESOL	NA	$135.92
81382			HLA CLASS II TYPING HIGH RESOL	NA	$109.94
81383			HLA CLASS II TYPING, HIGH RESO	NA	$97.01
81400			MOLECULAR PATHOLOGY PROCEDURE	NA	$51.17

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DME/P&O				**PURCHASE**	**RENTAL**
81401			MOLECULAR PATHOLOGY PROCEDURE	NA	$109.60
81402			MOLECULAR PATHOLOGY PROCEDURE	NA	$120.26
81403			MOLECULAR PATHOLOGY PROCEDURE	NA	$148.16
81404			MOLECULAR PATHOLOGY PROCEDURE	NA	$219.86
81405			MOLECULAR PATHOLOGY PROCEDURE	NA	$241.08
81406			MOLECULAR PATHOLOGY PROCEDURE	NA	$226.30
81407			MOLECULAR PATHOLOGY PROCEDURE	NA	$677.02
81408			MOLECULAR PATHOLOGY PROCEDURE	NA	$1,600.00
81410			TEST FOR DETECTING GENES ASSOC	NA	$403.20
81411			TEST FOR DETECTING GENES ASSOC	NA	$1,080.15
81412			TEST FOR DETECTING GENES FOR D	NA	$1,958.85
81413			TEST FOR DETECTING GENES ASSOC	NA	$519.91
81414			TEST FOR DETECTING GENES ASSOC	NA	$519.91
81415			TEST FOR DETECTING GENES ASSOC	NA	$3,824.00
81416			TEST FOR DETECTING GENES ASSOC	NA	$9,600.00
81417			REEVALUATION TEST FOR DETECTIN	NA	$256.00
81420			TEST FOR DETECTING GENES ASSOC	NA	$607.24
81422			TEST FOR DETECTING GENES ASSOC	NA	$607.24

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DME/P&O				**PURCHASE**	**RENTAL**
81425			TEST FOR DETECTING GENES ASSOC	NA	$4,024.96
81426			TEST FOR DETECTING GENES ASSOC	NA	$2,167.96
81427			REEVALUATION TEST FOR DETECTIN	NA	$1,870.12
81430			TEST FOR DETECTING GENES CAUSI	NA	$1,300.00
81431			TEST FOR DETECTING GENES CAUSI	NA	$543.66
81432			TEST FOR DETECTING GENES ASSOC	NA	$603.60
81433			GENE ANALYSIS (BREAST AND RELA	NA	$390.16
81434			GENE ANALYSIS (RETINAL DISORDE	NA	$478.33
81435			TEST FOR DETECTING GENES ASSOC	NA	$519.91
81436			TEST FOR DETECTING GENES ASSOC	NA	$519.91
81437			GENE ANALYSIS (NEUROENDOCRINE	NA	$390.16
81438			GENE ANALYSIS (NEUROENDOCRINE	NA	$390.16
81439			TEST FOR DETECTING GENES ASSOC	NA	$519.91
81440			TEST FOR DETECTING GENES	NA	$2,659.20
81442			GENE ANALYSIS (NOONAN SYNDROME	NA	$1,714.88
81445			TEST FOR DETECTING GENES ASSOC	NA	$478.33
81448			GENE ANALYSIS PANEL FOR HEREDI	NA	$519.91
81450			TEST FOR DETECTING GENES ASSOC	NA	$607.62

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DME/P&O				**PURCHASE**	**RENTAL**
81455			TEST FOR DETECTING GENES ASSOC	NA	$2,335.68
81460			TEST FOR DETECTING GENES ASSOC	NA	$1,029.60
81465			TEST FOR DETECTING GENES ASSOC	NA	$748.80
81470			TEST FOR DETECTING GENES ASSOC	NA	$731.20
81471			TEST FOR DETECTING GENES ASSOC	NA	$731.20
81479			UNLISTED MOLECULAR PATHOLOGY P	BY REPORT	BY REPORT
81490			TEST FOR DETECTING GENES ASSOC	NA	$672.52
81493			TEST FOR DETECTING GENES ASSOC	NA	$840.00
81500			ONCOLOGY (OVARIAN), BIOCHEMICA	NA	$208.40
81503			GENETIC PROFILING ON ONCOLOGY	NA	$717.60
81504			GENETIC PROFILING ON ONCOLOGY	NA	$416.00
81506			ENDOCRINOLOGY (TYPE 2 DIABETES	NA	$59.74
81507			ANALYSIS USING MATERNAL PLASMA	NA	$636.00
81508			FETAL CONGENITAL ABNORMALITIES	NA	$43.44
81509			FETAL CONGENITAL ABNORMALITIES	NA	$1,189.90
81510			FETAL CONGENITAL ABNORMALITIES	NA	$44.43
81511			FETAL CONGENITAL ABNORMALITIES	NA	$122.80
81512			FETAL CONGENITAL ABNORMALITIES	NA	$55.62

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DME/P&O				**PURCHASE**	**RENTAL**
81519			TEST FOR DETECTING GENES ASSOC	NA	$3,098.40
81520			GENE ANALYSIS OF BREAST TUMOR	NA	$2,231.30
81521			GENE ANALYSIS OF BREAST TUMOR	NA	$3,098.40
81525			GENE ANALYSIS (COLON RELATED C	NA	$2,492.80
81528			GENE ANALYSIS (COLORECTAL CANC	NA	$409.94
81535			CULTURE OF LIVE TUMOR CELLS AN	NA	$466.82
81536			CULTURE OF LIVE TUMOR CELLS AN	NA	$143.04
81538			TESTING OF LUNG TUMOR CELLS FO	NA	$2,296.80
81539			MEASUREMENT OF PROTEINS ASSOCI	NA	$608.00
81540			GENE ANALYSIS (CANCER)	NA	$3,000.00
81541			GENE ANALYSIS OF PROSTATE TUMO	NA	$3,098.40
81545			GENE ANALYSIS (THYROID CANCER)	NA	$2,880.00
81551			GENE ANALYSIS OF PROSTATE TUMO	NA	$1,624.00
81595			TEST FOR DETECTING GENES ASSOC	NA	$2,592.00
81599			UNLISTED MULTIANALYTE ASSAY WI	BY REPORT	BY REPORT
82009			KETONE BODY(S) (EG, ACETONE, A	NA	$5.00
82010			KETONE BODY(S) (EG, ACETONE, A	NA	$9.90
82010	QW		ACETONE OR OTHER KATONE SERUM	NA	$9.90

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DME/P&O				**PURCHASE**	**RENTAL**
82013			ACETYLCHOLINESTERASE ASSAY	NA	$14.00
82016			ACYLCARNTINES:QUAL EACH SPEC.	NA	$12.90
82017			ACYLARNITINES:QUAN EACH SPECIM	NA	$18.60
82024			ACTH RADIOIMMUNE ASSAY	NA	$30.00
82030			ADENOSINE, 5-MONOPHOSPHATE, CY	NA	$34.00
82040			ASSAY SERUM ALBUMIN	NA	$1.80
82042			CEREBROSPINAL FLUID, OR AMNIOT	NA	$2.43
82043			ALBUMIN:URINE MICRO.QUANTITATI	NA	$4.30
82044			ALBUMIN:URINE MICRO.SEMIQUANTI	NA	$1.00
82044	QW		ALBUMIN:URINE MICRO.SEMIQUANTI	NA	$1.00
82045			ALBUMIN: ISCHEMIA MODIFIED	NA	$30.17
82075			ASSAY BREATH ETHANOL	NA	$8.80
82085			ALDOLASE	NA	$11.00
82088			ALDOSTERONE	NA	$40.00
82103			ALPHA-1-ANTITRYPSIN: TOTAL	NA	$7.80
82104			ALPHA-1-ANTITRYSPIN: PHENOTYPE	NA	$7.80
82105			ALPHA-FETOPROTEIN (AFP) LEVEL,	NA	$10.20
82106			ALPHA-FETOPROTEIN (AFP) LEVEL,	NA	$10.20

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DME/P&O				**PURCHASE**	**RENTAL**
82107			ALPHA-FETOPROTEIN (AFP): AFP-L	NA	$57.26
82108			ALUMINUM,	NA	$28.17
82120			AMINES, VAGINAL FLUID QUAL	NA	$4.00
82120	QW		AMINES, VAGINAL FLUID, QUALITA	NA	$4.00
82127			AMINO ACIDS:SINGLE QUAL.EA.SPE	NA	$12.90
82128			AMINO ACID ANALYSIS, MULTIPLE	NA	$12.90
82131			AMINO ACIDS FRACT.&QUANT. EACH	NA	$18.64
82135			ASSAY, AMINOLEVULINIC ACID	NA	$20.00
82136			AMINO ACID LEVEL, MULTIPLE AMI	NA	$18.64
82139			AMINO ACID LEVEL, MULTIPLE AMI	NA	$18.64
82140			AMMONIA	NA	$6.00
82143			AMNIOTIC FLUID SCAN	NA	$4.20
82150			AMYLASE	NA	$4.50
82154			ANDROSTANEDIOL GLUCORONIED	NA	$31.88
82157			ANDROSTENEDIONE	NA	$29.00
82160			ANDROSTERONE:	NA	$27.65
82163			ANGIOTENSIN II	NA	$21.00
82164			ANGIOTENSIN-CONVERTING ENZYME	NA	$15.90

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DME/P&O				**PURCHASE**	**RENTAL**
82172			APOLIPOPROTEIN EACH	NA	$20.00
82173			ARGININE TOLERANCE TEST	NA	$11.20
82175			ARSENIC	NA	$7.20
82180			ASCORBIC ACID (VITAMIN C) LEVE	NA	$3.60
82190			ATOMIC ABSORPTION SPECTR.,EACH	NA	$16.39
82232			BETA-2 MICROGLOBULIN,	NA	$17.80
82239			BILE ACIDS:TOTAL	NA	$20.00
82240			CHOLYLGLYCINE	NA	$5.69
82247			BILIRUBIN:TOTAL	NA	$3.00
82248			BILIRUBIN:DIRECT	NA	$4.50
82252			FECAL BILIRUBIN TEST	NA	$2.50
82261			BIOTINIDASE EACH SPEC.	NA	$18.64
82270			TEST FECES FOR BLOOD	NA	$3.63
82270	QW		TEST FECES FOR BLOOD	NA	$3.63
82271			BLOOD, OCCULT, BY PEROXIDASE A	NA	$4.26
82271	QW		BOLLD, OCCULT, BY PEROXIDASE A	NA	$4.26
82272			BLOOD, OCCULT, BY PEROXIDASE A	NA	$3.38
82272	QW		BOOLD, OCCULT, BY PEROXIDASE A	NA	$3.38

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DME/P&O				**PURCHASE**	**RENTAL**
82274			BLOOD OCCULT HGB DETERMINATION	NA	$3.70
82274	QW		BLOOD OCCULT HGB DETERMINATION	NA	$3.70
82286			ASSAY OF BRADYKININ	NA	$7.60
82300			CADMIUM	NA	$28.00
82306			CALCIFEDIOL,(25-OH VIT D-3)	NA	$30.00
82308			CALCITONIN	NA	$34.00
82310			ASSAY CALCIUM IN BLOOD,TOTAL	NA	$3.00
82310	QW		ASSAY CALCIUM IN BLOOD, TOTAL	NA	$3.00
82330			CALCIUM IONIZED	NA	$14.70
82331			ASSAY CALCIUM IN BLD:AFT CAL I	NA	$5.72
82340			CALCIUM,URINE,QUANT.	NA	$3.60
82355			CALCULUS (STONE) ANALYSIS,QUAL	NA	$9.00
82360			CALCULUS (STONE) ASSAY, QUANT.	NA	$12.00
82365			CALCULUS (STONE) INFRARED SPEC	NA	$9.00
82370			X-RAY ASSAY,CALCULUS (STONE)	NA	$9.00
82373			CARBOHYDRATE DEFICIENT TRANFER	NA	$7.95
82374			CARBON DIOXIDE (BICARBONATE)	NA	$3.30
82375			ASSAY BLOOD CARBON MONOXIDE	NA	$6.00

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DME/P&O				**PURCHASE**	**RENTAL**
82376			TEST FOR CARBON MONOXIDE QUAL.	NA	$3.00
82378			CARCINOEMBRYONIC ANTIGEN (CEA)	NA	$22.40
82379			CARNITINE (TOTAL AND-FREE)QUAN	NA	$18.64
82380			CAROTENE	NA	$6.00
82382			URINE CATECHOLAMINES TOT	NA	$12.00
82383			ASSAY BLOOD CATECHOLAMINES	NA	$12.00
82384			ASSAY THREE CATECHOLAMINES	NA	$18.00
82387			CATHEPSIN-D	NA	$24.00
82390			BLOOD CERULOPLASMIN	NA	$6.00
82397			CHEMILUMINESCENT ASSAY	NA	$15.42
82415			CHLORAMPHENICOL	NA	$15.00
82435			CHLORIDES, BLOOD	NA	$3.00
82436			CHLORIDES,URINE	NA	$3.00
82438			ASSAY SPINAL FLUID CHLORIDES	NA	$3.00
82441			TEST FOR CHLOROHYDROCARBONS	NA	$8.00
82443			ASSAY OF THIAZIDE	NA	$22.00
82465			ASSAY SERUM CHOLESTEROL	NA	$3.00
82465	FP		ASSAY SERUM CHOLESTROL	NA	$3.00

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DME/P&O				**PURCHASE**	**RENTAL**
82465	QW		ASSAY SERUM CHOLESTEROL	NA	$3.00
82480			CHOLINESTERASE (ENZYME) LEVEL,	NA	$4.50
82482			ASSAY RBC CHOLINESTERASE	NA	$10.00
82485			ASSAY CHONDROITIN SULFATE	NA	$28.00
82495			CHROMIUM	NA	$9.66
82507			ASSAY CITRIC ACID	NA	$37.00
82523			COLLAGEN CROSS LINKS TEST, (UR	NA	$11.86
82523	QW		COLLAGEN CROSS LINK ANY METHOD	NA	$11.86
82525			COPPER	NA	$9.00
82528			CORTICOSTERONE	NA	$19.70
82530			CORTISOL: FREE	NA	$17.00
82533			CORTISOL,TOTAL	NA	$17.00
82540			BLOOD	NA	$3.00
82542			CHEMICAL ANALYSIS USING CHROMA	NA	$21.50
82550			CREATINE KINASE (CK),(CPK):TOT	NA	$4.80
82552			ISOENZYMES	NA	$7.80
82553			CREATINE KINASE MB FRACTION ON	NA	$7.50
82554			CREATINE KINASE ISOFORMS	NA	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
82565			CREATININE	NA	$3.00
82565	QW		CREATININE	NA	$3.00
82570			ASSAY URINE CREATININE	NA	$3.00
82570	QW		ASSAY URINE CREATININE	NA	$3.00
82575			CREATININE CLEARANCE TEST	NA	$4.50
82585			ASSAY BLOOD CRYOFIBRINOGEN	NA	$6.30
82595			CRYOGLOBULIN	NA	$1.50
82600			CYANIDE	NA	$25.00
82607			CYAMOCOBALAMIN,(VITAMIN B-12)	NA	$15.00
82608			CYANOCOBALAMIN:UNSAT.BIND CAPA	NA	$15.00
82610			CYSTATIN C	NA	$14.82
82615			TEST FOR URINE CYSTINES	NA	$11.00
82626			DEHYDROEPIANDROSTERONE, (DHEA)	NA	$29.60
82627			DEHYDROEPIANDROSTERONE-SULFATE	NA	$29.00
82633			DESOXYCORTICOSTERONE, 11 (HORM	NA	$38.52
82634			DESOXYCORTISOL, 11 (HORMONE) L	NA	$25.72
82638			DIBUCAINE NUMBER	NA	$15.20
82652			DIHYDROXYVITAMIN D, 1, 25 LEVE	NA	$47.87

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DME/P&O				**PURCHASE**	**RENTAL**
82656			ELASTASE, PANCR,FECAL,QUAL OR	NA	$10.25
82657			ENZYME/ACTIVITY/IN/BLOOD CELLS	NA	$21.50
82658			ENZYME ACT/BLC RADIO EACH SPEC	NA	$21.50
82664			ELECTROPHORESIS, LABORATORY TE	NA	$13.60
82668			ERYTHROPOIETIN	NA	$17.50
82670			ESTRADIOL	NA	$25.00
82671			ESTROGENS ASSAY	NA	$41.00
82672			ESTROGEN TOTAL	NA	$25.00
82677			RIA ASSAY OF ESTRIOL	NA	$28.00
82679			RIA ASSAY OF ESTRONE	NA	$25.00
82679	QW		RIA ASSAY OF ESTRONE	NA	$25.00
82693			ETHYLENE GLYCOL	NA	$12.50
82696			ASSAY OF ETIOCHOLANOLONE, RIA	NA	$22.00
82710			FATS/LIPIDS, FECES, QUANTITATI	NA	$7.80
82715			FECAL FAT DIFFERENTIAL QUANT.	NA	$7.80
82725			ASSAY BLOOD FATTY ACIDS	NA	$15.50
82726			VERY LONG CHAIN FATTY ACIDS	NA	$21.50
82728			FERRITIN,	NA	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
82731			FETAL FIBRONECTIN,C/S,SEMI-QUA	NA	$71.20
82735			ASSAY BLOOD FLUROIDE	NA	$24.00
82746			FOLIC ACID, SERUM	NA	$10.50
82747			FOLIC ACID: RBC	NA	$18.00
82757			ASSAY SEMEN FRUCTOSE	NA	$22.50
82759			RBC GALACTOKINASE ASSAY	NA	$11.50
82760			BLOOD GALACTOSE	NA	$15.00
82775			ASSAY GALACTOSE TRANSFERASE	NA	$3.74
82776			GALACTOSE TRANSFERASE TEST QUA	NA	$8.90
82777			GALECTIN-3	NA	$35.40
82784			GAMMAGLOB.A,D,G,M,EACH	NA	$11.30
82785			RIA ASSAY GAMMAGLOBULIN E	NA	$16.00
82787			GAMM.IMM.SUBCLASSES (LGG1 2 3	NA	$8.82
82800			BLOOD PH,BLOOD GASES	NA	$5.20
82803			BLOOD GASES: PH, PO2 & PCO2	NA	$16.50
82805			GASES BL.COMBO OF PH,PC02, P02	NA	$8.00
82810			BLOOD GAS, OXYGEN SATURATION M	NA	$10.00
82820			HEMOGLOBIN-OXYGEN AFFINITY	NA	$10.98

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DME/P&O				**PURCHASE**	**RENTAL**
82930			GASTRIC ACID ANALYSIS, INCLUDE	NA	$5.37
82938			GASTRIN (SERUM) AFTER SECRETIN	NA	$22.00
82941			GASTRIN	NA	$16.00
82943			GLUCAGON	NA	$19.00
82945			GLUCOSE BODY FLUID OTHER BLOOD	NA	$4.34
82946			GLUCAGON TOLERANCE TEST	NA	$13.00
82947			GLUCOSE,QUANT.	NA	$4.34
82947	FP		GLUCOSE,QUANT	NA	$4.34
82947	QW		GLUCOSE,QUANT.	NA	$4.34
82947	UD		GLUCOSE,QUANT.	NA	$4.34
82947	52		GLUCOSE,SERUM (SEPARATE TUBE,G	NA	$2.00
82948			STICK ASSAY OF BLOOD GLUCOSE	NA	$1.50
82948	FP		STICK ASSAY OF BLOOD GLUCOSE	NA	$1.50
82948	QW		STICK ASSAY OF BLOOD GLUCOSE	NA	$1.50
82950			GLUCOSE TEST,POST GLUCOSE	NA	$3.00
82950	QW		GLUCOSE TEST,POST GLUCOSE	NA	$3.00
82951			GLUCOSE TOLERANCE TEST (GTT),3	NA	$5.00
82951	QW		GLUCOSE TOLERANCE TEST (GTT),3	NA	$5.00

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DME/P&O				**PURCHASE**	**RENTAL**
82952			GTT-ADDED SAMPLES,EACH	NA	$1.00
82952	QW		GTT-ADDED SAMPLES,EACH	NA	$1.00
82955			ASSAY G6PD ENZYME	NA	$6.00
82960			TEST FOR G6PD ENZYME, SCREEN	NA	$7.00
82962			GLUCOSE BLOOD MON DEVICES HOME	NA	$2.60
82963			GLUCOSIDASE,BETA	NA	$26.50
82965			GLUTAMATE DEHYDROGENASE	NA	$6.30
82977			GGT ENZYME,GAMMA	NA	$4.80
82978			GLUTATHIONE ASSAY	NA	$12.00
82979			ASSAY RBC GLUTATHIONE ENZYME	NA	$9.00
82985			GLYCATED PROTEIN	NA	$6.60
82985	QW		GLYCATED PROTEIN	NA	$6.60
83001			GONADOTROPIN, FOLLICLE STIMULA	NA	$17.00
83001	QW		STIM.HORMONE GONADOTROPIN FOLL	NA	$17.00
83002			GONADOTROPIN, LUTEINIZING (REP	NA	$17.00
83002	QW		PITUITARY GONADOTROPINS RIA	NA	$17.00
83003			RIA ASSAY GROWTH HORMONE	NA	$16.00
83004			GROWTH HORMONE, HUMAN (HCG)	NA	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
83006			TEST FOR DETECTING GENES ASSOC	NA	$60.48
83009			HELICOBACTER PYLORI, BLOOD TES	NA	$59.87
83010			HAPTOGLOBIN:QUANTITATIVE	NA	$12.00
83012			HAPTOGLOBIN,PHENOTYPES	NA	$12.00
83013			HELICOBACTER PYLORI,BREATH TES	NA	$48.00
83014			HELICOBACTER PYLORI,B/T:DRUG A	NA	$9.00
83015			HEAVY METAL SCREENING	NA	$10.20
83018			HEAVY,METALS:QUANTITATIVE	NA	$25.00
83020			HEMOGLOBIN,ELECT. (EG. A2,S,C)	NA	$6.00
83021			HGB FRACT/QUANT CHROM/EG/A2,S,	NA	$21.50
83026			HEMOGLOBIN COPPER SULF METH NO	NA	$2.00
83030			FETAL HEMOGLOBIN CHEMICAL	NA	$10.00
83033			FETAL FECAL HEMOGLOBIN QUAL. (	NA	$7.00
83036			GLYCOSYLATED	NA	$6.60
83036	QW		GLYCOSYLATED	NA	$6.60
83037			HEMOGLOBIN: GLYCOSYLATED (A1C)	NA	$8.63
83037	QW		HGB:GLYCOSYLATED(AIC) FDA HOME	NA	$9.59
83045			BLOOD METHEMOGLOBIN TEST	NA	$1.50

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DME/P&O				**PURCHASE**	**RENTAL**
83050			BLOOD METHEMOGLOBIN QUANT.	NA	$3.00
83051			PLASMA	NA	$1.20
83060			BLOOD SULFHEMOGLOBIN ASSAY	NA	$3.00
83065			HEMOGLOBIN HEAT ASSAY	NA	$3.00
83068			HEMOGLOBIN STABILITY SCREEN	NA	$3.00
83069			ASSAY URINE HEMOGLOBIN	NA	$3.00
83070			HEMOSIDERIN QUAL.	NA	$6.00
83080			B-HEXOSAMINIDASE EACH ASSAY	NA	$19.20
83088			ASSAY HISTAMINE	NA	$40.00
83090			HOMYSTINE	NA	$18.65
83150			HVA	NA	$12.00
83491			HYDROXYCORTICOSTEROIDS, 17 (AD	NA	$12.60
83497			ASSAY URINE 5-HIAA	NA	$6.00
83498			HYDROXYPROGESTERONE, 17-D (SYN	NA	$30.50
83500			HYDROXYPROLINE, FREE	NA	$30.00
83505			HYDROXYPROLINE	NA	$30.00
83516			IMMUNOASSAY QUAL/SEMIQUAL FOR	NA	$9.00
83518			IMM.ANALYTE ANTIBODY QUAL.SEMI	NA	$8.00

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DME/P&O				**PURCHASE**	**RENTAL**
83518	QW		IMM.ANALYTE ANTIBODY QUAL.SEMI	NA	$8.00
83519			IMMUNO.ANALYTE BY RIA	NA	$15.00
83520			IMM.ANALYTE:NOT OTHERWISE SPEC	NA	$14.31
83525			RIA ASSAY OF INSULIN	NA	$12.00
83526			INSULIN TOLERANCE TEST	NA	$10.00
83527			INSULIN: FREE	NA	$16.11
83528			INTRINSIC FACTOR LEVEL	NA	$20.00
83540			ASSAY SERUM IRON	NA	$4.50
83550			SERUM IRON BINDING TEST	NA	$7.20
83570			UV-ASSAY BLOOD IDH ENZYME	NA	$6.00
83582			ASSAY URINE 17-KGS	NA	$6.00
83586			KETOSTEROIDS, 17 (HORMONE) MEA	NA	$7.50
83593			KETOSTEROIDS, 17 (HORMONE) MEA	NA	$6.00
83605			LACTIC ACID ASSAY	NA	$13.50
83605	QW		LACTIC ACID ASSAY	NA	$13.50
83615			UV-ASSAY BLOOD LDH ENZYME	NA	$4.20
83625			ASSAY BLOOD LDH ENZYMES	NA	$9.00
83630			LACTOFERRIN, FECAL, QUALITATIV	NA	$17.45

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DME/P&O				**PURCHASE**	**RENTAL**
83631			LACTOFERRIN, FECAL:QUANTITATIV	NA	$17.45
83632			RIA PLACENTAL LACTOGEN	NA	$16.00
83633			TEST URINE FOR LACTOSE	NA	$6.30
83655			ASSAY BLOOD FOR LEAD	NA	$9.00
83655	QW		ASSAY BLOOD FOR LEAD	NA	$9.00
83655	52		PEDIATRIC LEAD SCREENING TESTI	NA	$8.00
83661			R/S RATIO	NA	$10.50
83662			L/S RATIO:FOAM STABILITY TEST	NA	$5.00
83663			FETALLUNG FLUORESENCE POLARIZA	NA	$10.46
83664			FETAL LUNG:FOAM STABILITY TEST	NA	$5.23
83670			UV-ASSAY BLOOD LAP ENZYME	NA	$2.10
83690			ASSAY BLOOD LIPASE	NA	$4.50
83695			LIPOPROTEIN (A)	NA	$11.51
83698			LIPOPROTEIN-ASSOCIATED PHOSPHO	NA	$37.05
83700			LIPOPROTEIN,BLOOD:ELECTRO SEP/	NA	$10.01
83701			LIPOPROTEIN, BLOOD: HIGH RESOL	NA	$27.09
83704			LIPOPROTEIN LEVEL	NA	$28.05
83718			BLOOD LIPOPROTEIN ASSAY	NA	$8.00

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DME/P&O				**PURCHASE**	**RENTAL**
83718	QW		BLOOD LIPOPROTEIN ASSAY	NA	$8.00
83719			LIPOPROTEIN,VLDL CHOLESTEROL	NA	$15.50
83721			LIPOPROTEIN,DIRECT MEAS.LDL CH	NA	$10.66
83721	QW		LIPOPROTEIN,DIRECT MEAS.LDL CH	NA	$10.66
83727			LUTEINIZING RELEASING FACTOR,	NA	$17.00
83735			ASSAY BLOOD MAGNESIUM	NA	$4.50
83775			UV-ASSAY OF MD ENZYME	NA	$5.90
83785			ASSAY OF MANGANESE	NA	$12.99
83789			MASS/SPECTRO,ANALYTE QUANT EAC	NA	$4.40
83825			ASSAY BLOOD MERCURY	NA	$8.40
83835			ASSAY URINE METANEPHRINES	NA	$10.20
83857			ASSAY METHEMALBUMIN	NA	$12.00
83861			MICROFLUIDIC ANALYSIS W/INTEG	NA	$17.98
83864			BLOOD MUCOPOLYSACCHARIDES	NA	$13.00
83872			ASSAY SYNOVIAL FLUID MUCIN	NA	$3.20
83873			MYELIN BASIC PROTEIN (NERVE PR	NA	$20.00
83874			MYOGLOBIN ELECTROPHORESIS	NA	$12.00
83876			MYELOPEROXIDASE (MPO)	NA	$40.69

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DME/P&O				**PURCHASE**	**RENTAL**
83880			NATRIUERETIC PEPTIDE	NA	$37.94
83880	QW		NATRIUERETIC PEPTIDE	NA	$37.94
83883			NEPHELOMETRY, TEST METHOD USIN	NA	$15.00
83885			ASSAY URINE FOR NICKEL	NA	$19.00
83915			NUCLEOTIDASE 5' (ENZYME) LEVEL	NA	$6.00
83916			OLIGOCLONAL IMMUNE GLOBULIN,CS	NA	$20.00
83918			ASSAY ORGANIC ACIDS	NA	$19.00
83919			ORGANIC ACID:QUAL EACH SPEC	NA	$19.00
83921			ORGANIC ACID,SINGLE,QUANT.	NA	$19.00
83930			ASSAY BLOOD OSMOLALITY	NA	$9.00
83935			ASSAY URINE OSMOLALITY	NA	$9.00
83937			OSTEOCALCIN	NA	$40.00
83945			ASSAY URINE OXALATE	NA	$17.00
83950			ONCOPROTEIN HER-2/NEU	NA	$71.20
83951			ONCOPROTEIN: DES-GAMMA-CARBOXY	NA	$57.26
83970			RIA ASSAY OF PARATHORMONE	NA	$54.00
83986			ASSAY BODY FLUID ACIDITY	NA	$4.30
83986	QW		ASSAY BODY FLUID ACIDITY	NA	$4.30

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DME/P&O				**PURCHASE**	**RENTAL**
83987			PH: EXHALED BREATH CONDENSATE	NA	$3.18
83992			PHENCYCLIDINE (PCP)	NA	$18.00
83993			CALPROTECTIN, FECAL	NA	$17.45
84030			PHENYLALANINE, PKU (AMINO ACID	NA	$6.00
84035			PHENLKETONES,QUAL.	NA	$4.90
84060			PHOSPHATASE,ACIDLTOTAL	NA	$3.60
84066			PHOSPHATASE, PROSTATIC (PROSTA	NA	$12.60
84075			ASSAY ALKALINE PHOSPHATASE	NA	$3.60
84078			ASSAY ALKALINE PHOSPHATASE	NA	$3.60
84080			ALKALINE PHOSPHATASE ISOENZYMI	NA	$3.60
84081			PHOSPHATYDYLGLYCEROL	NA	$20.00
84085			PHOSPHOGLUCONATE, 6, DEHYDROGE	NA	$7.90
84087			ASSAY PHOSPHOHEXOSE ENZYMES	NA	$13.50
84100			ASSAY BLOOD PHOSPHORUS	NA	$3.00
84105			ASSAY URINE PHOSPHORUS	NA	$3.00
84106			PORPHOBILINOGEN,URINE:QUAL.	NA	$1.80
84110			PORPHOBILINOGEN,QUANT	NA	$7.50
84112			CERVICOVAGINAL SECRETION OF PL	NA	$78.49

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DME/P&O				**PURCHASE**	**RENTAL**
84119			PORPHYRINS,URINE,QUAL.	NA	$3.00
84120			PORPHYRINS,URINE:QUANT AND FRA	NA	$7.50
84126			FECES PORPHYRINS,QUANT.	NA	$34.50
84132			ASSAY BLOOD POTASSIUM	NA	$3.90
84133			ASSAY URINE POTASSIUM	NA	$3.90
84134			PREALBUMIN	NA	$15.91
84135			PREGNANEDIOL: RIA	NA	$12.00
84138			PREGNANETRIOL:RIA	NA	$12.00
84140			PREGNENOLONE	NA	$27.50
84143			17-HYDROXYPREGNENCLONE	NA	$30.00
84144			ASSAY PROGESTERONE	NA	$20.00
84145			PROCALCITONIN (PCT)	NA	$23.82
84146			RIA ASSAY FOR PROLACTIN	NA	$20.00
84150			PROSTAGLANDIN, EACH	NA	$30.00
84152			PROSTATE SPECIFIC ANTIGEN PSA	NA	$24.50
84153			PROSTATE SPECIFIC ANTIGEN (PSA	NA	$24.50
84154			PROSTATE SPECIFIC ANTIGEN(PSA)	NA	$24.50
84155			TOTAL PROTEIN LEVEL, BLOOD	NA	$1.80

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DME/P&O				**PURCHASE**	**RENTAL**
84156			TOTAL PROTEIN LEVEL, URINE	NA	$1.80
84157			TOTAL PROTEIN LEVEL, BODY FLUI	NA	$1.80
84160			PROTEIN:TOTAL,REFRACTOMETRIC	NA	$1.80
84163			PREGNANCY-ASSOCIATED PLASMA PR	NA	$13.38
84165			PROTEIN MEASUREMENT, SERUM	NA	$6.00
84166			PROTEIN MEASUREMENT, BODY FLUI	NA	$15.85
84166	26		PROTEIN: ELECTROPHORETIC FRACT	NA	$14.94
84181			PROTEIN:WEST.BLOT INT.&REP.BLO	NA	$20.00
84181	26		PROTEIN:WEST.BLOT INT.&REP.BLO	NA	$15.00
84182			PROTEIN:WEST.BLOT IMM.PROBE BA	NA	$23.50
84182	26		PROTEIN:WEST.BLOT IMM.PROBE BA	NA	$15.00
84202			ASSAY RBC PROTOPORPHYRIN	NA	$10.40
84203			TEST RBC PROTOPORPHYRIN	NA	$3.00
84206			PROINSULIN	NA	$19.00
84207			(VITAMIN B-6) PYRIDOXAL PHOS.	NA	$32.00
84210			ASSAY BLOOD PYRUVATE	NA	$12.80
84220			PYRUVIC KINASE	NA	$10.30
84228			QUININE	NA	$13.60

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DME/P&O				**PURCHASE**	**RENTAL**
84233			RECEPTOR ASSAY: ESTROGEN(ESTRA	NA	$16.00
84234			RECEPTOR ASSAY: PROGESTERONE	NA	$20.00
84235			RECEPTOR ASSAY:ENDOCRINE:OTHER	NA	$63.20
84238			RECEPTOR ASSAY, NON-ENDO	NA	$43.00
84244			RIA ASSAY OF RENIN	NA	$25.00
84252			ASSAY VITAMIN B-2	NA	$24.00
84255			SELENIUM	NA	$29.60
84260			ASSAY BLOOD SEROTONIN	NA	$35.20
84270			SEX HORMONE BINDING GLOBULIN (	NA	$25.00
84275			ASSAY BLOOD SIALIC ACID	NA	$16.00
84285			ASSAY SILICA	NA	$28.80
84295			ASSAY BLOOD SODIUM	NA	$3.90
84300			ASSAY URINE SODIUM	NA	$3.90
84302			SODIUM:OTHER SOURCE	NA	$3.90
84305			SOMATOMEDIN	NA	$16.00
84307			SOMATOSTATIN	NA	$16.00
84311			SPECTR.ANALYTE NOT ELSEW.SPECI	NA	$7.50
84315			BODY FLUID SPECIFIC GRAVITY	NA	$3.00

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DME/P&O				**PURCHASE**	**RENTAL**
84375			CHROMATOGRAM ASSAY, SUGARS	NA	$23.20
84376			SUGARS(MON-DI)OLI/:SINGLE QUAL	NA	$7.00
84377			SUGAR/MON-DI-OLIGOSACC MULT-QU	NA	$7.00
84378			SUGARS/OLIGOSACC/OUANT EACH SP	NA	$14.00
84379			SUGAR/OLIGOSACCHARIDES/M/QUANT	NA	$14.00
84392			SULFATE, URINE	NA	$5.60
84402			TESTOSTERONE: FREE	NA	$30.40
84403			RIA ASSAY BLOOD TESTOSTERONE	NA	$32.00
84410			TESTOSTERONE LEVEL	NA	$58.04
84425			ASSAY VITAMIN B-1	NA	$23.11
84430			THIOCYANATE	NA	$3.60
84431			THROMBOXANE METABOLITE(S), INC	NA	$28.09
84432			THYROGLOBULIN	NA	$13.00
84436			THYROXINE, TRUE, RIA	NA	$6.00
84437			THYROXINE, NEONATAL	NA	$6.00
84439			THYROID PANEL	NA	$10.00
84442			THYROID ACTIVITY (TBG) ASSAY	NA	$12.00
84443			BLOOD TEST, THYROID STIMULATIN	NA	$18.30

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DME/P&O				**PURCHASE**	**RENTAL**
84445			RIA THYROTROPIN FACTOR	NA	$27.80
84446			ASSAY VITAMIN E	NA	$16.80
84449			TRANSCORTIN	NA	$24.00
84450			LIVER ENZYME (SGOT), LEVEL	NA	$3.00
84450	QW		UV-ASSAY- TRANSAMINASE (SGOT)	NA	$3.00
84460			LIVER ENZYME (SGPT), LEVEL	NA	$3.00
84460	QW		UV-ASSAY TRANSAMINASE (SGPT)	NA	$3.00
84466			TRANSFERRIN	NA	$15.20
84478			ASSAY BLOOD TRIGLYCERIDES	NA	$7.30
84478	QW		ASSAY BLOOD TRIGLYCERIDES	NA	$7.30
84479			TRIIODOTHYRONINE, RESIN UPTAKE	NA	$6.00
84480			THYROID HORMONE, T3 MEASUREMEN	NA	$15.00
84481			THYROID HORMONE, T3 MEASUREMEN	NA	$15.00
84482			THYROID HORMONE, T3 MEASUREMEN	NA	$15.00
84484			TROPONIN	NA	$9.51
84485			TRYPSIN (PANCREATIC ENZYME) ME	NA	$3.30
84488			TRYPSIN (PANCREATIC ENZYME) AN	NA	$3.30
84490			STOOL TRYPSIN (PANCREATIC ENZY	NA	$3.30

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DME/P&O				**PURCHASE**	**RENTAL**
84510			ASSAY BLOOD TYROSINE	NA	$12.70
84512			TROPNIN QUAL.	NA	$10.00
84520			ASSAY BUN	NA	$3.00
84525			STICK-ASSAY BUN	NA	$3.00
84540			ASSAY URINE UREA-N	NA	$3.00
84545			UREA-N CLEARANCE TEST	NA	$6.00
84550			URIC ACID LEVEL, BLOOD	NA	$3.00
84560			ASSAY URINE URIC ACID	NA	$3.00
84577			UROBILINOGEN (METABOLISM SUBST	NA	$6.00
84580			UROBILINOGEN (METABOLISM SUBST	NA	$2.10
84583			UROBILINOGEN (METABOLISM SUBST	NA	$2.10
84585			ASSAY URINE VMA	NA	$12.00
84586			VASOACTIVE INTEST.PEPTIDE (VIP	NA	$48.00
84588			RIA ASSAY VASOPRESSIN	NA	$45.00
84590			ASSAY BLOOD VITAMIN-A	NA	$6.00
84591			VITAMIN NOT OTHERWISE SPEC	NA	$12.82
84597			ASSAY VITAMIN-K	NA	$18.00
84600			VOLATILES	NA	$18.00

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DME/P&O				**PURCHASE**	**RENTAL**
84620			XYLOSE TOLERANCE TEST, BLOOD	NA	$16.00
84630			ASSAY BLOOD ZINC	NA	$15.00
84681			C-PEPTIDE, ANY METHOD	NA	$22.00
84702			GONADOTROPIN, CHORIONIC (REPRO	NA	$11.39
84702	UD		GONADOTROPIN,CHORIONIC:QUANTIT	NA	$11.39
84703			GONADOTROPIN,CHORIONIC:QUALITA	NA	$3.00
84703	QW		GONADOTROPIN,CHORIONIC:QUALITA	NA	$3.00
84703	UD		GONADOTROPIN,CHORIONIC:QUALITA	NA	$3.00
84704			GONADOTROPIN, CHORIONIC (REPRO	NA	$13.38
84830			OVUL.TESTS,VISUAL COLOR COMP.M	NA	$3.00
84999			UNLISTED CHEMISTRY/TOXICOLOGY	BY REPORT	BY REPORT
85002			BLEEDING TIME TEST	NA	$1.20
85004			BLOOD COUNT:AUTOMATED DIFF WBC	NA	$7.20
85007			DIFFERENTIAL WBC COUNT	NA	$2.40
85008			BLOOD COUNT:MAN.SMEAR EX.WITHO	NA	$1.20
85009			DIFFERENTIAL WBC COUNT	NA	$1.20
85013			BLOOD COUNT:SPUN MICROHEMATOCR	NA	$1.50
85013	FP		BLOOD COUNT:SPUN MICROHEMATOCR	NA	$1.50

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DME/P&O				**PURCHASE**	**RENTAL**
85014			HEMATOCRIT	NA	$1.50
85014	QW		HEMATOCRIT	NA	$1.50
85014	UD		HEMATOCRIT	NA	$1.50
85018			HEMOGLOBIN, COLORIMETRIC	NA	$1.20
85018	FP	QW	HEMOGLOBIN, COLORIMETRIC	NA	$2.00
85018	QW		HEMOGLOBIN, COLORIMETRIC	NA	$1.20
85025			COMPLETE BLOOD CELL COUNT (RED	NA	$5.00
85025	UD		BLOOD COUNT:HEMO.PLAT.COUNT,AU	NA	$5.00
85027			COMPLETE BLOOD CELL COUNT (RED	NA	$4.80
85032			BLOOD COUNT:MANAL CELL C:ER,LE	NA	$3.00
85041			RED BLOOD CELL COUNT, AUTOMATE	NA	$1.20
85044			RED BLOOD COUNT, MANUAL TEST	NA	$3.00
85045			RED BLOOD COUNT, AUTOMATED TES	NA	$4.00
85046			RED BLOOD COUNT AUTOMATED, WIT	NA	$2.75
85048			WHITE BLOOD CELL (WBC) COUNT	NA	$1.20
85049			PLATELET COUNT, AUTOMATED TEST	NA	$5.00
85055			RETICULATED PLATELET ASSAY	NA	$29.93
85060			BLOOD SMEAR, PERIPHERAL, INTER	NA	$8.00

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DME/P&O				**PURCHASE**	**RENTAL**
85097			BONE MARROW, SMEAR INTERPRETAT	NA	$24.00
85097	26		BONE MARROW SMEAR INTERPR.ONLY	NA	$24.00
85130			CHROMOGENIC SUBSTRATE ASSAY	NA	$12.98
85170			BLOOD CLOT EVALUATION, (RETRAC	NA	$0.60
85175			BLOOD CLOT EVALUATION, (CLOT D	NA	$3.90
85210			CLOTTING FACTOR II PROTHROMBIN	NA	$3.00
85220			CLOTTING FACTOR V (ACG OR PROA	NA	$24.00
85230			CLOTTING FACTOR VII (PROCONVER	NA	$24.00
85240			BLOOD CLOT FACTOR VIII TEST	NA	$24.00
85244			FACTOR VIII RELATED ANTIGEN QU	NA	$22.28
85245			CLOTTING:FACTOR VIII,VW RIST.C	NA	$10.00
85246			CLOTTING:FACTOR VIII,VW ANTIGE	NA	$10.00
85247			CLOTTING:FACTOR VIII VON WILLE	NA	$10.00
85250			BLOOD CLOT FACTOR IX TEST(PTC/	NA	$20.73
85260			BLOOD CLOT FACTOR X TEST(STUAR	NA	$24.00
85270			BLOOD CLOT FACTOR XI TEST (PTA	NA	$24.00
85280			BLOOD CLOT FACTOR XII TEST	NA	$26.00
85290			BLOOD CLOT FACTOR XIII TEST	NA	$8.00

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DME/P&O				**PURCHASE**	**RENTAL**
85291			BLOOD CLOT FACTOR XIII TEST	NA	$7.00
85292			CLOTTING: PREKALLIKRIEW ASSAY	NA	$20.67
85293			CLOTTING:H-M-W KINNINOGEN ASSA	NA	$20.67
85300			ANTITHROMBIN III TEST ACTIVITY	NA	$15.00
85301			CLOT. INHIB/ANTICOAG/ANTITHROM	NA	$14.00
85302			PROTEIN C, (CLOTTING INHIBITOR	NA	$16.00
85303			CLOTTING INH.OR ANTIC.PROT.C,A	NA	$18.00
85305			CLOTTING INHIBITORS PROTEINS S	NA	$12.66
85306			CLOTTING INH.OR ANT:PROT.S FRE	NA	$18.00
85307			ACTIVATED PROTEIN C(APC) RESIS	NA	$18.00
85335			FACTOR INHIBITOR TEST	NA	$10.00
85337			THROMBOMODULIN	NA	$10.00
85345			COAGULATION TIME	NA	$1.80
85347			COAGULATION TIME, ACTIVATED	NA	$3.00
85348			COAGULATION TIME, OTHER METHOD	NA	$1.20
85360			EUGLOBULIN LYSIS	NA	$11.00
85362			FIBRIN DEGRADATION PRODUCTS,AG	NA	$3.00
85366			FDP FSP: PARACOAGULATION	NA	$8.00

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DME/P&O				**PURCHASE**	**RENTAL**
85370			FDP FSP: QUANTITATIVE	NA	$3.57
85378			FIBRIN DEGR.PRODUCTS,D-DIMER:S	NA	$5.00
85379			FIBRIN DEGR.PRODUCTS,D-DIMER:Q	NA	$5.00
85380			FIBRIN DEGRAD:VENOUS THROM QUA	NA	$5.00
85384			FIBRINOGEN:ACTIVITY	NA	$9.60
85385			FIBRINOGEN: ANTIGEN	NA	$9.60
85390			FIBRINOLYSINS SCREEN	NA	$7.00
85390	26		FIBRINOLYSINS SCREEN	NA	$5.00
85396			COAGULATION OR FIBRINOLYSIS (C	NA	$18.00
85397			COAGULATION AND FIBRINOLYSIS	NA	$25.18
85400			FIBRINOLYTIC FACTORS: PLASMIN	NA	$9.00
85410			FIBRINOLYTIC ANTIPLASMIN-ALPHA	NA	$9.00
85415			FIBR.FACTOR&ING.PLASM.ACTIVATO	NA	$10.00
85420			FIBRINOLYTIC PLASMINOGEN	NA	$7.14
85421			FIBR0 MECH:PLASM.ANTIGENIC ASS	NA	$11.12
85441			HEINZ BODIES: DIRECT	NA	$5.00
85445			HEINZ BODIES: INDUCED	NA	$5.00
85460			HEMOGLOBIN, FETAL	NA	$9.40

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85461			HRG/RBC ROSETTE	NA	$9.00
85475			HEMOLYSIN: ACID	NA	$10.00
85520			HEPARIN ASSAY	NA	$7.97
85525			HEPARIN NEUTRALIZATION	NA	$16.00
85530			HEPARIN-PROTAMINE TOLERANCE	NA	$16.00
85536			IRON STAIN PERIPHERAL BLOOD	NA	$5.00
85540			WBC ALKALINE PHOSPHATASE	NA	$8.90
85547			RBC MECHANICAL FRAGILITY	NA	$10.50
85549			SERUM MURAMIDASE	NA	$25.00
85555			RBC OSMOTIC FRAGILITY	NA	$4.80
85557			RBC OSMOTIC FRAGILITY, INCUBAT	NA	$4.80
85576			PLATELET:AGGREGATION (IN VITRO	NA	$24.01
85576	QW		PLATELET:AGGREGATION (IN VITRO	NA	$24.01
85576	26		PLATELET:AGGREGATION (IN VITRO	NA	$5.00
85597			PLATELET NEUTRALIZATION	NA	$20.00
85598			PHOSPHOLIPID NEUTRALIZATION: H	NA	$15.98
85610			BLOOD TEST, CLOTTING TIME	NA	$3.00
85610	QW		PROTHROMBIN TIME	NA	$3.00

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DME/P&O				**PURCHASE**	**RENTAL**
85610	UD		PROTHROMBIN TIME	NA	$3.00
85611			BLOOD TEST, CLOTTING TIME	NA	$4.50
85612			VIPER VENOM PROTHROMBIN TIME	NA	$13.00
85613			RUSSELL VIPER VENOM TIME: DILU	NA	$10.00
85635			REPTILASE TEST	NA	$8.40
85651			RED BLOOD CELL SEDIMENTATION R	NA	$1.50
85652			RED BLOOD CELL SEDIMENTATION R	NA	$1.50
85660			RBC SICKLE CELL TEST	NA	$3.00
85670			THROMBIN TIME, FIBRINOGEN SCRE	NA	$6.60
85675			THROMBIN TIME, FIBRINOGEN SCRE	NA	$6.42
85705			THROMBOPLASTIN INHIBITION: TIS	NA	$7.90
85730			THROMBOPLASTIN TIME, PARTIAL	NA	$3.00
85730	UD		THROMBOPLASTIN TIME, PARTIAL	NA	$3.00
85732			THROMBOPLASTIN TIME, SUB PLASM	NA	$3.00
85810			BLOOD VISCOSITY EXAMINATION	NA	$15.00
85999			UNLISTED HEMATOLOGY PROCEDURE	BY REPORT	BY REPORT
86001			ALLERGEN SPECIFIC IGG QUANT EA	NA	$4.00
86003			ALLERGEN SPEC.IGE:QUANT.TO 12	NA	$4.00

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DME/P&O				**PURCHASE**	**RENTAL**
86005			MEASUREMENT OF ANTIBODY (IGE)	NA	$3.24
86008			MEASURMENT OF ANTIBODY (IGE) T	NA	$15.94
86021			WBC ANTIBODY IDENTIFICATION	NA	$9.00
86022			PLATELET ANTIBODIES	NA	$9.00
86023			ANTIBODY ID,PLAT.ASS. IMMUNOBL	NA	$15.00
86038			ANTINUCLEAR ANTIBODIES (ANA),	NA	$7.80
86039			ANTINUCLEAR ANTIBODIES,ANA:TIT	NA	$15.00
86060			ANTISTREPTOLYSIN O TITER	NA	$3.60
86063			ANTISTREPTOLYSIN O SCREEN	NA	$1.20
86077			BLOOD BANK PHYSICIAN SERVICES:	NA	$25.00
86078			BLOOD BANK PHYSICIAN SERVICES:	NA	$17.00
86079			BLOOD BANK PHYSICIAN SERVICES:	NA	$17.00
86140			C-REACTIVE PROTEIN	NA	$3.00
86141			C-REACTIVE PROTEIN:HSCRP	NA	$14.30
86146			BETA 2 GLYOCOPROTEIN I ANTIBOD	NA	$27.77
86147			CARDIOLIPIN ANTIBODY	NA	$27.77
86148			ANTI-PHOSPHATIDYLSERINE PHOSPH	NA	$17.50
86152			CELL ENUMERATION USING IMMUNOL	NA	$218.40

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DME/P&O				**PURCHASE**	**RENTAL**
86153			CELL ENUMERATION USING IMMUNOL	NA	$29.60
86155			CHEMOTAXIS ASSAY	NA	$17.41
86156			COLD AGGLUTININ: SCREEN	NA	$3.00
86157			COLD AGGLUTININ: TITER	NA	$9.00
86160			COMPLEMENT:ANTIGEN,EACH COMPON	NA	$9.00
86161			COMPLEMENT:FUNCTIONAL ACT.EACH	NA	$9.00
86162			COMPLEMENT: TOTAL (CH 50)	NA	$15.60
86171			COMPLEMENT FIXATION, EACH	NA	$4.50
86200			CYCLIC CITRULLINATED PEPTIDE (	NA	$11.51
86215			DEOXYRIBONUCLEASE, ANTIBODY	NA	$18.00
86225			DNA ANTIBODY	NA	$13.00
86226			DNA ANTIBODY: SINGLE STRANDED	NA	$15.00
86235			ENA ANTIBODY	NA	$24.00
86255			FLUORESCENT ANTIBODY: SCREEN	NA	$7.80
86255	26		FLUORESCENT ANTIBODY: SCREEN	NA	$5.00
86256			FLUORESCENT ANTIBODY: TITER	NA	$12.50
86256	26		FLUORESCENT ANTIBODY: TITER	NA	$5.00
86277			GROWTH HORMONE,HUMAN,ANTIBODY	NA	$16.00

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DME/P&O				**PURCHASE**	**RENTAL**
86280			HEMAGGLUTINATION INHIBITION	NA	$5.40
86294			IMMUNOASSAY FOR TUMOR ANTIGEN	NA	$12.00
86294	QW		IMMUNOASSAY TUMOR ANTIGEN QUAL	NA	$12.00
86300			IMMUNOASSAY FOR TUMOR ANTIGEN	NA	$23.00
86301			CA19-9	NA	$23.00
86304			CA125	NA	$23.00
86305			HUMAN EPIDIDYMIS PROTEIN 4 (HE	NA	$18.50
86308			HETEROPHILE ANTIBODIES:SCREENI	NA	$3.00
86308	QW		HETEROPHILE ANTIBODIES:SCREENI	NA	$3.00
86309			HETEROPHILE ANTIBODIES: TITER	NA	$5.00
86310			HETEROPHILE ANTIBODIES	NA	$4.50
86316			IMMUNOASSAY FOR TUMOR ANTIGEN	NA	$28.00
86317			IMMUNOASSAY/INFECTIOUS AGENT..	NA	$8.00
86318			IMMUNOASSAY TO INFECTIOUS AGEN	NA	$7.00
86318	QW		IMMUNOASSAY TO INFECTIOUS AGEN	NA	$7.00
86320			SERUM IMMUNOELECTROPHORESIS	NA	$10.50
86320	26		SERUM IMMUNOELECTROPHORESIS	NA	$5.00
86325			OTHER IMMUNOELECTROPHORESIS	NA	$25.00

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DME/P&O				**PURCHASE**	**RENTAL**
86325	26		OTHER IMMUNOELECTROPHORESIS	NA	$5.00
86327			IMMUNOELECTROPHORESIS: CROSSED	NA	$25.00
86327	26		IMMUNOELECTROPHORESIS: CROSSED	NA	$5.00
86329			IMMUNODIFFUSION, EACH	NA	$19.00
86331			IMMUNODIFFUSION OUCHTERLONY	NA	$4.50
86332			IMMUNE COMPLEX ASSAY	NA	$33.00
86334			IMMUNOFIXATION ELECTROPHORESIS	NA	$30.00
86334	26		IMMUNOFIXATION ELECTROPHORESIS	NA	$5.00
86335			IMMUNOFIXATION ELECTROPHORESIS	NA	$26.09
86335	26		IMMUNOFIXATION ELECTROPHORESIS	NA	$14.94
86336			INHIBIN A	NA	$17.50
86337			INSULIN ANTIBODIES	NA	$13.71
86340			INTRINSIC FACTOR ANTIBODIES	NA	$20.00
86341			ISLET CELL ANTIBODY	NA	$25.00
86343			LEUKOCYTE HISTAMINE RELEASE	NA	$6.00
86344			LEUKOCYTE PHAGOCYTOSIS	NA	$10.86
86352			CELLULAR FUNCTION ASSAY INVOLV	NA	$120.77
86353			LYMPHOCYTE TRANSFORMATION	NA	$32.00

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DME/P&O				**PURCHASE**	**RENTAL**
86355			B CELLS, TOTAL COUNT	NA	$33.54
86356			MONONUCLEAR CELL ANTIGEN, QUAN	NA	$23.80
86357			NATURAL KILLER CELLS,TOTAL COU	NA	$33.54
86359			T CELLS COUNT, TOTAL	NA	$40.00
86360			T CELLS:T4&T8, INCLUDING RATIO	NA	$55.00
86361			T CELLS:ABSOLUTE CD4 COUNT	NA	$29.93
86367			STEM CELLS COUNT, TOTAL	NA	$62.22
86376			MICROSOMAL ANTIBODY (THYROID)	NA	$6.60
86382			NEUTRALIZATION TEST, VIRAL	NA	$20.00
86384			NITROBLUE TETRAZOLIUM DYE	NA	$10.86
86386			NUCLEAR MATRIX PROTEIN 22, QUA	NA	$17.42
86403			PARTICLE AGGL. RAPID TEST FOR	NA	$8.00
86406			TITER/EACH ANTIBODY	NA	$6.60
86430			RHEUMATOID FACTOR: QUAL.	NA	$1.80
86431			RHEUMATOID FACTOR: QUANTITATIV	NA	$4.50
86480			TUBERCULOSIS TEST, CELL MEDIAT	NA	$55.10
86481			TUBERCULOSIS TEST, CELL MEDIAT	NA	$80.00
86485			SKIN TEST: CANDIDA	NA	$4.00

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DME/P&O				**PURCHASE**	**RENTAL**
86486			SKIN TEST: UNLISTED ANTIGEN, E	NA	$4.56
86490			COCCIDIOIDOMYCOSIS SKIN TEST	NA	$4.00
86510			HISTOPLASMOSIS SKIN TEST	NA	$4.00
86580			TB PATCH OR INTRADERMAL TEST	$4.00	$4.00
86580	HA		TUBERCULOSIS TEST, INTRADERMAL	NA	$10.00
86580	HU		TB PATCH OR INTRADERMAL TEST	NA	$4.00
86590			STREPTOKINASE, ANTIBODY	NA	$8.00
86592			SYPHILIS TEST(S),QUALITATIVE	NA	$1.50
86592	FP		SYPHILIS TEST(S) ,QUALITATIVE	NA	$1.50
86592	UD		SYPHILIS TEST(S),QUALITATIVE	NA	$1.50
86593			SYPHILIS TEST, QUANTITATIVE	NA	$3.00
86602			ANTIBODY: ACTINOMYCES	NA	$10.00
86603			ANTIBODY: ADENOVIRUS	NA	$10.00
86606			ANTIBODY: ASPIRGILLUS	NA	$10.00
86609			ANTIBODY:BACTERIUM,NOT ELSEWHE	NA	$10.00
86611			BARTONELLA	NA	$11.20
86612			ANTIBODY: BLASTOMYCES	NA	$10.00
86615			ANTIBODY: BORDETELLA	NA	$10.00

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DME/P&O				**PURCHASE**	**RENTAL**
86617			LYME CONFIRM-WESTER/IMMUNBLOT	NA	$19.00
86618			ANTIBODY:BORELLIA BUFGDORFERI(	NA	$23.00
86618	QW		ANTIBODY:BORELLIA BUFGDORFERI(	NA	$23.00
86619			ANTIBODY:BORRELIA (RELAPSING F	NA	$10.00
86622			ANTIBODY: BRUCELLA	NA	$8.00
86625			ANTIBODY: CAMPYLOBACTER	NA	$10.00
86628			ANTIBODY: CANDIDA	NA	$10.00
86631			ANTIBODY:CHLAMYDIA	NA	$10.00
86632			ANTIBODY, CHLAMYDIA, 1GM	NA	$15.00
86635			ANTIBODY:COCCIDOIDES	NA	$10.00
86638			ANTIBODY: COXIELLA BRUNETII Q	NA	$12.50
86641			ANTIBODY:CRYPTOCCUS	NA	$12.50
86644			ANTIBODY:CYTOMEGALOVIRUS (CMV)	NA	$12.00
86645			ANTIBODY: (CMV) IGM	NA	$12.00
86648			ANTIBODY:DIPTHERIA	NA	$18.00
86651			ANTIBODY:ENCEPHALITIS,CAL.LACR	NA	$12.00
86652			ANTIBODY:ENCEPHALITIS, EAST. E	NA	$12.00
86653			ANTIBODY:ENCEPHALITIS,ST. LOUI	NA	$12.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86654			ANTIBODY:ENCEPHALITIS,WEST.EGV	NA	$12.00
86658			ANTIBODY:ENTEROVIRUS (EG,COXSA	NA	$12.00
86663			ANTIBODY: EB VIRUS, EA	NA	$12.00
86664			ANTIBODY:EB VIRUS, EBNA	NA	$16.70
86665			ANTIBODY: EB VIRUS, VCA	NA	$19.80
86666			EHRLICHIA	NA	$11.20
86668			ANTIBODY:FRANCISELLA TULARENSI	NA	$12.00
86671			ANTIBODY:FUNGUS,NOT ELSEWHERE	NA	$15.00
86674			ANTIBODY: GIARDIA LAMBLIA	NA	$20.00
86677			ANTIBODY:HELICOBACTER PYLORI	NA	$12.00
86682			ANTIBODY:HELMINTH,NOT ELSEWHER	NA	$12.00
86684			ANTIBODY:HEMOPHILUS INFLUENZA	NA	$15.00
86687			ANALYSIS FOR ANTIBODY TO HUMAN	NA	$9.23
86688			ANALYSIS FOR ANTIBODY TO HUMAN	NA	$13.00
86689			CONFIRMATION TEST FOR ANTIBODY	NA	$21.20
86692			ANTIBODY:HEPATITIS,DELTA AGENT	NA	$20.00
86694			ANTIBODY:HERPES SIMPLEX,NON-SP	NA	$12.80
86695			ANALYSIS FOR ANTIBODY TO HERPE	NA	$12.80

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DME/P&O				**PURCHASE**	**RENTAL**
86695	FP		ANTIBODY:HERPES SIMPLEX TYPE I	NA	$12.80
86696			ANALYSIS FOR ANTIBODY TO HERPE	NA	$21.40
86696	FP		HERPES SIMPLEX TYPE 2	NA	$21.40
86698			ANTIBODY:HISTOPLASMA	NA	$15.00
86701			ANTIBODY: HIV-1	NA	$12.00
86701	FP		ANTIBODY: HIV - 1	NA	$12.00
86701	QW		ANTIBODY: HIV 1	NA	$12.00
86701	UD		ANTIBODY: HIV-1	NA	$12.00
86702			ANTIBODY: HIV 2	NA	$13.00
86703			ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$18.00
86703	FP		ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$18.00
86703	FP	QW	ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$18.00
86703	QW		ANTIBODY: HIV 1&2 SINGLE ASSAY	NA	$18.00
86703	UD		ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$18.00
86704			HEPATITIS(HBCAB):IGGANDIGM	NA	$15.00
86705			HEPATITIS BCORE ANTI IGM ANTIB	NA	$12.60
86706			HEPATIITS B SURFACE ANTIBODY(H	NA	$12.00
86707			HEPATITIS BE ANTIBODY (HBEAB)	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
86708			HEPATITIS A ANTIBODY(HAAB):IGG	NA	$12.00
86709			HEPATITIS A IGM ANTIBODY	NA	$12.60
86710			ANTIBODY: INFLUENZA VIRUS	NA	$12.00
86711			ANTIBODY: JC (JOHN CUNNINGHAM)	NA	$13.51
86713			ANTIBODY: LEGIONELLA	NA	$20.00
86717			ANTIBODY:LEISHMANIA	NA	$16.00
86720			ANTIBODY:LEPTOSPIRA	NA	$15.00
86723			ANTIBODY:LISTERIA MONOCYTOGENE	NA	$15.00
86727			ANTIBODY:LYMPHOCYTIC CHORIOMEN	NA	$15.00
86732			ANTIBODY: MUCORMYCOSIS	NA	$15.00
86735			ANTIBODY: MUMPS	NA	$15.00
86738			ANTIBODY: MYCOPLASMA	NA	$12.00
86741			ANTIBODY:NEISSERIA MENINGITIDI	NA	$12.00
86744			ANTIBODY:NOCARDIA	NA	$12.00
86747			ANTIBODY: PARVOVIRUS	NA	$12.00
86750			ANTIBODY:PLASMODIM (MALARIA)	NA	$12.00
86753			ANTIBODY:PROTOZOA,NOT ELSEWHER	NA	$12.00
86756			ANTIBODY:RESPIRATORY SYNCYTIAL	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
86757			RICKETTSIA	NA	$21.40
86759			ANTIBODY:ROTAVIRUS	NA	$12.00
86762			ANTIBODY:RUBELLA	NA	$12.00
86762	FP		ANTIBODY:RUBELLA	NA	$12.00
86762	UD		ANTIBODY:RUBELLA	NA	$12.00
86765			ANTIBODY:RUBEOLA	NA	$10.00
86768			ANTIBODY:SALMONELLA	NA	$12.00
86771			ANTIBODY:SHIGELLA	NA	$12.00
86774			ANTIBODY:TETANUS	NA	$5.40
86777			ANTIBODY: TOXOPLASMA	NA	$12.00
86778			ANTIBODY: TOXOPLASMA, IGM	NA	$15.00
86780			ANALYSIS FOR ANTIBODY, TREPONE	NA	$11.77
86784			ANTIBODY:TRICHINELLA	NA	$8.00
86787			ANTIBODY:VARICELLA-ZOSTER	NA	$12.60
86788			ANTIBODY: WEST NILE VIRUS, IGM	NA	$14.98
86789			ANTIBODY: WEST NILE VIRUS	NA	$12.79
86790			ANTIBODY:VIRUS,NOT ELSEWHERE S	NA	$17.00
86793			ANTIBODY: YERSINIA	NA	$8.00

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DME/P&O				**PURCHASE**	**RENTAL**
86794			ANALYSIS FOR ANTIBODY TO ZIKA	NA	$14.98
86800			THYROGLOBULIN ANTIBODY, RIA	NA	$13.00
86803			HEPATITIS C ANTIBODY	NA	$19.00
86804			HEPATITIS C ANTI CONFIRM IMMUN	NA	$20.00
86805			LYMPHOCYTOTIXICITY ASSAY CROSS	NA	$22.00
86806			LYMPHOCYTOTOXICITY ASSAY C TIT	NA	$22.00
86807			SERUM SCR CYTOTOXIC % REACTIVE	NA	$43.09
86808			QUICK METHOD CYTOTOXIC % ANTI-	NA	$39.00
86809			HEP A ANTI (HAAB) IGM ANTI	NA	$12.60
86812			TISSUE TYPING:	NA	$12.60
86813			TISSUE TYPING:	NA	$19.00
86816			TISSUE TYPING:	NA	$19.00
86817			TISSUE TYPING:	NA	$19.00
86821			TISSUE TYPING:	NA	$68.00
86825			HUMAN LEUKOCYTE ANTIGEN (HLA)	NA	$87.59
86826			HUMAN LEUKOCYTE ANTIGEN (HLA)	NA	$29.22
86828			ANTIBODY TO HUMAN LEUKOCYTE AN	NA	$51.35
86829			ANTIBODY TO HUMAN LEUKOCYTE AN	NA	$51.35

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DME/P&O				**PURCHASE**	**RENTAL**
86830			ASSESSMENT OF ANTIBODY TO HUMA	NA	$76.42
86831			ASSESSMENT OF ANTIBODY TO HUMA	NA	$65.50
86832			ASSESSMENT OF ANTIBODY TO HUMA	NA	$259.00
86833			ASSESSMENT OF ANTIBODY TO HUMA	NA	$260.64
86834			ASSESSMENT OF ANTIBODY TO HUMA	NA	$317.83
86835			ASSESSMENT OF ANTIBODY TO HUMA	NA	$287.08
86849			UNLISTED IMMUNOLOGY PROCEDURE	BY REPORT	BY REPORT
86850			ANTIBODY SCREEN,RBC,EACH SERUM	NA	$4.20
86850	UD		ANTIBODY SCREEN,RBC,EACH SERUM	NA	$4.20
86860			ANTIBODY ELUTION (RBC),EACH EL	NA	$4.20
86870			ANTIBODY IDENT.RBC ANT. EACH P	NA	$9.00
86880			ANITHUMAN GLOBULIN TEST:DIRECT	NA	$5.00
86885			COOMBS TEST:IND.QUAL.EACH ANTI	NA	$6.80
86886			ANTIHUMAN GLOBULIN TEST I DIRE	NA	$5.00
86890			AUTOLOGOUS BLOOD OR COMPONENT,	NA	$75.00
86891			AUTOLOGOUS BLOOD:INTRA OR POST	NA	$75.00
86900			BLOOD TYPING: ABO	NA	$2.00
86900	UD		BLOOD TYPING: ABO	NA	$2.00

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DME/P&O				**PURCHASE**	**RENTAL**
86901			BLOOD TYPING: RH (D)	NA	$2.00
86901	UD		BLOOD TYPING: RH (D)	NA	$2.00
86902			BLOOD TYPING: ANTIGEN TESTING	NA	$5.08
86904			BLOOD TYPING:ANT.SCR.COMP.UNIT	NA	$11.70
86905			BLOOD TYPING:RBC ANT.OTHER THA	NA	$3.00
86906			BLOOD TYPING:RH PHENOTYPING,CO	NA	$2.00
86910			BLOOD TYPING:PAT.TEST.ABO,RH&M	NA	$12.60
86911			BLOOD TYPING PATERNITY (EACH A	NA	$5.00
86920			COMP.TEST EACH:IMM.SPIN TECHNI	NA	$12.00
86921			COMP.TEST EACH:INCUATION TECHN	NA	$12.00
86922			COMP.TEST EACH:ANTIGLOBULIN TE	NA	$12.00
86923			COMPATIBILITY TEST EACH UNIT:	NA	$12.00
86940			HEMOLYSINS & AGGLITININS,AUTO	NA	$9.50
86941			HEM.&AGL.AUTO,SCREEN,EACH:INCU	NA	$12.50
86945			IRRADIATION OF BLOOD PRODUCT,	NA	$8.00
86950			LEUKOCYTE TRANSFUSION	NA	$32.00
86960			VOLUME REDUCTION OF BLOOD OR B	NA	$25.00
86965			POOLING PLATELETS OR OTHER BLO	NA	$25.00

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DME/P&O				**PURCHASE**	**RENTAL**
86970			PRET. RBC'S USE RBC ANT. DET.	NA	$15.00
86971			PRET.RBC'S USE RBC INC.ENZYMES	NA	$15.00
86972			PRET.RBC'S USE RBC DENSITY GRA	NA	$15.00
86975			PRET.SERUM USE RBC,INC.DRUGS,E	NA	$25.00
86976			PRET.SERUM USE RBC:BY DILUTION	NA	$25.00
86977			PRET.SERUM USE RBC:INC.WITH IN	NA	$25.00
86978			PRET.SERUM USE RBC:DIF.RED CEL	NA	$35.00
86985			SPLITTING BLOOD OR PRODUCTS,EA	NA	$25.00
86999			UNLISTED TRANSF. PROCEDURE	BY REPORT	BY REPORT
87003			ANIMAL INOCULATION, SMALL ANIM	NA	$15.00
87015			SPECIMEN CONCENTRATION	NA	$5.10
87040			BLOOD CULTURE FOR BACTERIA	NA	$9.00
87045			STOOL CULTURE FOR BACTERIA	NA	$9.00
87046			STOOL ADD.PATH ISOLATION AND P	NA	$3.00
87070			CULTURE SPECIMEN, BACTERIA	NA	$9.00
87071			QUANTITATIVE,AEROBIC ISOLATES	NA	$6.00
87073			QUANT,ANEROBIC W/ISOL ANY SOUR	NA	$6.00
87075			CULTURE SPECIMEN, BACTERIA	NA	$9.00

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DME/P&O				**PURCHASE**	**RENTAL**
87076			BACTERIA IDENTIFICATION	NA	$6.00
87077			AEROBIC ISOLATE CULTURE EACH I	NA	$9.00
87077	QW		AEROBIC IAOLATE ADD METHODS EA	NA	$9.00
87081			BACTERIA CULTURE SCREEN	NA	$9.00
87084			PRESUM PATHOG CUL SCR:W/COLONY	NA	$3.00
87086			BACTERIAL COLONY COUNT, URINE	NA	$6.00
87086	FP		URINE CULTURE,COLONY COUNT	NA	$6.00
87088			URINE BACTERIA CULTURE	NA	$2.70
87101			FUNGAL CULTURE (MOLD OR YEAST)	NA	$8.00
87102			FUNGUS ISOLATION CULTURE	NA	$8.00
87103			CULTURE,FUNGI,ISOLATION BLOOD	NA	$8.00
87106			FUNGAL CULTURE, YEAST	NA	$8.00
87107			CULTURE MOLD	NA	$11.42
87109			MYCOPLASMA CULTURE	NA	$14.00
87110			CULTURE,CHLAMYDIA	NA	$15.00
87116			MYCOBACTERIA CULTURE	NA	$6.00
87118			MYCOBACTERIA IDENTIFICATION	NA	$12.00
87140			CULTURE TYPING, FLUORESCENT	NA	$3.00

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DME/P&O				**PURCHASE**	**RENTAL**
87143			CULTURE TYPING, GLC METHOD	NA	$3.00
87147			CULTURE TYPING, SEROLOGIC	NA	$3.00
87149			CULTURE ID BY NUCLEIC ACID PRO	NA	$22.00
87150			CULTURE, TYPING: IDENTIFICATIO	NA	$31.19
87152			IDENTIFICATION BY PULSE FIELD	NA	$5.79
87153			CULTURE, TYPING: IDENTIFICATIO	NA	$102.54
87158			CULTURE TYPING, ADDED METHOD	NA	$3.00
87164			DARK FIELD EXAMINATION	NA	$6.00
87164	26		DARK FIELD EXAMINATION	NA	$3.00
87166			DARK FIELD EXAMINATION	NA	$6.00
87168			MACROSOPIC EXAM ARTHROPOD	NA	$4.72
87169			MACROSOPIC EXAM:PARASITE	NA	$4.72
87172			PINWORM EXAM(EGCELLOPHANE TAPE	NA	$4.72
87176			ENDOTOXIN, BACTERIAL	NA	$6.40
87177			OVA AND PARASITES SMEARS	NA	$5.10
87181			EVALUATION OF ANTIMICROBIAL DR	NA	$5.80
87184			EVALUATION OF ANTIMICROBIAL DR	NA	$9.00
87184	FP		ANTIBIOTIC SENSITVITY,EACH	NA	$9.00

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DME/P&O				**PURCHASE**	**RENTAL**
87185			EVALUATION OF ANTIMICROBIAL DR	NA	$5.25
87186			EVALUATION OF ANTIMICROBIAL DR	NA	$11.00
87187			EVALUATION OF ANTIMICROBIAL DR	NA	$13.00
87188			EVALUATION OF ANTIMICROBIAL DR	NA	$6.00
87197			SERUM BACTERICIDAL TITER	NA	$15.00
87205			SMEAR, STAIN & INTERPRET, ROUT	NA	$4.20
87205	SA		SMEAR, STAIN & INTERPRETATION	NA	$4.00
87206			SMEAR, STAIN & INTERPRET	NA	$4.20
87207			SMEAR, STAIN & INTERPRET, SPEC	NA	$3.00
87209			SMEAR, PRIMARY SOURCE WITH INT	NA	$15.98
87210			SMEAR, STAIN & INTERPRET, WET	NA	$2.40
87210	QW		SMEAR STAIN &INTERPRET WET MOU	NA	$2.40
87220			TISSUE EXAMINATION FOR FUNGI	NA	$2.40
87220	SA		TISSUE EXAMINATION FOR FUNGI	NA	$2.28
87230			TOXIN/ANTITOXIN ASSAY,TISSUE C	NA	$21.50
87250			INOCULATION OF EMBRYONATED EGG	NA	$25.50
87252			VIRUS ID:TISSUE CULT.INOCULATI	NA	$29.50
87253			VIRUS ID:TISS CULT,ADD STDY,@	NA	$6.00

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DME/P&O				**PURCHASE**	**RENTAL**
87254			VIRUS ISOLATION:SHELL VIAL E	NA	$5.41
87255			VIRUS ISOLATION:ID-NON IMMUNO	NA	$30.00
87260			INFECTIOUS AGENT ANTIGEN ADENO	NA	$10.00
87265			BORDETELLA PERTUSIS-PARAPERTUS	NA	$10.00
87267			INFET:AG,ANTIGEN:ENTEROVIRUS,	NA	$10.00
87269			GIARDIA/INF. AG ANTIGEN IMMUNO	NA	$10.00
87270			CHAMYDIA TRACHOMATIS	NA	$10.00
87270	FP		CHAMYDIA TRACHOMATIS	NA	$10.00
87271			INFECT AG:ANTIGEN CYTO:DIRECT	NA	$10.00
87272			CRYTOSPORIDUM GIARDIA	NA	$12.00
87273			HERPES SIMPLEX 2 AG,	NA	$12.18
87274			HERPES SIMPLEX VIRUS	NA	$12.80
87274	FP		HERPES SIMPLEX VIRUS	NA	$12.80
87275			INFLUENZA B VIRUS	NA	$12.18
87276			INFLUENZA A VIRUS	NA	$12.00
87278			LEGIONELLA PNEUMOPHILA	NA	$11.99
87279			PARAINFLUENZA,AG,IF	NA	$12.18
87280			RESPIRATORY SYNCYTIAL VIRUS	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
87281			PNEUMOCYSTIS CARINI	NA	$12.18
87283			RUBEOLA	NA	$12.18
87285			TREPONEMA PALLIDUM	NA	$12.00
87290			VARICELLA ZOSTER VIRUS	NA	$12.60
87299			INFECT. AGENT ANTI FLUORESENT	NA	$12.00
87300			AG DETECTION POLYVAL EACH	NA	$6.00
87301			IFET ANTIGEN ADENOVIRUS ENTERI	NA	$12.00
87305			INFECTIOUS AGENT ANTIGEN DETEC	NA	$10.66
87320			INFECTIOUS AGENT ANTI CHLAMYDI	NA	$12.50
87320	FP		INFECTIOUS AGENT ANTI CHLAMYDI	NA	$12.50
87324			CLUSTRIDUM DIFFICLE TOXIN A	NA	$12.50
87327			CRPTOCOCCUS NEOFORMANS	NA	$12.18
87328			CRYTOSPORIDUM -GIARDIA	NA	$12.50
87329			GIARDIA/INFECT AG ANTIGEN ENZY	NA	$12.00
87332			IFECT AGENT CYTOMEGALOVIRUS	NA	$12.00
87335			DETECTION TEST FOR E. COLI, (E	NA	$12.00
87336			ENTAMOEBA HISTOLYTICA DISPAR G	NA	$12.18
87337			ENTAMOEBA HISTOLYTICA GROUP	NA	$12.18

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DME/P&O				**PURCHASE**	**RENTAL**
87338			QUALITATIVE OR SEMIQUANTITATIV	NA	$9.00
87339			HELICOBACTER PYLORI	NA	$12.18
87339	QW		HELICOBACTER PYLORI	NA	$12.18
87340			IFET AGENT HEP B SURF ANTIGEN(	NA	$14.00
87340	UD		IFET AGENT HEP B SURF ANTIGEN(	NA	$14.00
87341			HEPATITISB SURFACE ANTIGEN HBS	NA	$11.42
87350			HEPATITIS. BE ANTIGEN (HBEAG)	NA	$14.00
87380			INFECT AGENT ANTIGEN HEP DELTA	NA	$20.00
87385			HISTOPLASMA CAPSULATUM	NA	$11.99
87389			INFECTIOUS AGENT ANTIGEN DETEC	NA	$21.40
87390			INFECT AGENT HIV-1	NA	$15.00
87391			HIV-2	NA	$15.00
87400			DETECTION TEST FOR INFLUENZA V	NA	$6.00
87420			RESPIRATORY SYNCYTIAL VIRUS	NA	$12.00
87425			INFECTIOUS ANTIGEN ROTAVIRUS	NA	$12.00
87427			SHIGA-LIKE TOXIN AG,EIA	NA	$12.18
87430			DETECTION TEST FOR STREP (STRE	NA	$12.00
87449			NOT SPECIFIED	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
87449	QW		NOT SPECIFIED	NA	$12.00
87450			INFECT AGENT ANTIGEN SINGLE OT	NA	$10.00
87451			AG DETECT POLYVAL,EIA,MULT	NA	$10.60
87471			DNA OR RNA NUCLEIC BARTONELLA	NA	$30.00
87472			BARTONELLA QUINTANA QUANT.	NA	$20.00
87475			DETECTION TEST FOR BORRELIA BU	NA	$25.00
87476			BORRELIA BURGORFERI-AMPL PROBE	NA	$38.00
87480			INFECT-NUCLEIC-CANDIDA-DIRECT-	NA	$25.00
87481			INFECT-CANDIDA AMPL PROBE	NA	$38.00
87482			INFECT AG-NUCLEIC CANDIDA QUAN	NA	$20.00
87483			TEST FOR DETECTING NUCLEIC ACI	NA	$370.47
87485			CHLAMYDIA PNEUMONIAE	NA	$25.00
87486			INFECT-AG-NUCLEIC-CHLAMYDIA PN	NA	$38.00
87487			INFECT-AG-NUCLEIC-CHLAMYDIA PN	NA	$20.00
87490			INFECT-AG-NUCLEIC-CHLAMYDIA TR	NA	$20.00
87490	FP		INFECT-AG-NUCLEIC-CHLAMYDIA TR	NA	$20.00
87491			CHLAMYDIA TRACHOMATIS AMPL.PR.	NA	$38.00
87491	FP		CHLAMYDIA TRACHOMATIS AMPL.PR.	NA	$38.00

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DME/P&O				**PURCHASE**	**RENTAL**
87492			CHLMYDIA TRACHOMATIS QUANT.	NA	$20.00
87493			INFECTIOUS AGENT DETECTION BY	NA	$31.19
87495			CYTOMEGALOVIRUS	NA	$25.00
87496			CYTOMEGALOVIRUS AMPLIFIED PROB	NA	$38.00
87497			DETECTION TEST FOR CYTOMEGALOV	NA	$20.00
87498			DETECTION TEST FOR ENTEROVIRUS	NA	$31.19
87500			INFECTIOUS AGENT DETECTION BY	NA	$31.19
87501			DETECTION TEST FOR INFLUENZA V	NA	$45.62
87502			DETECTION TEST FOR MULTIPLE TY	NA	$76.64
87503			INFECTIOUS AGENT DETECTION BY	NA	$23.38
87505			DETECTION TEST FOR DIGESTIVE T	NA	$114.03
87506			DETECTION TEST FOR DIGESTIVE T	NA	$210.39
87507			DETECTION TEST FOR DIGESTIVE T	NA	$370.47
87510			GARDNERELLA VAGINALIS QUANT	NA	$25.00
87511			GARDNERELLA VAG AMPL PROBE	NA	$38.00
87512			GARDNERELLA VAGINALIS QUANT.	NA	$20.00
87516			INFECT AG DECT-DNA-HEP-B-VIRUS	NA	$38.00
87517			INFECT AG DECT DNA HEPB-VIRUS	NA	$20.00

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DME/P&O				**PURCHASE**	**RENTAL**
87520			INFECT AG DECT-DNA-HEP-C-DIREC	NA	$25.00
87521			DETECTION TEST FOR HEPATITIS C	NA	$38.00
87522			DETECTION TEST FOR HEPATITIS C	NA	$20.00
87525			INF AG DECT DNA HEP G DIR PRO	NA	$25.00
87526			INFECT AG DECT HEP G DIRECTAMP	NA	$38.00
87527			INFECT AG DECT HEP G QUANTIFIC	NA	$20.00
87528			INFECT AG D-DNA-HERPES SIM-VIR	NA	$25.00
87529			INFECT AG D-DNA-HERPES SIMP VI	NA	$38.00
87530			INFECT AG D-DNA-HERPES SIMP VI	NA	$20.00
87531			INFECT-AG-D-DNA-HERPES-V-B-DIR	NA	$25.00
87532			INFECT AG DECT DNA HERPES SIMP	NA	$38.00
87533			INFECT AG D DNA HERPES V-6 QUA	NA	$20.00
87534			INFECT-AG-DNA:HIV-1-DIR PROBE	NA	$25.00
87535			DETECTION TEST FOR HIV-1 VIRUS	NA	$38.00
87536			DETECTION TEST FOR HIV-1 VIRUS	NA	$92.87
87537			INFECT-AG-D-DNA:HIV-1 DIR PROB	NA	$25.00
87538			DETECTION TEST FOR HIV-2 VIRUS	NA	$38.00
87539			DETECTION TEST FOR HIV-2 VIRUS	NA	$20.00

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DME/P&O				**PURCHASE**	**RENTAL**
87540			INFECT AG D DNA LEGIONELLA-PNE	NA	$25.00
87541			INFECT AG D DNA LEGIONELLA-AMP	NA	$38.00
87542			INFECT AG-D-DNA QUANT	NA	$20.00
87550			MYCOBACTERIA PROBE TECH DIRECT	NA	$25.00
87551			INFECT AG DNA MYCOBACTERIA AMP	NA	$38.00
87552			MYCOBACTERIA A-SP-QUANTIFICATI	NA	$20.00
87555			MYCOBACTERIA TUBERCULOSIS DIRE	NA	$25.00
87556			MYCOBACTERIA TUBERCULOSIS AMPL	NA	$38.00
87557			MYCOBACTERIA TUBERCULOSIS QUA	NA	$20.00
87560			MYCOBACTERIA AVIUM-INTRA DIR P	NA	$25.00
87561			MYCOBACTERIA AVIUM-INTRA-AMPLI	NA	$38.00
87562			MYCOBACTERIA AVIUM-INTRA-QUANT	NA	$20.00
87580			MYCOPLASMA PNEUMONIAE DIRET	NA	$25.00
87581			MYCOPLASMA PNEUMONIAE AMPL	NA	$38.00
87582			MYCOPLASMA PNEUMONIAE QUANT	NA	$20.00
87590			NEISSERIA GONORRHOEAE DIRECT P	NA	$25.00
87590	FP		NEISSERIA GONORRHOEAE DIRECT P	NA	$25.00
87591			NEISSERIA GONORRHOEAE AMPL PRO	NA	$38.00

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DME/P&O				**PURCHASE**	**RENTAL**
87591	FP		NEISSERIA GONORRHOEAE AMPL PRO	NA	$38.00
87592			NEISSERIA-GONORRHOEAE QUANT	NA	$20.00
87623			DETECTION TEST FOR HUMAN PAPIL	NA	$31.19
87624			DETECTION TEST FOR HUMAN PAPIL	NA	$31.19
87625			DETECTION TEST FOR HUMAN PAPIL	NA	$32.44
87631			DETECTION TEST FOR MULTIPLE TY	NA	$114.10
87632			DETECTION TEST FOR MULTIPLE TY	NA	$189.71
87633			DETECTION TEST FOR MULTIPLE TY	NA	$370.47
87634			DETECTION TEST FOR RESPIRATORY	NA	$62.39
87640			INFECTIOUS AGENT DETECTION BY	NA	$31.19
87641			DETECTION TEST FOR STAPHYLOCOC	NA	$31.19
87650			DETECTION TEST FOR STREP (STRE	NA	$25.00
87651			DETECTION TEST FOR STREP (STRE	NA	$38.00
87652			DETECTION TEST FOR STREP (STRE	NA	$20.00
87653			DETECTION TEST FOR STREP (STRE	NA	$31.19
87660			TRICHMONAS/VAG/DIRECT PROBE TE	NA	$25.00
87661			INFECTIOUS AGENT DETECTION BY	NA	$31.19
87662			DETECTION TEST FOR ZIKA VIRUS	NA	$45.62

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DME/P&O				**PURCHASE**	**RENTAL**
87797			INFECT-AG-DECT-DNA-NOT-OTHERWI	NA	$25.00
87798			NOT-OTHERWISE-SP-AMPL-PROBE	NA	$38.00
87799			NOT-OTHERWISE-SP-QUANT	NA	$20.00
87800			DETECT AGNT MULT,DNA/RNA DIREC	NA	$25.00
87801			DETECT AGNT MULT,DNA,AMPLIFIED	NA	$38.00
87802			DETECTION TEST FOR STREPTOCOCC	NA	$12.17
87803			INFECTIOUS AGENT ANTIGEN CLOST	NA	$12.17
87804			INFECTIOUS AG ANTIGEN INFLUENZ	NA	$12.17
87804	QW		INFECTIOUS AG ANTIGEN INFLUENZ	NA	$12.17
87806			DETECTION TEST FOR HIV-1	NA	$26.42
87807			INFECTIOUS AGENT ANTIGEN DETEC	NA	$10.66
87807	QW		INFECTIOUS AG ANTIGEN RESPIRAT	NA	$11.84
87808			INFECTIOUS AGENT ANTIGEN DETEC	NA	$12.23
87809			INFECTIOUS AGENT ANTIGEN DETEC	NA	$17.41
87810			INFECT BY IMMUN-DIR-OP-CHLAMYD	NA	$12.00
87850			NEISSERIA GONORRHOEAE	NA	$12.00
87880			STREP TEST (STREPTOCOCCUS, GRO	NA	$12.00
87880	QW		STREP-GROUP A	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
87899			NOT-OTHERWISE-SP	NA	$12.00
87899	QW		NOT-OTHERWISE-SP	NA	$12.00
87900			INFECTIOUS AGENT DRUG SUSCEPTI	NA	$115.86
87901			INFECTIOUS AGENT GENOTYPE ANAL	NA	$287.75
87902			INFECTIOUS AGENT GENOTYPE HEP	NA	$287.75
87903			PHENOTYPE(FIRST TEN DRUGS TEST	NA	$546.18
87904			PHENOTYPE EACH ADDITIONAL DRUG	NA	$28.66
87905			INFECTIOUS AGENT ENZYMATIC ACT	NA	$10.86
87906			INFECTIOUS AGENT GENOTYPE ANAL	NA	$114.42
87910			INFECTIOUS AGENT GENOTYPE ANAL	NA	$228.84
87912			INFECTIOUS AGENT GENOTYPE ANAL	NA	$228.84
87999			UNLISTED MICROBIOLOGY PROCEDUR	BY REPORT	BY REPORT
88104			CYTOPATHOLOGY	NA	$12.00
88104	TC		CYTOPATHOLOGY	NA	$5.00
88104	26		CYTOPATHOLOGY FLUIDS WASHINGS	NA	$7.00
88106			CYTOPATHOLOGY	NA	$12.00
88106	26		CYTOPATH FLUIDS WASH-BRUS FILT	NA	$7.00
88108			CYTOPATHOLOGY, FLUIDS, WASHING	NA	$12.00

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DME/P&O				**PURCHASE**	**RENTAL**
88108	26		CYTPPATH FL CONC TECH SMEAR IN	NA	$7.00
88112			CYTOPATH/LIQUID BASE SLIDE PRE	NA	$18.00
88112	TC		CYTOPATH/LIQUID BASE SLIDE PRE	NA	$5.00
88112	26		CYTOPATH/LIQUID BASE SLIDE PRE	NA	$7.00
88120			CYTOPATHOLOGY, IN SITU HYBRIDI	NA	$516.01
88121			CYTOPATHOLOGY, IN SITU HYBRIDI	NA	$413.92
88125			FORENSIC CYTOPATHOLOGY	NA	$7.00
88125	TC		FORENSIC CYTOPATHOLOGY	NA	$1.00
88125	26		FORENSIC CYTOPATHOLOGY	NA	$6.00
88130			SEX CHROMATIN IDENTIFICATION	NA	$9.65
88130	26		SEX CHROMATIN ID BARR BODIES	NA	$7.00
88140			SEX CHROMATIN IDENTIFICATION	NA	$4.20
88140	26		SEX CHROMATIN ID BL SMEAR DRUM	NA	$3.00
88141			CYTOPATH CER-VAG ANY REPORTING	NA	$6.00
88141	FP		CYTOPATH CER-VAG ANY REPORTING	NA	$6.00
88142			CYTOPATH AUTOMATED THIN PREP	NA	$18.00
88142	FP		CYTOPATH AUTOMATED THIN PREP	NA	$18.00
88143			CYTOPATH/C/VAG T/LAYER C/RESCR	NA	$18.00

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DME/P&O				**PURCHASE**	**RENTAL**
88143	FP		CYTOPATH/C/VAG T/LAYER C/RESCR	NA	$18.00
88147			CYTO/PATH C/VAG AUTOMATED/PHYS	NA	$13.48
88147	FP		CYTO/PATH C/VAG AUTOMATED/PHYS	NA	$13.48
88148			CYTO/PATH C/VAG AUTO RESC	NA	$13.48
88148	FP		CYTO/PATH C/VAG AUTO RESC	NA	$13.48
88150			CYTOPATHOLOGY, PAP SMEAR	NA	$6.00
88150	FP		CYTOPATHOLOGY, PAP SMEAR	NA	$6.00
88152			CYTOPATH W/MANUEL CYTO SCREEN	NA	$6.00
88152	FP		CYTOPATH W/MANUEL CYTO SCREEN	NA	$6.00
88153			CYTO/PATH C/VAG REDO	NA	$6.00
88153	FP		CYTO/PATH C/VAG REDO	NA	$6.00
88155			CYTOPATH,(PAP):W/ DEF.HORMONAL	$6.00	$6.00
88160	26		CYTOPATHOLOGY	NA	$5.00
88161			CYTOPATH....:PREP,SCREEN,INTER	NA	$12.00
88161	TC		CYTOPATH....:PREP,SCREEN,INTER	NA	$5.00
88161	26		CYTOPATH ANY SOURCE PREP SC IN	NA	$7.00
88162			CYTOPATH..:EXT.STUDY,+5 SLIDES	NA	$55.78
88162	TC		CYTOPATH..:EXT.STUDY.+5 SLIDES	NA	$25.07

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DME/P&O				**PURCHASE**	**RENTAL**
88162	26		CYTOPATH..:EXT.STUDY,+5 SLIDES	NA	$30.71
88164			CYTOPATH SLIDES C/VAG MANUAL B	NA	$6.00
88164	FP		CYTOPATH SLIDES C/VAG MANUAL B	NA	$6.00
88165			CYTOPATH TBS SYS C/VAG REDO	NA	$6.00
88165	FP		CYTOPATH TBS SYS C/VAG REDO	NA	$6.00
88166			CYTOPATH TBS SYS C/VAG AUTO	NA	$6.00
88166	FP		CYTOPATH TBS SYS C/VAG AUTO	NA	$6.00
88167			CYTOPATH TBS/SYS C/VAG SELECT	NA	$6.00
88167	FP		CYTOPATH TBS/SYS C/VAG SELECT	NA	$6.00
88172			IMMEDIATE EVAL/ASPIRATE,SPEC A	NA	$40.00
88172	TC		IMMIDIATE EVAL/ASPIRATE,SPEC A	NA	$12.00
88172	26		IMMIDIATE EVAL/ASPIRATE,SPEC A	NA	$28.00
88173			FINE NEEDLE ASPIRATE..:INTERP/	NA	$25.00
88173	26		FINE NEEDLE ASPIRATE..:INTERP/	NA	$20.00
88174			CYTOPATH:ANY REP SYS AUTO THIN	NA	$23.50
88175			CYTOW/SCR,BY,AUTO,THIN LAYER P	NA	$28.50
88175	FP		CYTO W/SCR, BY AUTO, THIN LAYE	NA	$28.50
88177			CYTOPATHOLOGY, EVALUATION OF F	NA	$24.65

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DME/P&O				**PURCHASE**	**RENTAL**
88182			FLOW CYTOMETRY EACH CELL SURFA	NA	$86.30
88182	TC		FLOW CYTOMETRY EACH CELL SURFA	NA	$55.64
88182	26		FLOW CYTOMETRY EACH CELL SURFA	NA	$30.66
88184			FLOW CYTOMETRY, CELL SURFACE,	NA	$57.72
88185			FLOW CYTOMETRY, CELL SURFACE,	NA	$21.22
88187			FLOW CYTOMETRY, INTERPRETATION	NA	$31.06
88188			FLOW CYTOMETRY, INTERPRETATION	NA	$52.73
88189			FLOW CYTOMETRY, INTERPRETATION	NA	$70.34
88199			UNLISTED CYTOPATHOLOGY PROCEDU	BY REPORT	BY REPORT
88230			TISSUE CULTURE/CHROMOSOME/ANAL	NA	$90.00
88233			TISSUE CULTURE...:SKIN/OTHER T	NA	$90.00
88235			TISSUE CULTURE...:AMNIOTIC FLU	NA	$90.00
88237			CHROMOSOME ANALYSIS-TISSUE CUL	NA	$90.00
88239			TISSUE CULTURE...:OTHER TISSUE	NA	$90.00
88240			CRYOPRESERVATION, FREEZING AND	NA	$7.75
88241			THAW AND EXPANSION FROZEN CELL	NA	$7.75
88245			CHROM ANAL/BREAKAGE SYND:25 CE	NA	$184.00
88248			CHROM ANAL/BREAKAGE SYND:100 C	NA	$230.00

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DME/P&O				**PURCHASE**	**RENTAL**
88249			CHROMOSOME ANALYSIS SCORE 100	NA	$230.00
88262			CHROMOSOME COUNT: 1-20 CELLS	NA	$136.04
88263			CHROM ANAL:45 CELL-MOSAICISM,.	NA	$184.00
88264			CHROMOSOME ANALYSIS:ANALYZE 20	NA	$136.03
88267			CHROMOSOME COUNT: AMNIOTIC	NA	$230.00
88271			CYTOGENETICS DNA PROBE FISH	NA	$16.00
88273			CYTOGENETICS 10-30	NA	$35.00
88274			CYTOGENETICS 25-99	NA	$45.00
88275			CYTOGENETICS 100-300	NA	$43.72
88280			CHROMOSOME COUNT: ADDITIONAL	NA	$34.00
88283			CHROM ANAL:ADD SPEC BANDING TE	NA	$46.00
88285			CHROMOSOME COUNT: ADDITIONAL	NA	$21.23
88289			CHROM ANAL:ADD HI RESOLUTION S	NA	$40.00
88291			CYTO MOLECULAR REPORT	NA	$21.05
88299			UNLISTED CYTOGENETIC STUDY	BY REPORT	BY REPORT
88300			PATHOLOGY EXAMINATION OF TISSU	NA	$12.90
88300	TC		SURGICAL PATHOLOGY, GROSS	NA	$9.18
88300	UD		SURGICAL PATHOLOGY, GROSS	NA	$18.53

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DME/P&O				**PURCHASE**	**RENTAL**
88300	UD	26	SURGICAL PATHOLOGY, GROSS	NA	$3.41
88300	26		SURG PATH GROSS EXAM ONLY	NA	$3.74
88302			PATHOLOGY EXAMINATION OF TISSU	NA	$27.47
88302	TC		SURGICAL PATHOLOGY, COMPLETE	NA	$21.74
88302	26		SURG PATH GR MICRO EXAM NORM T	NA	$5.74
88304			PATHOLOGY EXAMINATION OF TISSU	NA	$39.47
88304	TC		SURGICAL PATHOLOGY, COMPLETE	NA	$30.02
88304	TC	UD	SURGICAL PATHOLOGY, COMPLETE	NA	$42.18
88304	UD		SURGICAL PATHOLOGY, INDUCED AB	NA	$50.98
88304	UD	26	SURG PATH GR MICRO,INDUCED ABO	NA	$8.80
88304	26		SURG PATH GR MICRO EX ABNORM T	NA	$9.46
88305			PATHOLOGY EXAMINATION OF TISSU	NA	$40.00
88305	FP		COLPOSCOPY PATHOLOGY	NA	$40.00
88305	TC		SURGICAL PATHOLOGY, COMPLETE	NA	$10.00
88305	26		SURG PATH WITHOUT COMPLEX DISS	NA	$30.00
88307			PATHOLOGY EXAMINATION OF TISSU	NA	$59.00
88307	26		SURG PATH REQ COMPLEX DISSECTI	NA	$44.00
88309			PATHOLOGY EXAMINATION OF TISSU	NA	$89.00

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DME/P&O				**PURCHASE**	**RENTAL**
88309	26		SURG PATH COMP PROB W WO EXT D	NA	$66.00
88311			SURGICAL PATHOLOGY: DECALCIFIC	NA	$6.00
88311	TC		SURGICAL PATHOLOGY: DECALCIFIC	NA	$2.00
88311	26		SURGICAL PATHOLOGY: DECALCIFIC	NA	$4.00
88312			SPECIAL STAINS	NA	$13.00
88312	26		SPECIAL STAIN GR 1 FOR MICRO E	NA	$9.00
88313			SPECIAL STAINS	NA	$10.00
88313	26		SPECIAL STAIN GR 2 FOR MICRO E	NA	$6.00
88314			GROSS & MICROSCOPIC EXAM 3 SPE	NA	$12.00
88314	26		GROSS MICRO HISTOCHEM STAIN W	NA	$7.00
88319	26		DETERMINATIVE HISTOCHEMISTRY T	NA	$5.00
88321			MICROSLIDE CONSULTATION	NA	$28.00
88323			MICROSLIDE CONSULTATION	NA	$33.00
88323	TC		MICROSLIDE CONSULTATION	NA	$14.00
88323	26		MICROSLIDE CONSULTATION	NA	$19.00
88325			COMPREHENSIVE REVIEW OF DATA	NA	$44.00
88329			CONSULTATION DURING SURGERY	NA	$33.00
88331			CONSULTATION DURING SURGERY	NA	$48.00

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DME/P&O				**PURCHASE**	**RENTAL**
88331	TC		CONSULTATION DURING SURGERY	NA	$7.00
88331	26		CONSULT DURING SURG W FROZEN S	NA	$41.00
88332			CONSULTATION DURING SURGERY	NA	$15.00
88332	TC		CONSULTATION DURING SURGERY	NA	$5.00
88332	26		CONSULTATION DURING SURGERY	NA	$10.00
88333			PATHOLOGY CONSULTATION DURING	NA	$74.37
88333	TC		PATHOLOGY CONSULTATION DURING	NA	$21.79
88333	26		PATHOLOGY CONSULTATION DURING	NA	$52.58
88334			PATHOLOGY CONSULTATION DURING	NA	$46.52
88334	TC		PATHOLOGY CONSULTATION DURING	NA	$14.46
88334	26		PATHOLOGY CONSULTATION DURING	NA	$32.06
88341			SPECIAL STAINED SPECIMEN SLIDE	NA	$79.02
88341	TC		SPECIAL STAINED SPEC SLIDES TO	NA	$55.06
88341	26		SPECIAL STAINED SPEC SLIDES TO	NA	$23.96
88342	26		IMMUNOCYTOCHEM EACH ANTIBODY I	NA	$7.00
88344			SPECIAL STAINED SPECIMEN SLIDE	NA	$146.63
88344	TC		SPECIAL STAINED SPEC SLIDES TO	NA	$114.38
88344	26		SPECIAL STAINED SPEC SLIDES TO	NA	$32.26

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DME/P&O				**PURCHASE**	**RENTAL**
88346			IMMUNOFLUORESCENT ST EA DIRECT	NA	$40.00
88346	TC		IMMUNOFLUORESCENT ST EA DIRECT	NA	$10.00
88346	26		IMMUNOFLUORESCENT ST EA DIRECT	NA	$30.00
88348			ELECTRON MICROSCOPY	NA	$185.11
88348	TC		ELECTRON MICROSCOPY	NA	$119.21
88348	26		ELECTRON MICRO DIAGNOSTIC	NA	$61.15
88350			ANTIBODY EVALUATION	NA	$65.41
88355			MORPHOMETRIC ANALYSIS:SKELETAL	NA	$124.73
88355	TC		MORPHOMETRIC ANALYSIS:SKELETAL	NA	$53.86
88355	26		MORPHOMETRIC ANALY SKELETAL MU	NA	$69.08
88356			SKELETAL MUSCLE NERVE:MORPHOME	NA	$126.00
88356	TC		SKELETAL MUSCLE NERVE:MORPHOME	NA	$31.50
88356	26		MORPHOMETRIC ANALYSIS NERVE	NA	$94.50
88358			MORPHOMETRIC ANALYSIS TUMOR	NA	$59.71
88358	TC		MORPHOMETRIC ANALYSIS TUMOR	NA	$20.33
88358	26		MORPHOMETRIC ANALYSIS TUMOR	NA	$39.38
88360			MICROSCOPIC GENETIC ANALYSIS O	NA	$108.28
88360	TC		MORPHOMETRIC ANALYSIS, TUMOR I	NA	$72.85

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DME/P&O				**PURCHASE**	**RENTAL**
88360	26		MORPHOMETRIC ANALYSIS, TUMOR I	NA	$35.42
88361			MICROSCOPIC GENETIC ANALYSIS O	NA	$94.00
88362			NERVE TEASING PREPARATIONS	NA	$126.00
88362	TC		NERVE TEASING PREPARATIONS	NA	$31.50
88362	26		NERVE TEASING PREPARATIONS	NA	$94.50
88363			EXAMINATION AND SELECTION OF R	NA	$19.50
88364			CELL EXAMINATION	NA	$112.99
88364	TC		CELL EXAMINATION	NA	$83.92
88364	26		CELL EXAMINATION	NA	$29.07
88365			TISSUE IN SITU HYBRIDIZATION I	NA	$47.25
88365	TC		TISSUE IN SITU HYBRIDIZATION I	NA	$15.75
88365	26		TISSUE IN SITU HYBRIDIZATION I	NA	$31.50
88366			CELL EXAMINATION	NA	$225.28
88366	TC		CELL EXAMINATION	NA	$173.42
88366	26		CELL EXAMINATION	NA	$51.86
88367			MORPHOMETRIC ANALYSIS, IN SITU	NA	$92.66
88367	TC		MORPHOMETRIC ANALYSIS, INSITU	NA	$63.91
88367	26		MORPHOMETRIC ANALYSIS, IN SITU	NA	$28.73

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DME/P&O				**PURCHASE**	**RENTAL**
88368			MORPHOMETRIC ANALYSIS, IN SITU	NA	$107.88
88368	TC		MORPHOMETRIC ANALYSIS, INSITU	NA	$73.16
88368	26		MORPHOMETRIC ANALYSIS, INSITU	NA	$37.74
88369			MICROSCOPIC GENETIC EXAMINATIO	NA	$94.58
88369	TC		MICROSCOPIC GENETIC EXAMINATIO	NA	$67.62
88369	26		MICROSCOPIC GENETIC EXAMINATIO	NA	$26.97
88371			PROTEIN ANAL.TISSUE,INT.& REPO	NA	$30.00
88371	26		PROTEIN ANAL.TISSUE,INT.& REPO	NA	$15.00
88372			PROTEIN ANALYSIS OF TISSUE BY	NA	$24.78
88372	26		PROTEIN ANAL.TISSUE:IMM. PROBE	NA	$15.00
88373			MICROSCOPIC GENETIC EXAMINATIO	NA	$63.28
88373	TC		MICROSCOPIC GENETIC EXAM COMP	NA	$40.91
88373	26		MICROSCOPIC GENETIC EXAM COMP	NA	$22.37
88374			MICROSCOPIC GENETIC EXAMINATIO	NA	$279.74
88374	TC		MICROSCOPIC GENETIC EXAM COMP	NA	$242.94
88374	26		MICROSCOPIC GENETIC EXAM COMP	NA	$36.80
88377			MICROSCOPIC GENETIC EXAMINATIO	NA	$332.20
88377	TC		MICROSCOPIC GENETIC EXAM MANUA	NA	$278.88

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DME/P&O				**PURCHASE**	**RENTAL**
88377	26		MICROSCOPIC GENETIC EXAM MANUA	NA	$53.31
88380			MICRODISSECTION	NA	$112.98
88381			PREPARATION OF SPECIMEN, MANUA	NA	$131.90
88381	TC		MICRODISSECTION LASER CAPTURE	NA	$110.94
88381	26		MICRODISSECTION LASER CAPTURE	NA	$20.97
88385	TC		ARRAY-BASED EVALUATION OF MULT	NA	$404.79
88385	26		ARRAY-BASED EVALUATION OF MULT	NA	$58.07
88387			PATHOLOGIST EXAMINATION, DISSE	NA	$28.93
88388			PATHOLOGIST EXAMINATION, DISSE	NA	$29.43
88399			UNLISTED SURGICAL PATHOLOGY PR	BY REPORT	BY REPORT
88720			BILIRUBIN TOTAL TRANSCUTANE	NA	$4.46
88738			HEMOGLOBIN (HGB), QUANTITATIVE	NA	$4.46
88740			HEMOGLOBIN MEASUREMENT, PER DA	NA	$7.50
88741			HEMOGLOBIN MEASUREMENT, PER DA	NA	$7.50
88749			UNLISTED IN VIVO (EG, TRANSCUT	BY REPORT	BY REPORT
89049			CAFFEINE HALOTHANE CONTRACTURE	NA	$212.75
89050			BODY FLUID CELL COUNT	NA	$0.90
89051			BODY FLUID CELL COUNT	NA	$0.90

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DME/P&O				**PURCHASE**	**RENTAL**
89055			WHITE BLOOD CELL MEASURE, STOO	NA	$4.76
89060			CRYSTAL IDENTIFICATION BY COMP	NA	$8.50
89125			FAT STAIN OF STOOL, URINE, OR	NA	$0.60
89160			EXAM FECES FOR MEAT FIBERS	NA	$2.10
89190			NASAL SMEAR FOR EOSINOPHILS	NA	$2.20
89205			OCCULT BLOOD, ANY SOURCE EXCPT	NA	$1.20
89220			SPUTUM OBTAINING SPEC AEROSOL	NA	$8.00
89230			SWEAT COLLECTION/IONTOPHORESIS	NA	$2.12
89310			SEMEN ANALYSIS	NA	$4.80
89320			SEMEN EVALUATION VOLUME, SPERM	NA	$9.00
89321			SEMEN ANALYSIS	NA	$9.00
89321	QW		SEMEN ANALYSIS	NA	$9.00
89322			SEMEN EVALUATION, VOLUME, SPER	NA	$13.78
89325			SPERM ANTIBODIES	NA	$13.00
89331			SPERM EVALUATION, FOR REVERSE	NA	$17.41
89398			UNLISTED REPRODUCTIVE MEDICINE	BY REPORT	BY REPORT
90284			IMMUNE GLOBULIN (SCIG), HUMAN,	BY REPORT	BY REPORT
90287			BOTULINUM ANTITOXIN, EQUINE AN	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
90296			DIPHTHERIA ANTITOXIN, EQUINE A	BY REPORT	BY REPORT
90371			HEPATITIS B IMMUNE GLOB HUMAN	BY REPORT	BY REPORT
90375			RABIES IMMUNE GLOBULIN FOR INJ	BY REPORT	BY REPORT
90376			RABIES IMMUNE GLOBULIN HEAT-TR	BY REPORT	BY REPORT
90393			VACCINIA IMMUNE GLOBULIN HUMAN	BY REPORT	BY REPORT
90396			VARICELLA-ZOSTER IMMUNE GLOB H	BY REPORT	BY REPORT
90399			UNLISTED IMMUNE GLOBULIN	BY REPORT	BY REPORT
90471	HU		IMMUNIZATION ADMINIS SING/COMB	NA	$11.50
90472	HU		IMMUNIZ ADMIN 2 OR MORE SING/C	NA	$11.50
90476			ADENOVIRUS VACCINE TYPE 4 LIVE	BY REPORT	BY REPORT
90477			ADENOVIRUS VACC TYPE 7 LIVE OR	BY REPORT	BY REPORT
90585			BACILLUS CALMETTE-GUERIN VACC	BY REPORT	BY REPORT
90587			VACCINE FOR DENGUE FOR INJECTI	BY REPORT	BY REPORT
90620			MENINGOCOCCAL GROUP B VACCINE	NA	$158.40
90621			TRUMENBA MENINGOCOCCAL GROUP B	NA	$113.85
90625			VACCINE FOR CHOLERA FOR ORAL A	$7.26	$6.17
90630			INFLUENZA VIRUS VACCINE QUADRI	$22.26	$22.26
90632			VACCINE FOR HEPATITIS A INJECT	NA	$80.95

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DME/P&O				**PURCHASE**	**RENTAL**
90636			VACCINE FOR HEPATITIS A AND HE	NA	$103.04
90647			HEMOPHILUS INFLUENZA B VACC 3	NA	$31.52
90648			HEMOPHILUS INFLUENZA B VACC 4	NA	$30.85
90649			HUMAN PAPILLOMA VIRUS (HPV) VA	NA	$165.49
90649	FP		HUMAN PAPILLOMA VIRUS(HPV) VAC	NA	$165.49
90650			HUMAN PAPILLOMA VIRUS VACCINE	NA	$156.10
90653			VACC INFLUENZA VIRUS/INJ IN MU	NA	$85.98
90654			VACCINE FOR INFLUENZA INJECTIO	NA	$18.00
90656			VACCINE FOR INFLUENZA FOR ADMI	NA	$32.19
90658			VACCINE FOR INFLUENZA FOR ADMI	NA	$32.19
90660			INFLUENZA VIRUS VACCINE, TRIVA	NA	$25.69
90661			VACCINE FOR INFLUENZA FOR ADMI	NA	$20.70
90662			INFLUENZA VIRUS VACCINE, SPLIT	NA	$32.50
90664			VACCINE FOR INFLUENZA FOR NASA	BY REPORT	BY REPORT
90666			VACCINE FOR INFLUENZA FOR INJE	BY REPORT	BY REPORT
90667			VACCINE FOR INFLUENZA FOR INJE	BY REPORT	BY REPORT
90668			VACCINE FOR INFLUENZA FOR INJE	BY REPORT	BY REPORT
90670			PNEUMOCOCCAL CONJUGATE VACCINE	NA	$132.10

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DME/P&O				**PURCHASE**	**RENTAL**
90672			INFLUENZA VIRUS VACCINE, QUADR	NA	$23.24
90673			VACCINE FOR INFLUENZA ADMINIST	NA	$34.18
90674			VACCINE FOR INFLUENZA FOR ADMI	NA	$19.29
90675			RABIES VACCINE IM USE	BY REPORT	BY REPORT
90676			RABIES VACCINE INTRADERMAL USE	BY REPORT	BY REPORT
90682			VACCINE FOR INFLUENZA FOR INJE	NA	$28.00
90686			VACCINE FOR INFLUENZA FOR ADMI	NA	$18.74
90688			VACCINE FOR INFLUENZA FOR ADMI	NA	$15.72
90691			TYPHOID VACC VI CAPSULAR POLYS	NA	$79.90
90707			VACCINE FOR MEASLES, MUMPS, AN	NA	$62.33
90713			IMMUNIZATION POLIO,INJECTION	NA	$34.52
90714			VACCINE FOR TETANUS AND DIPHTH	NA	$26.05
90715			VACCINE FOR TETANUS, DIPHTHERI	NA	$47.25
90716			IMMUN.VARICELLA/CHICKENPOX/VAC	NA	$105.50
90717			IMMUNIZATION:YELLOW FEVER VACC	NA	$81.35
90732			VACCINE FOR PNEUMOCOCCAL POLYS	NA	$35.76
90733			IMM,MENINGOCOCCAL POLYSACCHARI	NA	$127.85
90734			VACCINE FOR MENINGOCOCCUS FOR	NA	$125.46

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DME/P&O				**PURCHASE**	**RENTAL**
90736			ZOSTER (SHINGLES) VACCINE, LIV	NA	$188.66
90738			JAPANESE ENCEPHALITIS VIRUS VA	BY REPORT	BY REPORT
90739			HEPATITIS B VACCINE, ADULT DOS	BY REPORT	BY REPORT
90740			VACCINE FOR HEPATITIS B (3 DOS	NA	$209.86
90746			HEPATITIS B VACCINE, ADULT DOS	NA	$65.25
90746	FP		IMMUN ACTIVE HEP B VACC 19 YRS	NA	$65.25
90747			VACCINE FOR HEPATITIS B (4 DOS	NA	$209.86
90748			IMMUN ACT, HEP B/HIB VACCINE	$56.20	$56.20
90749			UNLISTED IMMUNIZATION PROCEDUR	BY REPORT	BY REPORT
90750			ZOSTER-(SHINGLES) VACCINE RECO	NA	$138.60
90756			VACCINE FOR INFLUENZA FOR INJE	NA	$20.26
90785	HH		ALCOHOL AND/OR DRUG SERVICES,	$0.00	$0.00
90791			PSYCHIATRIC DIAGNOSTIC EVALUAT	$167.21	$142.13
90791	AJ		PSYCHIATRIC DIAG EVAL(LICENSED	NA	$113.00
90791	AJ	52	PSYCHIATRIC DIAG EVAL(NON-LICE	NA	$85.00
90791	HA		PSYCHIATRIC DIAG EVAL(COMP INT	NA	$26.00
90791	HF		COMP ASSESS IN SA TX FAC - 1 H	NA	$167.21
90791	HG		COMPREHENSIVE ASSESS IN OTP 1	NA	$49.00

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DME/P&O				**PURCHASE**	**RENTAL**
90791	HH		PSYCHIATRIC DIAGNOSTIC EVALUAT	$0.00	$0.00
90791	HU		PSYCHIATRIC DIAGNOSTIC EVAL-CH	NA	$335.00
90791	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$157.94
90791	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$157.94
90791	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	$167.21	$167.21
90791	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	$167.21	$142.13
90792			PSYCHIATRIC DIAGNOSTIC EVALUAT	$438.17	$372.44
90792	HA		PSYCHIATRIC EVALUATION	NA	$32.00
90792	HF		COMP ASSESS IN SA FAC 1 HR W/M	NA	$438.17
90792	HG		COMP ASSESS IN OTP 1 HR W/MED	NA	$49.00
90792	HH		PSYCHIATRIC DIAGNOSTIC EVALUAT	$0.00	$0.00
90792	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$438.17
90792	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$438.17
90792	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	$438.17	$438.17
90792	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	$438.17	$372.44
90832			PSYCHOTHERAPY, 30 MINUTES	$68.21	$28.83
90832	HA		INDIVIDUAL PSYCHOTHERAPY PER 3	NA	$24.50
90832	HA	22	PSYCHOTHERAPY 30 MINUTES	NA	$24.50

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DME/P&O				**PURCHASE**	**RENTAL**
90832	HF		PSYCHOTHERAPY, 30 MINUTES W/PA	$68.21	$28.62
90832	HG		INDIVIDUAL THERAPY (20-30 MINU	NA	$24.50
90832	HH		PSYCHOTHERAPY, 30 MINUTES	$0.00	$0.00
90832	HV		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$68.21
90832	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$68.21
90832	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$26.87
90832	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	$68.21	$28.62
90832	26		PSYCHOTHERAPY, 30 MINUTES W/PA	$68.21	$28.49
90833			PSYCHOTHERAPY, 30 MINUTES	$70.33	$29.69
90833	HF		INDIVIDUAL THERAPY (20-30 MINU	$70.33	$29.31
90833	HG		INDIVIDUAL THERAPY (20-30 MINU	NA	$24.50
90833	HH		PSYCHOTHERAPY, 30 MINUTES	$0.00	$0.00
90833	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$70.33
90833	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$26.46
90833	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	$70.33	$29.31
90833	26		PSYCHOTHERAPY, 30 MINUTES W/PA	$32.77	$27.85
90834			PSYCHOTHERAPY, 45 MINUTES	$90.26	$37.83
90834	HF		PSYCHOTHERAPY, 45 MINUTES W/PA	$90.26	$49.00

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DME/P&O				**PURCHASE**	**RENTAL**
90834	HG		INDIVIDUAL THERAPY (45-50 MINU	NA	$49.00
90834	HH		PSYCHOTHERAPY, 45 MINUTES	$0.00	$0.00
90834	HV		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$90.28
90834	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$90.26
90834	SA	26	PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$35.88
90834	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	$90.26	$36.04
90834	UD		PSYCHOTHERAPY, 45 MINUTES W/PA	$44.63	$37.94
90834	26		PSYCHOTHERAPY, 45 MINUTES W/PA	$90.26	$37.48
90836			PSYCHOTHERAPY, 45 MINUTES	$88.79	$37.12
90836	HF		INDIVIDUAL THERAPY (45-50 MINU	$89.04	$36.73
90836	HG		INDIVIDUAL THERAPY (45-50 MINU	NA	$49.00
90836	HH		PSYCHOTHERAPY, 45 MINUTES	$0.00	$0.00
90836	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$89.04
90836	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	$89.04	$36.73
90837			PSYCHOTHERAPY, 60 MINUTES	$90.26	$36.73
90837	HA	22	PSYCHOTHERAPY 60 MINUTES	NA	$49.00
90837	HF		PSYCHOTHERAPY 60 MIN SUD	NA	$43.21
90837	HH		PSYCHOTHERAPY, 60 MINUTES	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
90837	UC		PSYCHOTHERAPY 60 MIN	NA	$43.21
90838			PSYCHOTHERAPY, 60 MINUTES	$89.04	$36.73
90838	HF		PSYCHOTHERAPY/E&M 60MIN SUD	NA	$43.21
90838	HH		PSYCHOTHERAPY, 60 MINUTES	$0.00	$0.00
90838	UC		PSYCHOTHERAPY/E&M 60MIN	NA	$43.21
90839			PSYCHOTHERAPY FOR CRISIS, FIRS	NA	$92.82
90839	HH		PSYCHOTHERAPY FOR CRISIS: FIRS	$0.00	$0.00
90840	HH		PSYCHOTHERAPY FOR CRISIS: EACH	$0.00	$0.00
90846	HA	22	FAMILY PSYCHOTHERAPY W/O PATIE	NA	$24.50
90846	HH		FAMILY PSHCHOTHERAPY, 50 MINUT	$0.00	$0.00
90846	UC		FAMILY PSYCHOTHER, 50MINS SUD	NA	$113.94
90847			FAMILY PSYCHOTHERAPY INCLUDING	$113.94	$26.00
90847	HA	22	FAMILY THERAPY	NA	$24.50
90847	HF		OP FAM COUNSEL/EDUC IN SA FAC	$113.94	$49.00
90847	HG		OP FAMILY COUNSELING IN SA TX	NA	$49.00
90847	HH		FAMILY PSYCHOTHERAPY INCLUDING	$0.00	$0.00
90847	SA		SPECIAL FAMILY THERAPY	NA	$113.94
90847	SA	22	SPECIAL FAMILY THERAPY	NA	$30.40

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DME/P&O				**PURCHASE**	**RENTAL**
90847	UC		SPECIAL FAMILY THERAPY	$113.94	$49.00
90847	UC	22	SPECIAL FAMILY THERAPY	$49.00	$32.00
90847	22		SPECIAL FAMILY THERAPY	$46.00	$32.00
90849	HH		MULTI-FAMILY PSYCHOTHERAPY	$0.00	$0.00
90849	UC		MULTI-FAMILY PSYCHOTHERAPY SUD	BY REPORT	BY REPORT
90853			GROUP MEDICAL PSYCHOTHERAPY...	$27.50	$6.00
90853	HA		GROUP PSYCHOTHERAPY (CO-OCCURR	NA	$23.00
90853	HF		GROUP THERAPY (90 MINUTES)	$27.50	$23.00
90853	HG		GROUP THERAPY (90 MINUTES)	NA	$23.00
90853	HH		GROUP MEDICAL PSYCHOTHERAPY	$0.00	$0.00
90853	SA		PSYCHOTHERAPY, GROUP(MAX 8 PAT	NA	$27.50
90853	UC		GROUP MEDICAL PSYCHOTHERAPY	$27.50	$23.00
90863	HA		PHARMOCOLOGIC MANAGEMENT	NA	$42.00
90867			THERAPEUTIC REPETITIVE TRANSCR	$169.60	$144.16
90868			TRANSCRANIAL MAGNETIC STIMULAT	$157.10	$133.54
90869			THERAPEUTIC REPETITIVE TRANSCR	$96.42	$81.75
90870			ELECTROCONVULSIVE THERAPY	$32.00	$26.00
90882	HH		ENVIRON INTERVENTION FOR MED M	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
90882	SE		PPP-SERVICE ANIMAL	$0.00	$0.00
90887			EXPLANATION OF PSYCHIATRIC, ME	$22.91	$13.00
90887	HA		CLINICAL CONSULTATION(NON-LICE	NA	$25.00
90887	HF		FAMILY CONFERENCE (25 MINUTES)	$22.91	$24.50
90887	HG		FAMILY CONFERENCE (25 MINUTES)	NA	$13.00
90887	HH		CONSULTATION WITH FAMILY	$0.00	$0.00
90887	SA		CONSULTATION WITH FAMILY	NA	$22.91
90887	UC		CONSULTATION WITH FAMILY	$22.91	$24.50
90899			UNLISTED PSYCH SERVICE/PROCEDU	BY REPORT	BY REPORT
90935			HEMODIALYSIS PROCEDURE WITH SI	$37.00	$37.00
90937			HEMODIALYSIS PROC REQ EVALUATI	$56.00	$56.00
90940			HEMODIALYSIS ACCESS FLOW STUDY	BY REPORT	BY REPORT
90945			DIALYSIS PROCEDURE OTHER THAN	$30.00	$30.00
90947			DIALYSIS PROCEDURE REQUIRING R	$61.00	$61.00
90960			DIALYSIS SERVICES (4 OR MORE P	$144.45	$122.78
90961			DIALYSIS SERVICES (2-3 PHYSICI	$121.56	$103.32
90962			DIALYSIS SERVICES (1 PHYSICIAN	$94.25	$80.11
90966			HOME DIALYSIS SERVICES PER MON	$121.21	$103.02

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90970			DIALYSIS SERVICES, PER DAY (LE	$3.96	$3.36
90989			DIALYSIS TRAINING, PATIENT HEL	$400.00	$400.00
90993			DIALYSIS TRAINING, PATIENT HEL	$39.00	$39.00
90997			HEMOPERFUSION	$82.34	$70.00
90999			UNLISTED DIALYSIS PROCEDURE	BY REPORT	BY REPORT
91010			MEASUREMENT OF ESOPHAGEAL SWAL	$85.00	$77.00
91010	TC		ESOPHAGEAL MOTILITY STUDY	NA	$31.00
91010	26		ESOPHAGEAL MOTILITY STUDY	$54.00	$46.00
91013			MEASUREMENT OF ESOPHAGEAL SWAL	$13.70	$11.65
91013	TC		ESOPHAGEAL MOTILITY (MANOMETRI	$8.85	$7.46
91013	26		ESOPHAGEAL MOTILITY (MANOMETRI	$4.86	$4.13
91020			ESOPHAGOGASTRIC MANOMETRIC STU	$83.00	$75.00
91020	TC		ESOPHAGOGASTRIC MANOMETRIC STU	NA	$29.00
91020	26		ESOPHAGOGASTRIC MANOMETRIC STU	$54.00	$46.00
91022			DUODENAL MOTILITY (MANOMETRIC)	$89.39	$75.98
91022	TC		DUODENAL MOTILITY (MANOMETRIC)	NA	$51.07
91022	26		DUODENAL MOTILITY (MANOMETRIC)	$38.32	$32.57
91030			ACID PERFUSION FOR ESOPHAGITIS	$29.00	$26.00

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DME/P&O				**PURCHASE**	**RENTAL**
91030	26		ACID PERFUSION FOR ESOPHAGITIS	$20.00	$17.00
91034			ESOPHAGUS, GASTROESOPHAGEAL RE	$101.72	$86.46
91034	TC		ESOPHAGUS GASTROESOPHAGEAL REF	NA	$75.71
91034	26		ESOPHAGUS GASTROESOPHAGEAL REF	$26.01	$22.11
91035			ESOPHAGUS, GASTROESOPHAGEAL RE	$259.88	$220.90
91035	TC		ESOPHAGUS GASTROESOPHAGEAL REF	NA	$217.21
91035	26		ESOPHAGUS GASTROESOPHAGEAL REF	$42.68	$36.28
91037			ESOPHAGEAL FUNCTION TEST, GAST	$87.72	$74.56
91037	TC		ESOPHAGEAL FUNCTION TEST,GASTR	NA	$61.68
91037	26		ESOPHAGEAL FUNCTION TEST,GASTR	$26.04	$22.13
91038			MONITORING OF GASTROESOPHAGEAL	$239.40	$203.49
91038	TC		ESOPHAGEAL FUNCTION TEST, GAST	$210.09	$40.17
91038	26		ESOPHAGEAL FUNCTION TEST,GASTR	$29.31	$24.91
91040			ESOPHAGEAL BALLOON DISTENSION	$258.53	$219.75
91040	TC		ESOPHAGEAL BALLOON DISTENTION	NA	$232.58
91040	26		ESOPHAGEAL BALLOON DISTENSION	$25.95	$22.05
91110			GASTROINTESTINAL TRACT IMAGING	$815.00	$793.00
91110	TC		GI TRACT IMAGING INTRALUMINAL	NA	$665.00

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DME/P&O				**PURCHASE**	**RENTAL**
91110	26		GI TRACT IMAGING INTRALUMINAL	$150.00	$128.00
91111			GASTROINTESTINAL TRACT IMAGING	$432.97	$368.02
91111	TC		GASTROINTESTINAL TRACT IMAGING	NA	$406.18
91111	26		GASTROINTESTINAL TRACT IMAGING	$26.79	$22.77
91112			GASTROINTESTINAL TRANSIT AND P	$684.54	$581.86
91112	TC		GASTROINTESTINAL TRANSIT & PRE	NA	$628.79
91112	26		GASTROINTESTINAL TRANSIT & PRE	$55.75	$47.39
91117			MEASUREMENT OF COLON MOVEMENT,	$71.44	$60.72
91117	26		COLON MOTILITY (MANOMETRIC) ST	$80.19	$68.16
91120			RECTAL SENSATION, TONE, AND CO	$246.70	$209.70
91120	TC		RECTAL SENSATION TONE, AND COM	NA	$221.24
91120	26		RECTAL SENSATION TONE AND COMP	$25.47	$21.65
91122			ANORECTAL MANOMETRY	$62.00	$56.00
91122	TC		ANORECTAL MANOMETRY	NA	$25.00
91122	26		ANORECTAL MANOMETRY	$37.00	$31.00
91200			MEASURING THE STIFFNESS IN THE	$20.63	$17.53
91200	TC		MEASURING THE STIFFNESS IN THE	NA	$13.43
91200	26		MEASURING THE STIFFNESS IN THE	$7.20	$6.12

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DME/P&O				**PURCHASE**	**RENTAL**
91299			UNLISTED GASTROENTEROLOGY PROC	BY REPORT	BY REPORT
92002			EYE AND MEDICAL EXAMINATION FO	$22.00	$22.00
92004			EYE AND MEDICAL EXAMINATION FO	$22.00	$22.00
92004	22		EYE EXAM: COMPREHENSIVE: NEW P	$26.00	$26.00
92012			EYE AND MEDICAL EXAMINATION FO	$22.00	$22.00
92014			EYE AND MEDICAL EXAMINATION FO	$22.00	$22.00
92014	22		EYE EXAM: COMPREHENSIVE: ESTAB	$26.00	$26.00
92015			ASSESSMENT FOR PRESCRIPTION EY	$4.40	$4.40
92018			EYE EXAM W/ANESTHESIA-COMPLETE	$35.00	$30.00
92019			EYE EXAM W/ANESTHESIA-LIMITED	$35.00	$29.75
92020			GONIOSCOPY W/DIAGNOSTIC EVALUA	$16.00	$15.00
92025			COMPUTERIZED CORNEAL TOPOGRAPH	$19.91	$16.92
92025	TC		COMPUTERIZED CORNEAL TOPOGRAPH	NA	$9.58
92025	26		COMPTERIZED CORNEAL TOPOGRAPHY	$10.33	$8.78
92060			SENSORIMOTOR EXAM...	$21.00	$21.00
92060	TC		SENSORIMOTOR EXAM...	NA	$5.00
92060	26		SENSORIMOTOR EXAM...	$16.00	$16.00
92065			ORTHOPTIC/PLEOPTIC TRAINING	$16.00	$15.00

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DME/P&O				**PURCHASE**	**RENTAL**
92065	22		VISION TRAINING WORKUP AND WRI	$70.00	$60.00
92071			FITTING OF CONTACT LENS FOR TR	$19.48	$16.55
92072			FITTING OF CONTACT LENS FOR MA	$67.96	$57.76
92081			VISUAL FIELD EXAM, UNI/BILATER	$16.00	$15.00
92082			VISUAL FIELD EXAM, INTERMEDIAT	$16.00	$15.00
92083			MEASUREMENT OF FIELD OF VISION	$16.00	$15.00
92100			MULTIPLE MEASUREMENTS OF EYE F	$16.00	$15.00
92132			SCANNING COMPUTERIZED OPHTHALM	$16.54	$14.06
92132	TC		SCANNING COMPUTERIZED OPHTHALM	$8.04	$7.97
92132	26		SCANNING COMPUTERIZED OPHTHMAL	$8.49	$7.22
92133			SCANNING COMPUTERIZED OPHTHALM	$19.45	$16.53
92133	TC		SCANNING COMPUTERIZED OPHTHMAL	NA	$8.04
92133	26		SCANNING COMPUTERIZED OPHTHMAL	$11.40	$9.69
92134			SCANNING COMPUTERIZED OPHTHALM	$21.48	$18.25
92134	TC		SCANNING COMPUTERIZED OPHTHMAL	NA	$8.24
92134	26		SCANNING COMPUTERIZED OPHTHMAL	$13.24	$11.25
92136			OPTHALMIC BIOMETRY	$40.00	$38.50
92136	TC		OPHTHALMIC BIOMETRY	NA	$30.00

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DME/P&O				**PURCHASE**	**RENTAL**
92136	26		OPHTHALMIC BIOMETRY	$10.00	$8.50
92145			CORNEAL HYSTERESIS DETERMINATI	$9.07	$7.71
92145	TC		CORNEAL HYSTERESIS DETERMINATI	NA	$4.20
92145	26		CORNEAL HYSTERESIS DETERMINATI	$4.87	$4.14
92225			OPHTHALMOSCOPY: INITIAL	$19.78	$16.81
92226			OPHTHALMOSCOPY: SUBSEQUENT	$16.29	$13.84
92227			REMOTE IMAGING FOR DETECTION O	$7.66	$6.51
92228			REMOTE IMAGING FOR MONITORING	$17.96	$15.26
92228	TC		REMOTE IMAGING FOR MONITORING	NA	$7.27
92228	26		REMOTE IMAGING FOR MONITORING	$10.69	$9.08
92235			IMAGING OF BLOOD VESSELS IN BA	$53.00	$48.00
92235	TC		OPHTHALMOSCOPY W/ANGIOGRAPHY	NA	$18.00
92235	26		OPHTHALMOSCOPY W/ANGIOGRAPHY	$35.00	$30.00
92240			IMAGING OF BLOOD VESSELS IN BA	$42.00	$38.00
92240	26		INDOCYANINE-GREEN ANGIOGRAPHY	$25.00	$21.00
92242			FLUORESCEIN ICG ANGIOGRAPHY	$123.48	$104.95
92242	TC		FLUORESCEIN ICG ANGIOGRAPHY	NA	$95.13
92242	26		FLUORESCEIN ICG ANGIOGRAPHY	$28.35	$24.10

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DME/P&O				**PURCHASE**	**RENTAL**
92250			OPHTHALMOSCOPY W/FUNDUS PHOTO	$40.00	$34.00
92250	26		OPHTHALMOSCOPY W/FUNDUS PHOTO	$6.00	$5.00
92260			OPHTHALMOSCOPY W/DYNAMOMETRY	$15.00	$15.00
92265			OCULOELECTROMYOGRAPHY	$25.00	$23.00
92265	TC		OCULOELECTROMYOGRAPHY	NA	$9.00
92265	26		OCULOELECTROMYOGRAPHY	$16.00	$14.00
92270			ELECTRO-OCULOGRAPHY	$11.00	$9.00
92270	TC		ELECTRO-OCULOGRAPHY	NA	$6.00
92270	26		ELECTRO-OCULOGRAPHY	$5.00	$4.00
92286			ANTERIOR SEGMENT IMAGING WITH	$12.00	$11.00
92286	TC		SPECULAR ENDOTHELIAL MICROSCOP	NA	$6.00
92286	26		SPECULAR ENDOTHELIAL MICROSCOP	$6.00	$5.00
92310			RX OPTICAL CHARACTERISTICS OF/	NA	$78.00
92326			REPLACEMENT OF CONTACT LENS	$32.80	$27.88
92499			UNLISTED OPHTHALMOLOGY SERVICE	BY REPORT	BY REPORT
92502			EXAMINATION OF HEAD, NECK, INC	$35.00	$35.00
92504			BINOCULAR MICROSCOPY	$16.00	$14.00
92507	HI		SPEECH THERAPY,IN HOME, PER DI	NA	$25.99

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DME/P&O				**PURCHASE**	**RENTAL**
92507	HI	UN	SPEECH THERAPY IN HOME PER DIE	NA	$7.43
92507	HI	UP	SPEECH THERAPY IN HOPE PER DIE	NA	$8.67
92507	HI	UQ	SPEECH THERAPY IN HOME PER DIE	NA	$6.50
92507	HI	UR	SPEECH THERAPY,IN HOME,PER DIE	NA	$5.20
92511			NASOPHARYNGOSCOPY	$16.00	$14.00
92512			NASAL FUNCTION STUDIES	$16.00	$14.00
92516			FACIAL NERVE FUNCTION TEST	$16.00	$14.00
92520			LARYNGEAL FUNCTION STUDIES	$16.00	$14.00
92521			EVALUATION OF SPEECH FLUENCY	$58.56	$49.77
92522			EVALUATION OF SPEECH SOUND PRO	$47.19	$40.11
92523			EVALUATION OF SPEECH SOUND PRO	$101.07	$85.91
92524			BEHAVIORAL AND QUALITATIVE ANA	$45.49	$38.67
92526			TX SWALLOW DYSFUNC FOR FEEDING	$14.00	$12.00
92533			CALORIC VESTIBULAR TEST: EACH	$4.00	$4.00
92537			ASSESSMENT AND RECORDING OF BA	$21.87	$18.59
92537	TC		ASSESSMENT AND RECORDING OF BA	NA	$4.97
92537	26		ASSESSMENT AND RECORDING OF BA	$16.22	$13.79
92538			ASSESSMENT AND RECORDING OF BA	$11.13	$9.46

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DME/P&O				**PURCHASE**	**RENTAL**
92538	TC		ASSESSMENT AND RECORDING OF BA	NA	$2.85
92538	26		ASSESSMENT AND RECORDING OF BA	$8.12	$6.90
92540			OBSERVATION, TESTING, AND RECO	$53.98	$45.88
92541			SPONTANEOUS NYSTAGMUS W/RECORD	$15.00	$14.00
92541	TC		SPONTANEOUS NYSTAGMUS W/RECORD	NA	$1.28
92541	26		SPONTANEOUS NYSTAGMUS W/RECORD	$5.00	$4.00
92542			POSITIONAL NYSTAGMUS W/RECORDI	$19.00	$18.00
92542	TC		POSITIONAL NYSTAGMUS W/RECORDI	NA	$1.28
92542	26		POSITIONAL NYSTAGMUS W/RECORDI	$8.00	$7.00
92543	26		CALORIC VESTIBULAR TEST W/RECO	$5.15	$4.15
92544			OPTOKINETIC NYSTAGMUS W/RECORD	$14.00	$13.00
92544	TC		OPTOKINETIC NYSTAGMUS W/RECORD	NA	$1.28
92544	26		OPTOKINETIC NYSTAGMUS W/RECORD	$5.00	$4.00
92545			OSCILLATING TRACKING W/RECORDI	$14.00	$13.00
92545	TC		OSCILLATING TRACKING W/RECORDI	NA	$1.28
92545	26		OSCILLATING TRACKING W/RECORDI	$5.00	$4.00
92547			ADDED USE OF VERTICAL ELECTROD	$3.50	$3.50
92548			COMPUTERIZED DYNAMIC POSTUROGR	$39.00	$37.00

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DME/P&O				**PURCHASE**	**RENTAL**
92548	TC		COMPUTERIZED DYNAMIC POSTUROGR	NA	$24.00
92548	26		COMPUTERIZED DYNAMIC POSTUROGR	$15.00	$13.00
92550			TYMPANOMETRY AND REFLEX THRESH	$11.26	$9.57
92551			SCREENING TEST, PURE TONE, AIR	$16.10	$13.69
92552			PURE TONE AUDIOMETRY: AIR ONLY	$11.00	$11.00
92552	SA		PURE TONE AUDIOMETRY: AIR ONLY	NA	$11.00
92553			PURE TONE AUDIOMETRY: AIR AND	$14.00	$14.00
92553	SA		PURE TONE AUDIOMETRY: AIR AND	NA	$14.00
92555			SPEECH AUDIOMETRY,THRESHOLD ON	$7.00	$7.00
92557			BASIC COMPREHENSIVE AUDIOMETRY	$19.00	$19.00
92561			BEKESY AUDIOMETRY: DIAGNOSTIC	$12.00	$10.00
92564			SHORT INCREMENT SENSITIVITY IN	$4.00	$4.00
92565			STENGER TEST, PURE TONE	$3.75	$3.75
92567			TYMPANOMETRY	$5.00	$5.00
92567	SA		TYMPANOMETRY	NA	$5.00
92568			ACOUSTIC REFLEX TESTING	$5.00	$5.00
92568	SA		ACOUSTIC REFLEX TESTING CNP/CN	NA	$5.00
92570			ACOUSTIC IMMITTANCE TESTING, I	$16.66	$14.16

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DME/P&O				**PURCHASE**	**RENTAL**
92570	26		ACOUSTIC IMMITANCE TESTING,INC	$15.32	$13.02
92572			STAGGERED SPONDAIC WORD TEST	$3.50	$3.50
92576			SYNTHETIC SENTENCE ID TEST	$19.50	$16.50
92577			STENGER TEST, SPEECH	$5.00	$5.00
92582			CONDITIONING PLAY AUDIOMETRY	$14.00	$14.00
92585			BRAINSTEM EVOKED RESPONSE RECO	$45.00	$42.00
92585	TC		BRAINSTEM EVOKED RESPONSE RECO	NA	$27.00
92585	26		BRAINSTEM EVOKED RESPONSE RECO	$18.00	$15.00
92586			PLACEMENT OF SCALP ELECTRODES	$47.00	$47.00
92586	TC		AUDITORY EVOKED POTENTIALS LIM	NA	$39.00
92586	26		AUDITORY EVOKED POTENTIALS LIM	$8.00	$8.00
92587			EVOKED OTOACOUSTIC EMISSIONS/L	$18.53	$15.75
92587	TC		EVOKED OTOACOUSTIC EMISSIONS/L	NA	$2.74
92587	26		EVOKED OTOACOUSTIC EMISSIONS/L	$15.79	$13.42
92588			EVOKED OTOACOUS EMISSIONS/COMP	$28.09	$23.87
92588	TC		EVOKED OTOAVOUS EMISSIONS/COMP	NA	$3.66
92588	26		EVOKED OTOACOUS EMISSIONS/COMP	$24.43	$20.77
92590			HEARING AID EXAM/SELECTION:MON	$40.00	$34.00

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DME/P&O				**PURCHASE**	**RENTAL**
92591			HEARING AID EXAM/SELECTION:BIN	$40.00	$34.00
92597			EVALUATION FOR VOICE/AUG COMMU	$21.00	$18.00
92603			ANALYSIS AND PROGRAMMING OF IN	$49.00	$42.00
92604			ANALYSIS AND REPROGRAMMING OF	$34.00	$29.00
92607			EVAL RX SPEECH-GEN AUG COMMUN	$61.00	$52.00
92608			EVAL RX SPEECH-GEN AUG/ALT COM	$12.00	$10.00
92609			THER SERV SPEECH-GENERATING DE	$33.00	$28.00
92610			EVAL ORAL/PHARYNGEAL SWALLOWIN	$23.00	$20.00
92611			MOTION FLUOROSC EVAL SWALLOW F	$25.00	$22.00
92612			FLEX FIBEROPTIC ENDO EVAL SWAL	$94.00	$80.00
92612	26		FLEX FIBEROPTIC ENDO EVAL SWAL	$35.00	$30.00
92614			FLEX FIBER ENDO EVAL LARYNG SE	$72.00	$61.00
92614	26		FLEX FIBER ENDO EVAL LARYNG SE	$35.00	$30.00
92616			FLEX ENDO EVAL SWALLOW/LARYN S	$98.00	$83.00
92616	26		FLEX ENDO EVAL SWALLOW/LARYN S	$51.00	$43.00
92620			EVALUATION OF CENTRAL AUDITORY	$48.60	$41.31
92621			EVALUATION OF CENTRAL AUDITORY	$11.68	$9.93
92625			ASSESSMENT OF TINNITUS (INCLUD	$36.15	$30.73

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DME/P&O				**PURCHASE**	**RENTAL**
92626			EVALUATION OF AUDITORY REHABIL	$46.49	$39.52
92627			EVALUATION OF AUDITORY REHABIL	$11.72	$9.96
92630			AUDITORY REHABILITATION: PRE-L	$25.19	$21.41
92633			AUDITORY REHABILITATION: POST-	$25.19	$21.41
92640			ANALYSIS WITH PROGRAMMING OF A	$59.31	$50.41
92700			EAR, NOSE, OR THROAT PROCEDURE	BY REPORT	BY REPORT
92920			PERCUTANEOUS TRANSLUMINAL CORO	$273.97	$232.87
92921			PERCUTANEOUS TRANSLUMINAL CORO	BY REPORT	BY REPORT
92924			REMOVAL OF PLAQUE OF MAJOR COR	$326.76	$277.74
92925			REMOVAL OF PLAQUE OF MAJOR COR	BY REPORT	BY REPORT
92928			CATHETER INSERTION OF STENTS I	$304.87	$259.14
92929			CATHETER PLACEMENT OF STENTS I	BY REPORT	BY REPORT
92933			REMOVAL OF PLAQUE AND INSERTIO	$341.97	$290.67
92934			REMOVAL OF PLAQUE AND INSERTIO	BY REPORT	BY REPORT
92937			INSERTION OF STENT, REMOVAL OF	$304.66	$258.96
92938			INSERTION OF STENT, REMOVAL OF	BY REPORT	BY REPORT
92941			INSERTION OF STENT, REMOVAL OF	$342.87	$291.44
92943			INSERTION OF STENT, REMOVAL OF	$342.71	$291.30

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DME/P&O				**PURCHASE**	**RENTAL**
92944			INSERTION OF STENT, REMOVAL OF	BY REPORT	BY REPORT
92950			CARDIOPULMONARY RESUSCITATION	$37.00	$32.00
92950	SA		CARDIOPULMONARY RESUSCITATION	NA	$30.40
92953			TEMPORARY TRANSCUTANEOUS PACIN	$0.91	$0.78
92960			ELECTRICAL CARDIOVERSION	$30.00	$30.00
92961			CARDIOVERSION ELECTIVE INTERNA	$60.00	$51.00
92970			CARDIOASSIST-METHOD CIRC.ASSIS	$98.00	$83.30
92971			CARDIOASSIST-METHOD...EXTERNAL	$72.00	$61.20
92973			REMOVAL OF BLOOD CLOT IN HEART	$82.00	$70.00
92974			TRANSCATHETER PLACEMENT RAD DE	$90.00	$77.00
92975			THROMBOLYSIS, CORONARY:	$182.00	$155.00
92977			THROMBOLYSIS, CORONARY:	$45.00	$40.00
92978			INTRAVASC ULTRASOUND(COR VESS)	$116.00	$110.00
92978	TC		INTRAVASC ULTRASOUND(COR VESS)	NA	$75.00
92978	26		INTRAVASC ULTRASOUND(COR VESS)	$41.00	$35.00
92979			INTRAVASC ULTRASOUND EACH ADD	$71.00	$66.00
92979	TC		INTRAVASC ULTRASOUND EACH ADD	NA	$37.00
92979	26		INTRAVASC ULTRASOUND EACH ADD	$34.00	$29.00

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DME/P&O				**PURCHASE**	**RENTAL**
92986			CATHETER BASED REPAIR OF LEFT	$502.00	$427.00
92987			CATHETER BASED REPAIR OF HEART	$676.00	$574.00
92990			CATHETER BASED REPAIR OF HEART	$400.00	$340.00
92992			ATRIAL SEPTECT SEPTOST CARIAC	$499.27	$424.38
92993			ATRIAL BLADE METHOD SEPTOSTOMY	$820.00	$697.00
92997			BALLOON CATHETER OPENING OF MA	$477.00	$406.00
92998			BALLOON CATHETER OPENING OF MA	$184.00	$156.00
93000			ROUTINE ECG W/AT LEAST 12 LEAD	$16.00	$16.00
93000	TC		ECG...TRACING ONLY,WO I&R	NA	$11.00
93000	26		ECG: INTERPRETATION AND REPORT	$5.00	$5.00
93005			ECG...TRACING ONLY,WO I&R	$7.72	$6.56
93010			ECG: INTERPRETATION AND REPORT	$5.00	$5.00
93015			EXERCISE OR DRUG-INDUCED HEART	$80.00	$68.00
93016			CARDIOVASCULAR STRESS TEST USI	$10.00	$10.00
93017			CARDIOVASCULAR STRESS TEST: TR	$35.00	$35.00
93018			EXERCISE OR DRUG-INDUCED HEART	$13.51	$11.49
93024			ERGONOVINE PROVOCATION TEST	$40.00	$38.00
93024	TC		ERGONOVINE PROVOCATION TEST	NA	$24.00

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DME/P&O				**PURCHASE**	**RENTAL**
93024	26		ERGONOVINE PROVOCATION TEST	$16.00	$14.00
93025			MICROVOLT T-WAVES ALTERNANS VE	$136.00	$116.00
93040			RHYTHM ECG:1-3 LEADS W/INTERPR	$10.00	$10.00
93041			RHYTHM ECG...TRACING ONLY WO I	$6.00	$6.00
93042			RHYTHM ECG: INTERPRET+REPORT O	$3.00	$3.00
93050			ANALYSIS OF PRESSURE OF UPPER	$9.75	$8.28
93050	TC		ANALYSIS OF PRESSURE OF UPPER	NA	$4.20
93050	26		ANALYSIS OF PRESSURE OF UPPER	$4.29	$3.65
93224			HEART RHYTHM TRACING, ANALYSIS	$85.00	$72.00
93225			ECG MONIT 24HR....MONITORING	$11.00	$9.00
93226			HEART RHYTHM ANALYSIS, INTERPR	$39.00	$33.00
93227			HEART RHYTHM TRACING, ANALYSIS	$23.48	$19.96
93228			HEART RHYTHM TRACING, COMPUTER	$13.25	$11.26
93229			HEART RHYTHM TRACING, COMPUTER	$383.33	$325.83
93260			PROGRAMMING DEVICE EVALUATION	$35.54	$30.20
93260	TC		PROGRAMMING DEVICE EVALUATION	NA	$13.62
93260	26		PROGRAMMING DEVICE EVALUATION	$21.92	$18.63
93261			EVALUATION OF DEFIBRILLATOR WI	$32.65	$27.75

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DME/P&O				**PURCHASE**	**RENTAL**
93261	TC		EVALUATION OF DEFIBRILLATOR WI	NA	$13.62
93261	26		EVALUATION OF DEFIBRILLATOR WI	$19.03	$16.18
93268			EXTERNAL PATIENT AND, WHEN PER	$32.00	$27.00
93268	TC		ECG,PT DEMAND:PRE-SYMPTOM MEM	NA	$19.00
93268	26		ECG,PT DEMAND:PRE-SYMPTOM MEM	$13.00	$11.00
93270			PATIENT DEMAND RECORDING SNGLE	$8.37	$7.11
93271			PATIENT DEMAND MONITOR SINGLE/	$35.00	$30.00
93272			EXTERNAL PATIENT AND, WHEN PER	$20.00	$17.00
93278			SIGNAL-AVERAGED ECG,W/WO ECG	$28.98	$24.64
93278	TC		SIGNAL-AVERAGED ECG,W/WO ECG	NA	$18.38
93278	26		SIGNAL-AVERAGED ECG,W/WO ECG	$10.61	$9.02
93279			EVALUATION, TESTING, AND PROGR	$28.80	$24.48
93279	TC		PROGRAMMING DEVICE EVALUATION	$12.28	$8.62
93279	26		PROGRAMMING DEVICE EVALUATION	$16.52	$14.04
93280			EVALUATION, TESTING, AND PROGR	$33.75	$28.69
93280	TC		PROG DEVICE EVAL:DUAL LEAD PAC	NA	$14.20
93280	26		PROG DEVICE EVAL:DUAL LEAD PAC	$19.56	$16.62
93281			EVALUATION, TESTING, AND PROGR	$36.31	$30.86

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DME/P&O				**PURCHASE**	**RENTAL**
93281	TC		PROGRAMMING DEVICE EVALUATION	$14.39	$11.23
93281	26		PROGRAMMING DEVICE EVALUATION	$21.92	$18.63
93282			EVALUATION, TESTING AND PROGRA	$34.96	$29.72
93282	TC		PROGRAMMING DEVICE EVALUATION	NA	$13.24
93282	26		PROGRAMMING DEVICE EVALUATION	$21.73	$18.47
93283			EVALUATION, TESTING AND PROGRA	$43.84	$37.26
93283	TC		PROGRAMMING DEVICE EVALUATION	$14.39	$11.55
93283	26		PROGRAMMING DEVICE EVALUATION	$29.45	$25.03
93284			EVALUATION, TESTING AND PROGRA	$47.48	$40.36
93284	TC		PROGRAMMING DEVICE EVALUATION	$15.35	$13.18
93284	26		PROGRAMMING DEVICE EVALUATION	$32.14	$27.31
93285			EVALUATION, TESTING, AND PROGR	$25.36	$21.56
93285	TC		PROGRAMMING DEVICE EVALUATION	NA	$11.89
93285	26		PROGRAMMING DEVICE EVALUATION	$13.48	$11.45
93286			EVALUATION, TESTING, AND PROGR	$18.46	$15.69
93286	TC		PERI-PROCEDURAL DEVICE EVALUAT	NA	$10.74
93286	26		PERI-PROCEDURAL DEVICE EVALUAT	$7.73	$6.57
93287			EVALUATION AND PROGRAMMING ADJ	$22.60	$19.21

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DME/P&O				**PURCHASE**	**RENTAL**
93287	TC		PERI-PROCEDURAL DEVICE EVALUAT	NA	$10.74
93287	26		PERI-PROCEDURAL DEVICE EVALUAT	$11.86	$10.08
93288			EVALUATION OF PARAMETERS OF LE	$23.21	$19.73
93288	TC		INTERROGATION DEVICE EVALUATIO	NA	$12.28
93288	26		INTERROGATION DEVICE EVALUATIO	$10.94	$9.29
93289			EVALUATION OF DEFIBRILLATOR IN	$31.29	$31.29
93289	TC		INTERROGATION DEVICE EVALUATIO	$12.28	$9.41
93289	26		INTERROGATION DEVICE EVALUATIO	$19.01	$16.16
93290			EVALUATION OF PARAMETERS OF IM	$22.06	$18.75
93290	TC		INTERROGATION DEVICE EVALUATIO	NA	$10.93
93290	26		INTERROGATION DEVICE EVALUATIO	$11.13	$9.46
93291			EVALUATION OF HEART RHYTHM MON	$19.88	$16.90
93291	TC		INTERROGATION DEVICE EVALUATIO	$10.54	$7.16
93291	26		INTERROGATION DEVICE EVALUATIO	$9.34	$7.94
93292			EVALUATION OF WEARABLE DEFIBRI	$21.09	$17.93
93292	TC		INTERROGATION DEVICE EVALUATIO	NA	$10.16
93292	26		INTERROGATION DEVICE EVALUATIO	$10.94	$9.29
93293			TELEPHONIC EVALUATION OF SINGL	$27.87	$23.69

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DME/P&O				**PURCHASE**	**RENTAL**
93293	TC		TRANSTELEPHONIC RHYTHM STRIP P	NA	$20.16
93293	26		TRANSTELEPHONIC RHYTHM STRIP P	$7.71	$6.55
93294			REMOTE EVALUATIONS OF SINGLE,	$15.58	$13.24
93295			REMOTE EVALUATIONS OF DEFIBRIL	$22.81	$19.39
93296			REMOTE EVALUATIONS OF SINGLE,	$13.81	$11.74
93297			REMOTE EVALUATIONS OF IMPLANTA	$13.45	$11.43
93298			REMOTE EVALUATIONS OF HEART RH	$13.45	$11.43
93299			REMOTE EVALUATIONS OF IMPLANTA	$23.65	$20.10
93303			TRANSTHORACIC ECHOCARDIOGRAPHY	$98.00	$93.00
93303	TC		TRANSTHORACIC ECHOCARDIOGRAPHY	NA	$63.00
93303	26		TRANSTHORACIC ECHOCARDIOGRAPHY	$35.00	$30.00
93304			TRANSTHORACIC ECHOCARD FU/LIMI	$53.00	$50.00
93304	TC		TRANSTHORACIC ECHOCARD FU/LIMI	NA	$31.00
93304	26		TRANSTHORACIC ECHOCARD FU/LIMI	$22.00	$19.00
93306			ULTRASOUND EXAMINATION OF HEAR	$109.51	$93.08
93306	TC		ECHOCARDIOGRAPHY TRANSTHORACIC	NA	$72.22
93306	26		ECHOCARDIOGRAPHY TRANSTORACIC	$37.29	$31.70
93307			ECHOCARDIOGRAPHY: REAL-TIME SC	$60.00	$55.00

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DME/P&O				**PURCHASE**	**RENTAL**
93307	TC		ECHOCARDIOGRAPHY: REAL-TIME SC	NA	$29.00
93307	TC	22	ECHOCARDIOGRAPHY: 2 D&M MODE	NA	$44.00
93307	22		ECHOCARDIOGRAPHY: 2 D&M MODE	$90.00	$83.00
93307	22	26	ECHOCARDIOGRAPHY: 2 D&M MODE	$46.00	$39.00
93307	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$31.00	$26.00
93308			ECHOCARDIOGRAPHY: REAL-TIME SC	$25.00	$23.00
93308	TC		ECHOCARDIOGRAPHY: REAL-TIME SC	NA	$13.00
93308	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$12.00	$10.00
93312			ECHOCARDIOGRAPHY REAL TIME W I	$86.00	$79.00
93312	TC		ECHOCARDIOGRAPHY REAL TIME W I	NA	$36.00
93312	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$50.00	$43.00
93313			ECHOCARDIOGRAPHY/TRANSESOPH PR	$9.85	$8.37
93314			ECHOCARD/IMAGE ACQUISITION INT	$69.00	$66.00
93314	TC		ECHOCARD/IMAGE ACQUISITION INT	NA	$48.00
93314	26		ECHOCARD/IMAGE ACQUISITION INT	$21.00	$18.00
93315			TRANSESOPHAGEAL ECHOCARDIOGRAP	$122.00	$113.00
93315	TC		TRANSESOPHAGEAL ECHOCARDIOGRAP	NA	$62.00
93315	26		TRANSESOPHAGEAL ECHOCARDIOGRAP	$60.00	$51.00

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DME/P&O				**PURCHASE**	**RENTAL**
93316			PROBE PLACEMENT/TRANSESOPH ECH	$24.00	$21.00
93317			TRANSESOPHAGEAL ECHOCARD INTER	$98.00	$93.00
93317	TC		TRANSESOPHAGEAL ECHOCARD INTER	NA	$62.00
93317	26		TRANSESOPHAGEAL ECHOCARD INTER	$36.00	$31.00
93318			TRANSESOPHAGEAL ECHOCARD MONIT	$60.00	$51.00
93318	26		TRANSESOPHAGEAL ECHOCARD MONIT	$60.00	$51.00
93320			DOPPLER ULTRASOUND STUDY OF HE	$20.00	$18.00
93320	TC		DOPPLER ECHOCARDIOGRAPHY	NA	$10.00
93320	26		DOPPLER ECHOCARDIOGRAPHY	$10.00	$8.00
93321			FOLLOW-UP OR LIMITED HEART DOP	$16.00	$15.00
93321	TC		DOPPLER ECG FOLLOW UP/LIMITED	NA	$10.00
93321	26		DOPPLER ECG FOLLOW UP/LIMITED	$6.00	$5.00
93325			DOPPLER ULTRASOUND STUDY OF CO	$20.00	$20.00
93325	TC		DOPPLER COLOR FLOW VELOC MAPPI	NA	$16.86
93325	26		DOPPLER COLOR FLOW VELOC MAPPI	$3.14	$3.14
93350			ULTRASOUND EXAMINATION OF THE	$111.00	$104.00
93350	TC		2D ECHO W/WO M MODE, TRACING	NA	$61.00
93350	26		2D ECHO W/WO M MODE, INTERP &	$50.00	$43.00

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DME/P&O				**PURCHASE**	**RENTAL**
93351			ULTRASOUND EXAMINATION AND CON	$123.08	$104.62
93352			USE OF ECHOCARDIOGRAPHIC CONTR	$17.88	$15.20
93355			INSERTION OF PROBE IN ESOPHAGU	$117.43	$99.81
93451			RIGHT HEART CATHETERIZATION IN	$419.89	$356.90
93451	TC		RIGHT HEART CATHERIZATION INCL	NA	$352.70
93451	26		RIGHT HEART CATHERIZATION INCL	$67.19	$57.11
93452			LEFT HEART CATHETERIZATION INC	$462.51	$393.13
93452	TC		LEFT HEART CATHETERIZATION INC	NA	$339.98
93452	26		LEFT HEART CATHETERIZATION INC	$122.52	$104.14
93453			COMBINED RIGHT AND LEFT HEART	$599.56	$509.62
93453	TC		COMBINED RIGHT & LEFT HEART CA	NA	$435.11
93453	26		COMBINED RIGHT & LEFT HEART CA	$164.45	$139.78
93454			CATHETER PLACEMENT IN CORONARY	$467.08	$397.02
93454	TC		CATHETER PLACEMENT IN CORONARY	NA	$342.87
93454	26		CATHETER PLACEMENT IN CORONARY	$124.22	$105.58
93455			CATHETER PLACEMENT IN CORONARY	$538.16	$457.44
93455	TC		CATHETER PLACEMENT IN CORONARY	NA	$393.43
93455	26		CATHETER PLACEMENT IN CORONARY	$144.74	$123.02

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DME/P&O				**PURCHASE**	**RENTAL**
93456			CATHETER PLACEMENT IN CORONARY	$591.19	$502.51
93456	TC		CATHETER PLACEMENT IN CORONARY	NA	$429.76
93456	26		CATHETER PLACEMENT IN CORONARY	$161.43	$137.22
93457			CATHETER PLACEMENT IN CORONARY	$660.75	$561.63
93457	TC		CATHETER PLACEMENT IN CORONARY	NA	$479.33
93457	26		CATHETER PLACEMENT IN CORONARY	$181.42	$154.21
93458			CATHETER PLACEMENT IN CORONARY	$553.95	$470.86
93458	TC		CATHETER PLACEMENT IN CORONARY	NA	$400.70
93458	26		CATHETER PLACEMENTIN CORONARY	$153.25	$130.26
93459			CATHETER PLACEMENT IN CORONARY	$607.96	$516.76
93459	TC		CATHETER PLACEMENT IN CORONARY	NA	$434.53
93459	26		CATHETER PLACEMENT IN CORONARY	$173.43	$147.41
93460			CATHETER PLACEMENT IN CORONARY	$663.72	$564.16
93460	TC		CATHETER PLACEMENT IN CORONARY	NA	$469.72
93460	26		CATHETER PLACEMENT IN CORONARY	$194.01	$164.90
93461			CATHETER PLACEMENT IN CORONARY	$751.91	$639.12
93461	TC		CATHETER PLACEMENT IN CORONARY	NA	$537.19
93461	26		CATHETER PLACEMENT IN CORONARY	$214.72	$182.51

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DME/P&O				**PURCHASE**	**RENTAL**
93462			LEFT HEART CATHETERIZATION BY	$108.45	$92.18
93463			PHARMACOLOGIC AGENT ADMINISTRA	$50.41	$42.85
93464			PHYSIOLOGIC EXERCISE STUDY (EG	$132.04	$112.23
93464	TC		PHYSIOLOGIC EXERCISE STUDY (EG	NA	$87.25
93464	26		PHYSIOLOGIC EXERCISE STUDY (EG	$44.79	$38.07
93503			SWAN GANZ INSERTION	$93.93	$79.84
93505			ENDOCARDIAL BIOPSY 000	$283.00	$240.55
93505	TC		ENDOCARDIAL BIOPSY 000	NA	$86.00
93505	26		ENDOCARDIAL BIOPSY 000	$232.00	$197.00
93524	26		TRANSSEPTAL & RETROGRADE LT CA	$153.00	$130.00
93530			RT HEART CATH FOR CONGEN CARD	$730.92	$695.92
93530	TC		RT HEART CATH FOR CONGEN CARD	NA	$547.00
93530	26		RT HEART CATH FOR CONGEN CARD	$183.92	$148.92
93531			RT HRT &RETROGR LT HRT CATH/CO	$1,675.00	$1,629.00
93531	TC		RT HRT &RETROGR LT HRT CATH/CO	NA	$1,368.00
93531	26		RT HRT &RETROGR LT HRT CATH/CO	$307.00	$261.00
93532			RT HRT & TRANSSEPTAL LT HRT CA	$384.00	$326.00
93532	26		RT HRT & TRANSSEPTAL LT HRT CA	$384.00	$326.00

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DME/P&O				**PURCHASE**	**RENTAL**
93533			RT HRT & TRANSSEP LT HRT CATH	$214.00	$182.00
93533	26		RT HRT & TRANSSEP LT HRT CATH	$214.00	$182.00
93561			INDICATOR DILUTION STUDIES	$39.00	$35.00
93561	TC		INDICATOR DILUTION STUDIES	NA	$19.78
93561	26		INDICATOR DILUTION STUDIES	$11.14	$9.47
93562			INDICATOR DILUTION STUDIES:SUB	$12.66	$10.76
93562	TC		INDICATOR DILUTION STUDIES:SUB	NA	$13.95
93562	26		INDICATOR DILUTION STUDIES:SUB	$0.91	$0.78
93563			INJECTION PROCEDURE DURING CAR	$29.98	$25.48
93564			INJECTION PROCEDURE DURING CAR	$31.64	$26.89
93565			INJECTION PROCEDURE DURING CAR	$23.25	$19.76
93566			INJECTION PROCEDURE DURING CAR	$82.14	$73.66
93566	26		INJECTION PROCEDURE DURING CAR	$23.90	$20.31
93567			INJECTION PROCEDURE DURING CAR	$68.98	$58.63
93567	26		INJECTION PROCEDURE DURING CAR	$27.07	$23.01
93568			INJECTION PROCEDURE DURING CAR	$74.23	$63.10
93568	26		INJECTION PROCEDURE DURING CAR	$24.44	$20.77
93571			INTRAVASCULAR DOPPLER VELOC IN	$146.00	$138.00

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DME/P&O				**PURCHASE**	**RENTAL**
93571	TC		INTRAVASCULAR DOPPLER VELOC IN	NA	$92.00
93571	26		INTRAVASCULAR DOPPLER VELOC IN	$54.00	$46.00
93572			INTRAVASC DOPPLER VELOC EA ADD	$43.00	$37.00
93572	26		INTRAVASC DOPPLER VELOC EA ADD	$43.00	$37.00
93580			CATHETER BASED CLOSURE OF CONG	$708.00	$602.00
93581			CATHETER BASED CLOSURE OF CONG	$947.00	$805.00
93582			CLOSURE OF CONGENITAL HEART DE	$343.23	$291.74
93583			THERAPY FOR REDUCTION OF LOWER	$382.77	$291.74
93590			PERQ TRANSCATH CLS MITRAL	$558.21	$474.47
93591			PERQ TRANSCATH CLS AORTIC	$459.65	$390.70
93592			PERQ TRANSCATH CLOSURE EACH	$203.64	$173.09
93600			BUNDLE OF HIS RECORDING	$121.00	$103.00
93602			INTRA-ATRIAL RECORDING	$121.00	$103.00
93603			RIGHT VENTRICULAR RECORDING:	$121.00	$103.00
93609			INTRAVENT.ATRIAL MAP TACHYCARD	$184.00	$156.00
93610			INTRA-ATRIAL PACING	$141.09	$119.92
93612			INTRAVENTRICULAR PACING	$140.48	$119.41
93613			INTRACARD ELECTOPHYS 3-DIMENS	$303.00	$258.00

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DME/P&O				**PURCHASE**	**RENTAL**
93615			ESOPHAGEAL RECORDING OF ATRIAL	$25.30	$21.50
93616			ESOPHAGEAL RECORDING...W PACIN	$55.50	$47.00
93618			INDUCE ARRHYTHMIA BY ELEC. PAC	$253.00	$215.00
93619			EPS W RA/RV/HIS W PACING & REC	$275.78	$234.41
93619	26		EPS W RA/RV/HIS W PACING & REC	$275.78	$234.41
93620			INSERTION OF CATHETERS FOR REC	$495.00	$421.00
93621			INSERTION OF CATHETERS FOR REC	$98.65	$83.85
93621	26		COMP ELECTROPHYSIOLOGIC EVAL	$98.65	$83.85
93622			INSERTION OF CATHETERS FOR REC	$145.57	$123.73
93623			PROGRAM STIM&PACING W IN INFUS	$15.60	$13.25
93624			INSERTION OF CATHETERS FOR ASS	$176.50	$150.00
93631			INTRA-OPERATIVE CARD PACING&MA	$367.45	$312.00
93640			ELECTROPHYSIO EVAL CARD-DEFIBR	$117.15	$100.00
93641			EPS TEST CARDIO-DEFIB PULS GEN	$232.00	$197.00
93641	TC		EPS TEST CARDIO-DEFIB PULS GEN	NA	$126.00
93641	26		EPS TEST CARDIO-DEFIB PULS GEN	$232.00	$197.00
93642			EPS EVAL OF COR-DEFIB INDUCED	$232.00	$197.00
93642	TC		EPS EVAL OF COR-DEFIB INDUCED	NA	$126.00

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DME/P&O				**PURCHASE**	**RENTAL**
93642	26		EPS EVAL OF COR-DEFIB INDUCED	$232.00	$197.00
93644			EVALUATION IMPLANTABLE DEFIBRI	$103.09	$87.62
93644	TC		EVALUATION IMPLANTABLE DEFIBRI	NA	$28.23
93644	26		EVALUATION IMPLANTABLE DEFIBRI	$74.86	$63.63
93650			INTRACARDIAC CATHETER ABLATION	$516.00	$439.00
93653			EVALUATION AND INSERTION OF CA	$432.44	$367.57
93654			EVALUATION AND INSERTION OF CA	$578.73	$491.92
93655			INTRACARDIAC CATHETER ABLATION	$220.16	$187.14
93656			EVALUATION AND INSERTION OF CA	$580.56	$493.48
93657			ADDITIONAL LINEAR OR FOCAL INT	$219.78	$186.81
93660			AUTONOMIC NERVOUS SYS.EVAL.CAR	$100.00	$85.00
93662			INTRACARDIAC ECHOCARDIOGRAPHY	$109.00	$93.00
93662	26		INTRACARDIAC ECHOCARDIOGRAPHY	$109.00	$93.00
93701			BIOIMPEDANCE, THORACIC, ELECTR	$24.14	$20.52
93701	TC		BIOIMPEDANCE, THORACIC, ELECTR	NA	$23.00
93701	26		BIOIMPEDANCE, THORACIC, ELECTR	$8.00	$7.00
93702			LYMPHEDEMA ASSESSMENT FOR EXTR	$68.57	$58.28
93724			ELECTRONIC ANALYSIS ANTITACHY	$223.77	$190.20

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DME/P&O				**PURCHASE**	**RENTAL**
93724	TC		ELECTRONIC ANALYSIS ANTITACHY	NA	$26.03
93724	26		ELECTRONIC ANALYSIS ANTITACHY	$197.74	$168.08
93740			TEMPERATURE GRADIENT STUDIES	$20.00	$18.00
93740	TC		TEMPERATURE GRADIENT STUDIES	NA	$5.00
93740	26		TEMPERATURE GRADIENT STUDIES	$15.00	$13.00
93745			INITIAL SET-UP AND PROGRAMMING	$45.34	$38.54
93745	TC		INITIAL SET-UP & PROGRAMMING B	NA	$34.01
93745	26		INITIAL SET-UP & PROGRAMMING B	$11.35	$9.64
93750			INTERROGATION OF VENTRICULAR A	$28.56	$24.28
93750	26		INTERROGATION OF VENTRICULAR A	$23.57	$20.03
93770			DETERMINATION OF VENOUS PRESSU	$6.00	$6.00
93770	TC		DETERMINATION OF VENOUS PRESSU	$1.00	$1.00
93770	26		DETERMINATION OF VENOUS PRESSU	$5.00	$5.00
93784			AMBULATORY BLOOD PRESSURE MONI	$28.46	$24.19
93790			AMBULATORY BLOOD PRESSURE MONI	$9.51	$8.08
93792			TRAINING FOR HOME INTERNATIONA	$28.39	$24.13
93793			ANTI-CLOTTING MANAGEMENT FOR P	$6.20	$5.27
93798			PHYSICIAN OR OTHER QUALIFIED H	$11.74	$9.98

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DME/P&O				**PURCHASE**	**RENTAL**
93799			UNLISTED CARDIOVASCULAR SERVIC	BY REPORT	BY REPORT
93880			DUPLEX SCAN EXTRACRAN.ART:COMP	$42.00	$40.00
93880	TC		DUPLEX SCAN EXTRACRAN.ART:COMP	NA	$26.00
93880	26		DUPLEX SCAN EXTRACRAN.ART:COMP	$16.00	$14.00
93882			DUPLEX SCAN EXTRACRAN.ART:7/U	$21.00	$20.00
93882	TC		DUPLEX SCAN EXTRACRAN.ART:7/U	NA	$13.00
93882	26		DUPLEX SCAN EXTRACRAN.ART:7/U	$8.00	$7.00
93886			TRANSCRANIAL DOPPLER....COMPLE	$53.00	$50.00
93886	TC		TRANSCRANIAL DOPPLER....COMPLE	NA	$33.00
93886	26		TRANSCRANIAL DOPPLER....COMPLE	$20.00	$17.00
93888			TRANSCRAN.DOPPLER STUDY...7/U.	$28.00	$26.00
93888	TC		TRANSCRAN.DOPPLER STUDY...7/U.	$17.00	$17.00
93888	26		TRANSCRAN.DOPPLER STUDY...7/U.	$11.00	$9.00
93890			TRANSCRANIAL DOPPLER STUDY	$148.39	$126.13
93890	TC		TRANSCRANIAL DOPPLER STUDY	NA	$122.21
93890	26		TRANSCRANIAL DOPPLER STUDY	$26.18	$22.25
93892			TRANSCRANIAL DOPPLER STUDY OF	$90.59	$77.00
93892	TC		TRANSCRANIAL DOPPLER STUDY OF	NA	$59.95

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DME/P&O				**PURCHASE**	**RENTAL**
93892	26		TRANSCRANIAL DOPPLER STUDY OF	$30.64	$26.04
93893			TRANSCRANIAL DOPPLER STUDY OF	$90.65	$77.05
93893	TC		TRANSCRANIAL DOPPLER STUDY OF	NA	$59.95
93893	26		TRANSCRANIAL DOPPLER STUDY OF	$30.71	$26.10
93922			ULTRASOUND STUDY OF ARTERIES O	$22.00	$21.00
93922	TC		PHYSIO STUDIES U/L EXTREMITY A	NA	$13.00
93922	26		PHYSIO STUDIES U/L EXTREMITY A	$9.00	$8.00
93923			U/L EXT STUDIES MULTIPLE LEVEL	$45.00	$42.00
93923	TC		U/L EXT STUDIES MULTIPLE LEVEL	NA	$26.90
93923	26		U/L EXT STUDIES MULTIPLE LEVEL	$18.10	$15.10
93924			LOWER EXT ARTERIES STUDY AT RE	$49.00	$45.00
93924	TC		LOWER EXT ARTERIES STUDY AT RE	NA	$24.00
93924	26		LOWER EXT ARTERIES STUDY AT RE	$25.00	$21.00
93925			DUPLEX SCAN LOWER EXTREM.ART..	$43.00	$40.00
93925	TC		DUPLEX SCAN LOWER EXTREM.ART..	NA	$26.00
93925	26		DUPLEX SCAN LOWER EXTREM.ART..	$17.00	$14.00
93926			DUPLEX SCAN...7/U OR LIMITED S	$21.00	$20.00
93926	26		DUPLEX SCAN...7/U OR LIMITED S	$8.00	$7.00

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DME/P&O				**PURCHASE**	**RENTAL**
93930			DUPLEX SCAN UPPER EXT..:COMPLE	$41.00	$39.00
93930	TC		DUPLEX SCAN UPPER EXT..:COMPLE	NA	$25.00
93930	26		DUPLEX SCAN UPPER EXT..:COMPLE	$16.00	$14.00
93931			DUPLEX SCAN UPPER EXT...7/U OR	$20.00	$19.00
93931	TC		DUPLEX SCAN UPPER EXT...7/U OR	NA	$12.00
93931	26		DUPLEX SCAN UPPER EXT...7/U OR	$8.00	$7.00
93970			DUPLEX SCAN EXT.VEINS...COMP.B	$62.00	$58.00
93970	TC		DUPLEX SCAN EXT.VEINS...COMP.B	NA	$38.00
93970	26		DUPLEX SCAN EXT.VEINS...COMP.B	$24.00	$20.00
93971			DUPLEX SCAN EXT.VEINS...7/U LI	$30.00	$28.00
93971	TC		DUPLEX SCAN EXT.VEINS...7/U LI	NA	$18.00
93971	26		DUPLEX SCAN EXT.VEINS...7/U LI	$12.00	$10.00
93975			ULTRASOUND SCAN OF ABDOMINAL,	$74.00	$70.00
93975	TC		DUPLEX SCAN ART.INFLOW/VENOUS	NA	$45.00
93975	26		DUPLEX SCAN ART.INFLOW/VENOUS	$29.00	$25.00
93976			ULTRASOUND LIMITED SCAN OF ABD	$62.00	$58.00
93976	TC		DUPLEX SCAN...PELVIC...7/U LIM	NA	$38.00
93976	26		DUPLEX SCAN...PELVIC...7/U LIM	$24.00	$20.00

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DME/P&O				**PURCHASE**	**RENTAL**
93978			DUPLEX SCAN AORTA....COMPLETE	$62.00	$58.00
93978	TC		DUPLEX SCAN AORTA....COMPLETE	NA	$38.00
93978	26		DUPLEX SCAN AORTA....COMPLETE	$24.00	$20.00
93979			ULTRASOUND SCAN OF BLOOD FLOW	$30.00	$28.00
93979	TC		DUPLEX SCAN AORTA...7/U..LIMIT	NA	$18.00
93979	26		DUPLEX SCAN AORTA...7/U..LIMIT	$12.00	$10.00
93980			DUPLEX SCAN FOR PENILE VESSELS	$78.00	$73.00
93980	TC		DUPLEX SCAN FOR PENILE VESSELS	$46.00	$46.00
93980	26		DUPLEX SCAN FOR PENILE VESSELS	$32.00	$27.00
93981			PENILE DUPLEX SCAN FOLLOW UP	$39.00	$36.00
93981	TC		PENILE DUPLEX SCAN FOLLOW UP	NA	$21.73
93981	26		PENILE DUPLEX SCAN FOLLOW UP	$17.27	$14.27
93990			DUPLEX SCAN HEMODIALYSIS ACCES	$67.00	$66.00
93990	TC		DUPLEX SCAN HEMODIALYSIS ACCES	NA	$57.00
93990	26		DUPLEX SCAN HEMODIALYSIS ACCES	$10.00	$9.00
93998			UNLISTED NONINVASIVE VASCULAR	BY REPORT	BY REPORT
94002			VENTILATION ASSISTANCE AND MAN	$46.88	$39.84
94003			VENTILATION ASSISTANCE AND MAN	$33.67	$28.62

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DME/P&O				**PURCHASE**	**RENTAL**
94004			VENTILATION ASSISTANCE AND MAN	$24.97	$21.22
94010			SPIROMETRY WITH GRAPH, VITAL C	$18.00	$18.00
94010	TC		SPIROMETRY WITH GRAPH, VITAL C	NA	$10.00
94010	26		SPIROMETRY WITH GRAPH, VITAL C	$8.00	$8.00
94014			MEASUREMENT AND GRAPHIC RECORD	$15.00	$14.00
94015			PT INIT SPIROMETRIC REC TC ONL	NA	$6.00
94016			PATIENT-INITIATED SPIROMETRIC	$9.00	$8.00
94060			MEASUREMENT AND GRAPHIC RECORD	$54.10	$45.98
94060	SA		BRONCHOSPASM EVALUATION	NA	$41.00
94060	SA	TC	BRONCHOSPASM EVALUATION	NA	$30.00
94060	SA	26	BRONCHOSPASM EVALUATION	NA	$11.00
94060	TC		BRONCHOSPASM EVALUTION	$43.52	$30.00
94060	26		BROCHOSPASM EVALUATION	$10.58	$8.99
94070			MULTIPLE MEASUREMENTS AND GRAP	$53.00	$50.00
94070	TC		BRONCHOSPASM EVALUATION PROLON	NA	$30.48
94070	26		BRONCHOSPASM EVALUATION: PROLO	$22.52	$19.52
94150			VITAL CAPACITY, TOTAL	$3.67	$3.67
94150	TC		VITAL CAPACITY, TOTAL	NA	$2.17

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DME/P&O				**PURCHASE**	**RENTAL**
94150	26		VITAL CAPACITY, TOTAL	$1.50	$1.50
94200			MAXIMUM BREATHING CAPACITY	$9.00	$9.00
94200	TC		MAXIMUM BREATHING CAPACITY	NA	$7.00
94200	26		MAXIMUM BREATHING CAPACITY	$2.00	$2.00
94250			EXPIRED GAS COLLECTION	$15.00	$14.00
94250	TC		EXPIRED GAS COLLECTION	$10.21	$8.00
94250	26		EXPIRED GAS COLLECTION	$4.79	$3.79
94375			RESPIRATORY FLOW VOLUME LOOP	$15.00	$14.00
94375	TC		RESPIRATORY FLOW VOLUME LOOP	NA	$8.00
94375	26		RESPIRATORY FLOW VOLUME LOOP	$7.00	$6.00
94400			CO2 BREATHING RESPONSE CURVE	$25.00	$22.00
94400	TC		CO2 BREATHING RESPONSE CURVE	NA	$7.00
94400	26		CO2 BREATHING RESPONSE CURVE	$18.00	$15.00
94452			HIGH ALTITUDE SIMULATION TEST	$29.21	$24.83
94452	TC		HIGH ALTITUDE SIMULATION TEST	NA	$21.89
94452	26		HIGH ALTITUDE SIMULATION TEST	$7.33	$6.23
94453			HIGH ALTITUDE SIMULATION TEST	$40.37	$34.31
94453	TC		HIGH ALTITUDE SIMULATION TEST	NA	$30.73

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DME/P&O				**PURCHASE**	**RENTAL**
94453	26		HIGH ALTITUDE SIMULATION TEST	$9.64	$8.19
94610			INTRAPULMONARY SURFACTANT ADMI	$28.32	$24.07
94617			EXERCISE TEST FOR SPASM OF LUN	$49.79	$42.32
94617	TC		EXERCISE TEST FOR SPASM OF LUN	$32.81	$27.89
94617	26		EXERCISE TEST FOR SPASM OF LUN	$16.98	$14.43
94618			TEST FOR EXERCISE-INDUCED LUNG	$17.72	$15.06
94618	TC		EXERCISE TEST SPASM OF LUNG AI	NA	$5.93
94618	26		TEST FOR EXERCISE-INDUCED LUNG	$11.62	$9.88
94621			TEST FOR EXERCISE-INDUCED HEAR	$66.00	$62.00
94621	TC		PULMONARY STRESS TESTING COMPL	NA	$40.00
94621	26		PULMONARY STRESS TESTING COMPL	$26.00	$22.00
94642			AEROSOL INHAL PENTAMIDINE PNEU	$30.00	$26.00
94644			RESPIRATORY INHALED AEROSOL TR	$26.88	$22.85
94645			CONTINUOUS INHALATION TREATMEN	$9.01	$7.65
94664			DEMONSTRATION AND/OR EVALUATIO	$7.35	$7.35
94669			MECHANICAL CHEST WALL MANIPULA	$17.21	$14.62
94680			OXYGEN UPTAKE: DIRECT: SIMPLE	$24.00	$22.00
94680	TC		OXYGEN UPTAKE: DIRECT: SIMPLE	NA	$13.00

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DME/P&O				**PURCHASE**	**RENTAL**
94680	26		OXYGEN UPTAKE: DIRECT: SIMPLE	$11.00	$9.00
94681			OXYGEN UPTAKE W/CO2 OUTPUT	$52.00	$50.00
94681	TC		OXYGEN UPTAKE W/C02 OUTPUT	$43.34	$40.00
94681	26		OXYGEN UPTAKE W/CO2 OUTPUT	$8.66	$6.66
94690			OXYGEN UPTAKE: REST: INDIRECT	$24.00	$23.00
94690	TC		OXYGEN UPTAKE: REST: INDIRECT	NA	$21.19
94690	26		OXYGEN UPTAKE: RESET: INDIRECT	$2.81	$1.81
94726			PLETHYSMOGRAPHY FOR DETERMINAT	$28.72	$24.41
94726	TC		PLETHYSMOGRAPHY FOR DETERMINAT	NA	$22.47
94726	26		PLETHYSMOGRAPHY FOR DETERMINAT	$6.25	$5.31
94727			GAS DILUTION OR WASHOUT FOR DE	$23.14	$19.67
94727	TC		GAS DILUTION OR WASHOUT FOR DE	NA	$16.89
94727	26		GAS DILUTION OR WASHOUT FOR DE	$6.25	$5.31
94728			AIRWAY RESISTANCE BY IMPULSE O	$21.61	$18.36
94728	TC		AIRWAY RESISTANCE BY IMPULSE O	NA	$15.16
94728	26		AIRWAY RESISTANCE BY IMPULSE O	$6.45	$5.48
94729			DIFFUSING CAPACITY (EG, CARBON	$29.60	$25.16
94729	TC		DIFFUSING CAPACITY (EG, CARBON	NA	$24.96

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DME/P&O				**PURCHASE**	**RENTAL**
94729	26		DIFFUSING CAPACITY (EG, CARBON	$4.64	$3.94
94750			PULMONARY COMPLIANCE STUDY	$21.00	$20.00
94750	TC		PULMONARY COMPLIANCE STUDY	NA	$12.00
94750	26		PULMONARY COMPLIANCE STUDY	$9.00	$8.00
94760			NONINVASIVE OXIMETRY-02:SINGLE	$1.94	$1.65
94761			SEE 94760:MULTIPLE DETERMINATI	$4.14	$3.52
94762			SEE 94760:CONT.OVERNIGHT MONIT	$12.00	$10.00
94770			EXPIRED CARBON DIOXIDE ANALYSI	$6.86	$5.83
94770	TC		EXPIRED CARBON DIOXIDE ANALYSI	NA	$6.00
94770	26		EXPIRED CARBON DIOXIDE ANALYSI	$4.00	$3.00
94799			UNLISTEDM PULMONARY SERVICE/PR	BY REPORT	BY REPORT
94927	TC		GAS DILUTION OR WASHOUT FOR DE	NA	$12.22
94927	26		GAS DILUTION OR WASHOUT FOR DE	$4.66	$3.96
95004			INJECTION OF ALLERGENIC EXTRAC	NA	$3.75
95012			NITRIC OXIDE EXPIRED GAS DETER	$10.93	$9.29
95017			ALLERGY TESTING WITH VENOMS IN	$4.27	$3.63
95017	26		ALLERGY TESTING W/VENOMS INTO	$1.97	$1.67
95018			ALLERGY TESTING WITH DRUGS OR	$11.46	$9.74

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DME/P&O				**PURCHASE**	**RENTAL**
95018	26		ALLERGY TESTING W/DRUGS INTO S	$3.77	$3.20
95024			INTRACUTANEOUS (INTRADERMAL) T	NA	$5.50
95027			INTRACUTANEOUS (INTRADERMAL) T	$4.24	$3.60
95028			INTRADERM TESTS/DELAYED TYPE R	NA	$8.30
95044			PATCH OR APPLICATION TEST (S)	$1.00	$1.00
95070			INHALATION BRONCH CHALLENGE TE	$18.00	$18.00
95071			BRONCHIAL INHALATIONS W/ANTIGE	$18.00	$18.00
95076			INGESTION OF TEST ITEMS FOR AL	$63.21	$53.73
95076	26		INGESTION CHALLENGE TEST(SEQUE	$38.60	$32.81
95079			INGESTION CHALLENGE TEST (SEQU	$44.03	$37.42
95079	26		INGESTION CHALLENGE TEST (SEQU	$35.38	$30.07
95115			ALLER.INJ.W/OUT EXTRACT PROV O	NA	$2.50
95117			INJECTION OF INCREMENTAL DOSAG	$2.50	$2.50
95130			PREPARATION, PROVISION, AND IN	$20.00	$20.00
95131			PREPARATION, PROVISION, AND IN	$20.00	$20.00
95132			PREPARATION, PROVISION, AND IN	$20.00	$20.00
95133			PREPARATION, PROVISION, AND IN	$20.00	$20.00
95134			PREPARATION, PROVISION, AND IN	$20.00	$20.00

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DME/P&O				**PURCHASE**	**RENTAL**
95144			IMMUNO TX,SUPERVISION & PROVIS	NA	$7.00
95145			PROF SERV SUPERV&PROV ANTIGENS	$17.12	$14.55
95146			PROF SERV SUPER&PROV ANTIGENS.	$17.12	$14.55
95147			PROF SERV SUPER&PROV ANTIGENS.	$16.44	$13.97
95148			PROF SERV SUPER&PROV ANTIGENS.	$21.87	$18.59
95149			PROF SERV SUPER&PROV ANTIGENS.	$29.34	$24.94
95165			PROF.SUP.&PROV.OF AGNS FOR IMM	$4.50	$4.50
95170			MD SUPER/PROV:WHOLE BODY EXTRA	$8.00	$8.00
95180			RAPID DESENSITIZATION PROCEDUR	$45.00	$40.00
95199			UNLISTED ALLERGY/IMMUNIZATION	BY REPORT	BY REPORT
95249			CONTINUOUS MONITORING OF GLUCO	$29.90	$25.41
95250			GLUCOSE MONITORING UP TO 72 HO	$29.00	$25.00
95251			AMBULATORY CONTINUOUS GLUCOSE	$18.10	$15.39
95707	26		NERVE CONDUCTION STUDIES: 1-2	$27.29	$23.20
95800			SLEEP STUDY, UNATTENDED, SIMUL	$90.49	$76.91
95800	TC		SLEEP STUDY UNATTENDED, SIMULT	NA	$68.99
95800	26		SLEEP STUDY UNATTENDED SIMULTA	$21.51	$18.28
95801			SLEEP STUDY, UNATTENDED, SIMUL	$47.81	$40.64

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95801	TC		SLEEP STUDY UNATTENDED, SIMULT	NA	$26.50
95801	26		SLEEP STUDY UNATTENDED SIMULTA	$21.31	$18.11
95803			STUDY OF SLEEP AND WAKE PATTER	$76.37	$64.91
95803	TC		ACTIGRAPHY TESTING RECORDING A	NA	$53.99
95803	26		ACTIGRAPHY TESTING PROFESS COM	$22.38	$19.02
95805			MSLT,REC,ANAL&INTERP OF PSYCH	$53.00	$49.00
95805	26		MSLT,REC,ANAL&INTERP OF PSYCH	$24.00	$20.00
95806			UNATTENDED SLEEP STUDY WITH RE	$152.04	$129.23
95806	TC		SLEEP STUDY UNATTENDED BY TECH	NA	$99.66
95806	26		SLEEP STUDY UNATTENDED BY TECH	$52.38	$44.52
95807			SLEEP STUDY 3 OR MORE BY TECHN	$245.00	$234.00
95807	TC		SLEEP STUDY 3 OR MORE BY TECHN	NA	$172.00
95807	26		SLEEP STUDY 3 OR MORE BY TECHN	$53.54	$45.51
95808			POLYSOMNOGRAPHY: ANY AGE, SLEE	$245.00	$232.00
95808	TC		POLYSOMNOGRAPHY 1-3 PARAMETERS	NA	$160.00
95808	26		POLYSOMNOGRAPHY 1-3 PARAMETERS	$85.00	$72.00
95810			POLYSOMNOGRAPHY: AGE 6 YEARS O	$245.00	$232.00
95810	TC		POLYSOMNOGRAPHY 4+ PARAMETERS	NA	$160.00

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DME/P&O				**PURCHASE**	**RENTAL**
95810	26		POLYSOMNOGRAPHY 4+ PARAMETERS	$85.00	$72.00
95811			POLYSOMNOGRAPHY: AGE 6 YEARS O	$216.00	$200.00
95811	TC		POLYSOMNOGRAPHY 4 OR MORE PARA	NA	$108.00
95811	26		POLYSOMNOGRAPHY 4 OR MORE PARA	$108.00	$92.00
95812			MEASUREMENT OF BRAIN WAVE (EEG	$70.00	$65.00
95812	26		EEG EXTENDED MONITORING UP TO	$34.00	$29.00
95813			EEG EXTENDED MONITORING >1 HOU	$85.00	$78.00
95813	26		EEG EDTENDED MONITORING >1 HOU	$49.00	$42.00
95816	26		EEG,INCL RECOR AWAKE&D,SAME FA	$15.00	$13.00
95819	26		EEG-STD/PORT: SAME FACILITY	$15.00	$13.00
95822	26		EEG: SLEEP ONLY	$15.00	$13.00
95824			MEASUREMENT AND RECORDING OF B	$16.00	$15.00
95824	TC		EEG: CEREBRAL DEATH RECORDING	NA	$9.00
95824	26		EEG: CEREBRAL DEATH RECORDING	$7.00	$6.00
95827	26		EEG: ALL NIGHT SLEEP RECORDING	$15.00	$13.00
95830			INSERTION BY PHYSICIAN OR OTHE	$92.00	$78.00
95831			MANUAL MUSCLE TESTING OF ARM,	$10.00	$8.00
95832			MUSCLE TESTING: MANUAL: HAND	$13.00	$11.00

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DME/P&O				**PURCHASE**	**RENTAL**
95833			TEST MUSCLE,MANUAL:TOT BODY/NO	$18.28	$15.54
95834			MUSCLE TESTING: MANUAL: TOTAL	$26.90	$22.86
95851			RANGE OF MOTION TESTING OF ARM	$10.00	$8.00
95852			RANGE OF MOTION: HAND	$10.00	$8.00
95857			TENSILON TEST FOR MYASTHENIA G	$16.00	$14.00
95857	TC		TENSILON TEST FOR MYASTHENIA G	NA	$2.50
95857	26		TENSILON TEST FOR MYASTHENIA G	$13.50	$11.50
95860			ELECTROMYOGRAPH:1 EXTREMITY&PA	$37.00	$33.00
95860	26		ELECTROMYOGRAPH:1 EXTREMITY&PA	$30.00	$26.00
95861			ELECTROMYOGRAPH:2 EXTREMITIES&	$57.00	$50.00
95861	TC		ELECTROMYOGRAPH:2 EXTREMITIES&	NA	$11.00
95861	26		ELECTROMYOGRAPH:2 EXTREMITIES&	$46.00	$39.00
95863			ELECTROMYOGRAPH:3 EXTREMITIES&	$76.00	$67.00
95863	TC		ELECTROMYOGRAPH:3 EXTREMITIES&	NA	$14.00
95863	26		ELECTROMYOGRAPH:3 EXTREMITIES&	$62.00	$53.00
95864			ELECTROMYOGRAPH:4 EXTREMITIES&	$95.00	$84.00
95864	TC		ELECTROMYOGRAPH:4 EXTREMITIES&	NA	$19.00
95864	26		ELECTROMYOGRAPH:4 EXTREMITIES&	$76.00	$65.00

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DME/P&O				**PURCHASE**	**RENTAL**
95865			NEEDLE ELECTROMYOGRAPHY: LARYN	$78.76	$66.94
95865	TC		NEEDLE ELECTROMYOGRAPHY: LARYN	$35.92	$15.00
95865	26		NEEDLE ELECTROMYOGRAPHY: LARYN	$42.84	$36.41
95866			NEEDLE ELECTROMYOGRAPHY: HEMID	$72.57	$61.68
95866	TC		NEEDLE ELECTROMYOGRAPHY, HEMID	NA	$37.65
95866	26		NEEDLE ELECTROMYOGRAPHY,HEMIDI	$34.92	$29.68
95867			MYOGRAPHY: CRANIAL NERVE: UNIL	$21.00	$18.00
95867	26		MYOGRAPHY: CRANIAL NERVE: UNIL	$17.00	$14.00
95868			MYOGRAPHY: CRANIAL NERVE: BILA	$47.00	$41.00
95868	TC		MYOGRAPHY: CRANIAL NERVE: BILA	NA	$9.00
95868	26		MYOGRAPHY: CRANIAL NERVE: BILA	$38.00	$32.00
95869			ELECTROMYOGRAPHY: SPECIFIC MUS	$25.43	$21.62
95869	TC		ELECTROMYOGRAPHY: SPECIFIC MUS	$9.00	$7.00
95869	26		ELECTROMYOGRAPHY: SPECIFIC MUS	$16.43	$12.62
95870			NEEDLE MEASUREMENT AND RECORDI	$25.43	$21.62
95870	TC		ELECTROMYOGRAPHY OTH THAN PARA	NA	$9.00
95870	26		ELECTROMYOGRAPHY OTH THAN PARA	$16.43	$12.62
95872			ELECTROMYOGRAPHY,SING.FIBER,AN	$30.00	$26.00

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DME/P&O				**PURCHASE**	**RENTAL**
95872	TC		ELECTROMYOGRAPHY,SING.FIBER,AN	NA	$6.00
95872	26		ELECTROMYOGRAPHY,SING.FIBER,AN	$24.00	$20.00
95873			ELECTRICAL STIMULATION FOR GUI	$40.29	$34.25
95873	TC		ELECTRICAL STIMULATION FOR GUI	NA	$29.99
95873	26		ELECTRICAL STIMULATION FOR GUI	$10.30	$8.76
95874			NEEDLE ELECTROMYOGRAPHY FOR GU	$41.22	$35.04
95874	TC		NEEDLE ELECTROMYOGRAPHY FOR GU	NA	$30.95
95874	26		NEEDLE ELECTROMYOGRAPHY FOR GU	$10.27	$8.73
95875			ISCHEMIC LIMB EXERCISE,EMG,...	$23.00	$22.00
95875	TC		ISCHEMIC LIMB EXERCISE,EMG,...	NA	$18.00
95885			NEEDLE ELECTROMYOGRAPHY, EACH	$32.60	$27.71
95885	TC		NEEDLE ELECTROMYOGRAPHY, EACH	NA	$22.88
95885	26		NEEDLE ELECTROMYOGRAPHY, EACH	$9.73	$8.27
95886			NEEDLE ELECTROMYOGRAPHY, EACH	$49.94	$42.44
95886	TC		NEEDLE ELECTROMYOGRAPHY, EACH	NA	$26.15
95886	26		NEEDLE ELECTROMYOGRAPHY, EACH	$23.80	$20.23
95887			NEEDLE ELECTROMYOGRAPHY, NON-E	$43.47	$36.95
95887	TC		NEEDLE ELECTROMYOGRAPHY, NON E	NA	$24.03

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DME/P&O				**PURCHASE**	**RENTAL**
95887	26		NEEDLE ELECTROMYOGRAPHY, NON E	$19.43	$16.52
95905			NEEDLE MEASUREMENT AND RECORDI	$34.46	$29.29
95907			NERVE TRANSMISSION STUDIES, 1-	$50.41	$42.84
95907	TC		NERVE CONDUCTION STUDIES: 1-2	NA	$24.10
95908			NERVE TRANSMISSION STUDIES, 3-	$65.33	$55.53
95908	TC		NERVE CONDUCTION STUDIES: 3-4	NA	$29.08
95908	26		NERVE CONDUCTION STUDIES: 3-4	$34.30	$29.16
95909			NERVE TRANSMISSION STUDIES, 5-	$77.95	$66.26
95909	TC		NERVE CONDUCTION STUDIES: 5-6	NA	$36.50
95909	26		NERVE CONDUCTION STUDIES: 5-6	$41.46	$35.24
95910			NERVE TRANSMISSION STUDIES, 7-	$102.19	$86.86
95910	TC		NERVE CONDUCTION STUDIES: 7-8	NA	$46.88
95910	26		NERVE CONDUCTION STUDIES: 7-8	$55.32	$47.02
95911			NERVE TRANSMISSION STUDIES, 9-	$122.62	$104.22
95911	TC		NERVE CONDUCTION STUDIES: 9-10	NA	$53.61
95911	26		NERVE CONDUCTION STUDIES: 9-10	$69.02	$58.66
95912			NERVE TRANSMISSION STUDIES, 11	$137.44	$116.82
95912	TC		NERVE CONDUCTION STUDIES 11-12	NA	$55.34

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DME/P&O				**PURCHASE**	**RENTAL**
95912	26		NERVE CONDUCTION STUDIES 11-12	$82.11	$69.79
95913			NERVE TRANSMISSION STUDIES, 13	$159.10	$135.23
95913	TC		NERVE CONDUCTION STUDIES 13 OR	NA	$61.30
95913	26		NERVE CONDUCTION STUDIES 13 OR	$97.24	$82.65
95921			TESTING AUT NERV SYS FUNCTION	$18.00	$16.00
95921	TC		TESTING AUT NERV SYS FUNCTION	NA	$6.00
95921	26		TESTING AUT NERV SYS FUNCTION	$12.00	$10.00
95922			TESTING AUTO NERV SYST FUNCTIO	$19.00	$17.00
95922	TC		TESTING AUTO NERV SYST FUNCTIO	NA	$6.00
95922	26		TESTING AUTO SYST FUNCTION	$13.00	$11.00
95923	26		TESTING AUTO NERV SYST FUNCTIO	$12.00	$10.00
95924			TESTING OF AUTONOMIC (SYMPATHE	$78.36	$66.61
95924	TC		TESTING OF AUTONOMIC NERVOUS S	NA	$32.84
95924	26		TESTING OF AUTONOMIC NERVOUS S	$45.52	$38.69
95925			SOMATOSENSORY TESTING,ONE > NE	$55.00	$52.00
95925	TC		SOMATOSENSORY TESTING, ONE > N	NA	$33.00
95925	26		SOMATOSENSORY TESTING,ONE > NE	$22.00	$19.00
95926			SHORT LAT SOMATOSEN STUDY/LOWE	$55.00	$53.00

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DME/P&O				**PURCHASE**	**RENTAL**
95926	TC		SHORT LAT SOMATOSEN STUDY/LOWE	$39.00	$40.00
95926	26		SHORT LAT SOMATOSEN STUDY/LOWE	$16.00	$14.00
95927			SHORT-LAT SOMATOSEN STUDY/TRUN	$55.00	$53.00
95927	TC		SHORT-LAT SOMATOSEN STUDY/TRUN	$39.00	$40.00
95927	26		SHORT-LAT SOMATOSEN STUDY/TRUN	$16.00	$14.00
95928			CENTRAL MOTOR EVOKED POTENTIAL	$116.40	$98.94
95928	TC		CENTRAL MOTOR EVOKED POTENTIAL	NA	$75.52
95928	26		CENTRAL MOTOR EVOKED POTENTIAL	$40.88	$34.74
95929			CENTRAL MOTOR EVOKED POTENTIAL	$119.28	$101.38
95929	TC		CENTRAL MOTOR EVOKED POTENTIAL	NA	$78.21
95929	26		CENTRAL MOTOR EVOKED POTENTIAL	$41.07	$34.91
95930			VISUAL EVOKED POTENTIAL TESTIN	$23.00	$21.00
95930	26		VISUAL EVOKED POTENTIAL TESTIN	$12.00	$10.00
95933			BLINK REFLEX,ELETRODIAGNOSTIC	$52.00	$47.00
95933	TC		BLINK REFLEX,ELETRODIAGNOSTIC	NA	$27.86
95933	26		BLINK REFLEX,ELETRODIAGNOSTIC	$24.14	$19.14
95937			NEUROMUSCULAR JUNC.TEST.:@ NER	$35.00	$31.00
95937	TC		NEUROMUSCULAR JUNC. TEST: @ NE	NA	$9.00

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DME/P&O				**PURCHASE**	**RENTAL**
95937	26		NEUROMUSCULAR JUNC. TEST: @ NE	$26.00	$22.00
95938			SHORT-LATENCY SOMATOSENSORY EV	$186.50	$158.52
95938	TC		SHORT-LATENCY SOMATOSENSORY EV	NA	$162.74
95938	26		SHORT-LATENCY SOMATOSENSORY EV	$23.76	$20.20
95939			CENTRAL MOTOR EVOKED POTENTIAL	$275.39	$234.08
95939	TC		CENTRAL MOTOR EVOKED POTENTIAL	$213.84	$142.06
95939	26		CENTRAL MOTOR EVOKED POTENTIAL	$61.56	$52.32
95940			CONTINUOUS MONITORING OF NERVO	$16.74	$14.22
95941			CONTINUOUS MONITORING OF NERVO	BY REPORT	BY REPORT
95943			SIMULTANEOUS, INDEPENDENT, QUA	$50.08	$42.56
95950			AMBULATORY 24 HOUR EEG MONITOR	$85.00	$80.00
95950	TC		AMBULATORY 24 HOUR EEG MONITOR	NA	$50.00
95950	26		AMBULATORY 24 HOUR EEG MONITOR	$35.00	$30.00
95951	26		MONITORING FOR LOCALIZATION OF	$45.00	$38.00
95953			EACH 24 HOUR EEG MONITORING	$113.00	$106.00
95953	TC		EACH 24 HOUR EEG MONITORING	NA	$68.00
95953	26		EACH 24 HOUR EEG MONITORING	$45.00	$38.00
95954			PHARMACOLOGICAL OR PHYSICAL AC	$50.00	$46.00

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DME/P&O				**PURCHASE**	**RENTAL**
95954	26		PHARM/PHYSICAL ACTIVATION DURI	$30.00	$26.00
95955			EEG DURING NONINTRACRANIAL SUR	$35.00	$30.00
95956	26		EACH 24 HOUR EEG MONITORING	$45.00	$38.00
95957			DIGITAL ANALYSIS OF EEG	$99.00	$90.00
95957	TC		DIGITAL ANALYSIS OF EEG	NA	$40.00
95957	26		DIGITAL ANALYSIS OF EEG	$59.00	$50.00
95958			WADA ACTIVATION TEST FOR HEMIS	$106.00	$100.00
95958	TC		WADA ACTIVATION TEST FOR HEMIS	NA	$63.00
95958	26		WADA ACTIVATION TEST FOR HEMIS	$43.00	$37.00
95961			MAPPING OF ELECTRICAL BRAIN WA	$106.00	$95.00
95961	TC		FUNCT CORTICAL MAPPI:INIT HR P	NA	$31.00
95961	26		FUNCT CORTICAL MAPPI:INIT HR P	$75.00	$64.00
95962			FUNCTIONAL CORTICAL AND SUBCOR	$106.00	$95.00
95962	TC		FUNCT CORTICAL MAP:EA ADD HR P	NA	$31.00
95962	26		FUNCT CORTICAL MAP:EA ADD HR P	$75.00	$64.00
95965			MEGNETOENCEPHALOGRAPHY RECORD/	$217.47	$184.85
95965	26		NEEDLE ELECTROMYOGRAPHY, LARYN	$217.47	$184.85
95966			MAGNETOENCEPHALOGRAPHY RECORD/	$120.00	$102.00

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95967			MAGNETOENCEPHALOGRAPHY RECORD/	$105.00	$89.00
95970			ELECTRONIC ANALYSIS OF IMPLANT	$14.00	$12.00
95971			ELECTRONIC ANALYSIS OF IMPLANT	$20.00	$17.00
95972			ELECTRONIC ANALYSIS OF IMPLANT	$37.00	$32.00
95980			ELECTRONIC ANALYSIS OF IMPLANT	$23.49	$19.96
95981			ELECTRONIC ANALYSIS OF IMPLANT	$18.01	$15.31
95981	26		ELECTRONIC ANALYSIS OF IMPLANT	$9.17	$7.79
95982			ELECTRONIC ANALYSIS OF IMPLANT	$28.41	$24.15
95982	26		ELECTRONIC ANALYSIS OF IMPLANT	$18.61	$15.81
95990			REFILL/MAINT IMPL PUMP DRUG DE	$29.00	$25.00
95991			REFILLING AND MAINTENANCE OF I	$33.78	$28.72
95992			REPOSITIONING MANEUVERS FOR TR	$22.64	$19.24
95992	26		CANALITH REPOSITIONING PROCEDU	$19.17	$16.29
95999			UNLISTED NEUROLOGICAL/NEUROMUS	BY REPORT	BY REPORT
96000			THREE-DIMENSIONAL, VIDEO-TAPED	$48.00	$41.00
96001			THREE-DIMENSIONAL, VIDEO-TAPED	$58.00	$49.00
96002			DYNAMIC SURFACE ELECTROMYOGRAP	$11.00	$9.00
96003			DYNAMIC FINE WIRE ELECTROMYOGR	$10.00	$8.50

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DME/P&O				**PURCHASE**	**RENTAL**
96004			REVIEW AND INTERPRETATION BY P	$49.00	$42.00
96020			NEUROFUNCTIONAL TESTING SELECT	$184.35	$156.70
96040			MEDICAL GENETICS AND GENETIC C	$27.80	$23.63
96101	HH		PSYCHOLOGICAL TESTING WITH INT	$0.00	$0.00
96102	HH		PSYCHOLOGICAL TESTING BY TECHN	$0.00	$0.00
96103	HH		PSYCHOLOGICAL TESTING (INC PSY	$0.00	$0.00
96105			ASSESS APHASIA W/INTERP REP PE	$37.00	$26.00
96105	UC		ASSESS APHASIA W/INTERP REP PE	$25.00	$25.00
96110			DEVELOP TESTING, LIM W/INTERP	$7.28	$6.19
96110	HH		DEVELOP TESTING LIM W/INTERP R	$0.00	$0.00
96111	HH		DEVELOP TESTING EXTEND W/INT/R	$0.00	$0.00
96116			NEUROBEHAVIORAL STATUS EXAMINA	$48.47	$41.20
96116	HH		NEUROBEHAVIORAL STATUS EXAMINA	$0.00	$0.00
96116	UC		NEUROBEHAVIORAL STATUS EXAM(CL	$33.94	$33.94
96118	HH		NEUROPSYCHOLOGICAL TEST INTERP	$0.00	$0.00
96119	HH		NEUROPSYCHO TESTING (EG, HALS)	$0.00	$0.00
96120	HH		NEUROPSYCHOLOGICAL TESTIN (EG.	$0.00	$0.00
96125			STANDARDIZED THOUGHT PROCESSIN	$56.88	$48.34

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DME/P&O				**PURCHASE**	**RENTAL**
96125	HH		STANDARDIZED THOUGHT PROCESSIN	$0.00	$0.00
96125	SA		STANDARIZED COGNITIVE PERFORMA	NA	$45.93
96125	SA	26	STANDARIZED COGNITIVE PERFORMA	NA	$33.48
96125	26		STANDARDIZED COGNITIVE PERFORM	$41.46	$35.25
96127			BRIEF EMOTIONAL OR BEHAVIORAL	$2.85	$2.42
96127	HH		BRIEF EMOTIONAL OR BEHAVIORAL	$0.00	$0.00
96150			HEALTH & BEHAV ASSESS INIT EA	$14.00	$12.00
96150	HH		HEALTH & BEHAV ASSESS INIT 15	$0.00	$0.00
96150	SA		HEALTH & BEHAV ASSESS INIT EA	NA	$11.40
96150	UC		HEALTH & BEHAV ASSESS INIT EA	$14.00	$14.00
96151			HEALTH & BEHAV ASSESS EACH 15	$14.00	$12.00
96151	HH		HEALTH & BEHAV ASSESS EACH 15	$0.00	$0.00
96151	SA		HEALTH & BEHAV ASSESS EACH 15	NA	$11.40
96151	UC		HEALTH & BEHAV ASSESS EACH 15	$14.00	$14.00
96152			HEALTH AND BEHAVIOR INTERVENTI	$13.00	$11.00
96152	HA		IIH-HABILITATION BCBA-D	NA	$46.25
96152	HH		HEALTH & BEHAV INTERVEN IND EA	$0.00	$0.00
96152	SA		HEALTH & BEHAV INTERVEN IND EA	NA	$10.45

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DME/P&O				**PURCHASE**	**RENTAL**
96152	UC		HEALTH & BEHAV INTERVEN IND EA	$13.00	$13.00
96153			HEALTH AND BEHAVIOR INTERVENTI	$3.68	$3.13
96153	HH		HEALTH & BEHAV INTERVEN EA 15	$0.00	$0.00
96153	SA		HEALTH & BEHAV INTERVEN EA 15	NA	$3.80
96153	UC		HEALTH & BEHAV INTERVEN EA 15	$5.00	$5.00
96154			HEALTH AND BEHAVIOR INTERVENTI	$13.00	$11.00
96154	HH		HEALTH & BEHAV INTERVEN FAM EA	$0.00	$0.00
96154	SA		HEALTH & BEHAV INTERVEN FAM EA	NA	$10.45
96154	UC		HEALTH & BEHAV INTERVEN FAM EA	$13.00	$13.00
96155			HEALTH AND BEHAVIOR INTERVENTI	$12.00	$10.00
96155	SA		HEALTH & BEHAV INTERVEN FAM EA	NA	$9.50
96155	UC		HEALTH & BEHAV INTERVEN FAM EA	$12.00	$12.00
96160			ADMINISTRATION AND INTERPRETAT	$1.62	$1.38
96360			INTRAVENOUS INFUSION HYDRATI	$20.22	$17.19
96360	SA		IV INFUSION,HYDRATION, 31MIN-1	NA	$16.33
96361			INTRAVENOUS INFUSION HYDRATI	$7.12	$6.05
96361	SA		IV INFUSION,HYDRATION EACH ADD	NA	$5.75
96365			INFUSION INTO A VEIN FOR THERA	$38.35	$32.60

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DME/P&O				**PURCHASE**	**RENTAL**
96365	SA		IV INFUSION FOR THERAPY UP TO	NA	$30.97
96366			INFUSION INTO A VEIN FOR THERA	$11.39	$9.68
96366	SA		IV INFUSION FOR THERAPY EACH A	NA	$9.20
96367			INTRAVENOUS INFUSION FOR THE	$16.53	$14.05
96367	SA		IV INFUSION FOR THERAPY ADDIT	NA	$13.35
96368			INFUSION INTO A VEIN FOR THERA	$11.03	$9.37
96368	SA		IV INFUSION FOR THERAPY,CONCUR	NA	$8.90
96369			SUBCUTANEOUS INFUSION FOR THER	$89.74	$76.28
96369	SA		SUBCU INFUSION FOR THERAPY,UP	NA	$72.47
96370			INFUSION INTO TISSUE FOR THERA	$8.13	$6.91
96370	SA		SUBCU INFUSION FOR THERAPY,EAC	NA	$6.56
96371			INFUSION FOR THERAPY OR PREVEN	$35.38	$30.97
96371	SA		SUBCU INFUSION FOR THERAPY,ADD	NA	$28.57
96372	FP		THERAPEUTIC/PROPHY/DIAGNOSTIC	$4.80	$4.80
96372	SA		THER/PROPH/DIAG: SUBCU/IM	NA	$7.04
96372	SB		THERAPEUTIC PROPHYLACTIC DIAGN	NA	$6.10
96373			INJECTION INTO ARTERY FOR THER	$9.87	$8.39
96374			INJECTION OF DRUG OR SUBSTANCE	$20.78	$17.66

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DME/P&O				**PURCHASE**	**RENTAL**
96374	SA		THER/PROPH/DIAG: IV PUSH	NA	$16.78
96374	SB		IV PUSH THERAP/PROPHYL/DIAGNOS	NA	$14.54
96375			INJECTION OF DIFFERENT DRUG OR	$8.84	$7.51
96375	SA		THER/PROPH/DIAG INJ:EACH ADD I	NA	$7.13
96375	SB		EACH ADDIT IV PUSH THER/PROPHY	NA	$6.18
96376			INJECTION OF DRUG OR SUBSTANCE	$14.14	$12.01
96376	SA		THER/PROPH/DIAG INJ:EACH ADDIT	NA	$11.41
96377			APPLICATION OF ON-BODY INJECTO	$10.64	$9.04
96379			INJECTION OR INFUSION INTO A V	$2.50	$2.50
96379	SA		UNLISTED THER/PROPH/DIAG INJEC	NA	$2.50
96379	SB		UNLISTED THER/PROPHYL/DIAGNOST	NA	$2.50
96401			CHEMOTHERAPY ADMINISTRATION, S	$42.55	$36.16
96401	SA		CHEMOTHERAPY ADMINIS SUBCU OR	$34.79	$30.40
96402			CHEMOTHERAPY ADMINISTRATION, S	$16.38	$13.92
96402	SA		CHEMO ADMIN SUBCU/IM HORM ANTI	NA	$13.22
96405			CHEMOTHERAPY INTO A LESION, UP	$16.00	$14.00
96406			CHEMOTHERAPY INTO A LESION, MO	$20.00	$17.00
96409			CHEMOTHERAPY ADMINISTRATION: I	$58.01	$49.30

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DME/P&O				**PURCHASE**	**RENTAL**
96409	SA		CHEMOTHERAPY ADMIN IV PUSH SIN	NA	$46.84
96411			CHEMOTHERAPY ADMINISTRATION: I	$31.29	$26.60
96411	SA		CHEMO ADMIN IV PUSH EACH ADD S	NA	$25.27
96413			CHEMOTHERAPY ADMINISTRATION, I	$75.59	$64.25
96413	SA		CHEMO ADMINIS IV INFUS UP TO 1	NA	$61.04
96415			CHEMOTHERAPY ADMINISTRATION, I	$16.15	$13.72
96415	SA		CHEMO ADMIN IV INFUSION EACH A	NA	$13.04
96416			CHEMOTHERAPY ADMINISTRATION, I	$75.94	$64.54
96416	SA		CHEMO ADMIN INIT PROLONGED INF	NA	$61.32
96417			CHEMOTHERAPY ADMINISTRATION, I	$36.43	$30.97
96417	SA		CHEMO ADMIN IV INFUS EACH ADD	NA	$29.42
96420			CHEMOTHERAPY INTRA-ARTERIAL:PU	$56.17	$47.74
96420	SA		CHEMOTHERAPY INTRA-ARTERIAL, P	NA	$45.36
96422			CHEMOTHERAPY, INFUSION ..UP TO	$32.00	$28.00
96422	SA		CHEMOTHERAPY, INFUSION UP TO 1	NA	$26.60
96423			CHEMOTHERAPY...1 TO 8 HRS:EA A	$16.00	$14.00
96423	SA		CHEMOTHERAPY 1 TO 8 HRS, EACH	NA	$13.30
96425	SA		CHEMOTHERAPY INFUSION >8HRS PE	NA	$16.75

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DME/P&O				**PURCHASE**	**RENTAL**
96440			CHEMOTHERAPY-PLEURAL CAVITY RE	$38.00	$32.00
96446			CHEMOTHERAPY ADMINISTRATION IN	$109.76	$93.30
96446	26		CHEMOTHERAPY ADMINISTRATION IN	$13.83	$11.76
96450			CHEMOTHERAPY-CNS,REQUIRING LUM	$61.00	$52.00
96521			REFILLING AND MAINTENANCE OF P	$78.79	$66.97
96521	SA		PORTABLE PUMP REFILLING/MAINTE	NA	$63.62
96522			REFILLING AND MAINTENANCE OF I	$64.34	$54.69
96522	SA		REFILLING/MAINTENANCE IMPLANT	$51.95	$47.03
96523			IRRIGATION OF IMPLANTED VENOUS	$14.68	$12.47
96523	SA		IRRIGATION OF IMPLANTED VENOUS	NA	$11.85
96542			CHEMO,INTRAVENTRICULAR 1+AGENT	$61.00	$52.00
96567			APPLICATION OF LIGHT AND LIGHT	$39.00	$33.00
96570			PHOTODYNAMIC THERAPY 1ST 30 MI	$35.00	$30.00
96571			PHOTODYNAMIC THERAPY EA ADDIT	$18.00	$15.00
96573			APPLICATION OF LIGHT AND LIGHT	$108.67	$92.37
96574			APPLICATION OF LIGHT AND LIGHT	$137.51	$116.88
96900			ACTINOTHERAPY (ULTRAVIOLET LIG	$6.00	$5.00
96904			WHOLE BODY INTEGUMENTARY PHOTO	$34.93	$29.69

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DME/P&O				**PURCHASE**	**RENTAL**
96910			PHOTOCHEMOTHERAPY: TAR AND ULT	$16.00	$14.00
96912			PHOTOCHEMOTHERAPY/PUVA	$21.00	$18.00
96913			PHOTOCHEMOTHER/REP 4-8 HRS CAR	$24.00	$20.00
96920			LASER TREAT PSORIASIS <250 SQ	$46.00	$40.00
96920	26		LASER TREAT PSORIASIS <250 SQ	$18.00	$15.00
96921			LASER TX PSORIASIS 250-500 SQ	$49.00	$42.00
96921	26		LASER TX PSORIASIS 250-500 SQ	$18.00	$15.00
96922			LASER TX PSORIASIS >500 SQ CM	$64.00	$54.00
96922	26		LASER TX PSORIASIS >500 SQW CM	$32.00	$28.00
96931			MICROSCOPY OF LESION OF SKIN W	$90.99	$77.34
96932			MICROSCOPY OF LESION OF SKIN -	$9.20	$7.82
96933			INTERPRETATION AND REPORT OF M	$23.90	$20.31
96934			MICROSCOPY OF LESION OF SKIN W	$51.26	$43.57
96935			MICROSCOPY OF LESION OF SKIN	$24.19	$20.56
96936			INTERPRETATION AND REPORT OF M	$22.81	$19.39
96999			UNLISTED SPECIAL DERMATOLOGICA	BY REPORT	BY REPORT
97110			THERAPEUTIC EXERCISE TO DEVELO	BY REPORT	BY REPORT
97112			THERAPEUTIC PROCEDURE TO RE-ED	BY REPORT	BY REPORT

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DME/P&O				**PURCHASE**	**RENTAL**
97127			ONE-ON-ONE THERAPEUTIC INTERVE	NA	$16.72
97127	HI		ONE-ON-ONE THERAPEUTICA INTER	NA	$36.50
97161			EVALUATION OF PHYSICAL THERAPY	$43.95	$37.35
97162			EVALUATION OF PHYSICAL THERAPY	$43.95	$37.35
97163			EVALUATION OF PHYSICAL THERAPY	$43.95	$37.35
97164			RE-EVALUATION OF PHYSICAL THER	$29.97	$25.47
97165			EVALUATION OF OCCUPATIONAL THE	$47.41	$40.29
97166			EVALUATION OF OCCUPATIONAL THE	$42.25	$35.91
97167			EVALUATION OF OCCUPATIONAL THE	$42.25	$35.91
97168			RE-EVALUATION OF OCCUPATIONAL	$28.00	$23.80
97169			EVALUATION OF ATHLETIC TRAININ	BY REPORT	BY REPORT
97170			EVALUATION OF ATHLETIC TRAININ	BY REPORT	BY REPORT
97171			EVALUATION OF ATHLETIC TRAININ	BY REPORT	BY REPORT
97172			RE-EVALUATION OF ATHLETIC TRAI	BY REPORT	BY REPORT
97530			THERAPEUTIC ACTIVITIES TO IMPR	BY REPORT	BY REPORT
97535			SELF-CARE OR HOME MANAGEMENT T	$7.00	$7.00
97535	HI		SELF-CARE/HME HGT TRAINING/15	NA	$26.61
97535	HI	UN	OCCUPATIONAL THERAPY 15 MINS	NA	$7.60

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DME/P&O				**PURCHASE**	**RENTAL**
97535	HI	UP	OCCUPATIONAL THERAPIST GRP 3 S	NA	$8.87
97535	HI	UQ	OCCUPATIONAL THERAPY 15 MINS	NA	$6.65
97535	HI	UR	SELF-CARE/HME MGT TRAINING/15	NA	$5.32
97535	ST		TBI-OCCUPATIONAL THERAPY VS (3	NA	$73.00
97597			REMOVAL OF DEVITALIZED TISSUE	$47.52	$40.39
97598			REMOVAL OF DEVITALIZED TISSUE	$14.75	$12.54
97605			NEGATIVE PRESSURE WOUND THERAP	$22.85	$19.42
97606			NEGATIVE PRESSURE WOUND THERAP	$26.99	$22.94
97607			NEGATIVE PRESSURE WOUND THERAP	$22.86	$19.43
97607	26		NEGATIVE PRESSURE WOUND THERAP	$14.13	$12.01
97608			NEGATIVE PRESSURE WOUND THERAP	$27.22	$23.13
97608	26		NEGATIVE PRESSURE WOUND THERAP	$15.58	$13.24
97610			LOW FREQUENCY, NON-CONTACT, NO	$122.19	$103.86
97763			MANAGEMENT AND/OR TRAINING IN	$26.62	$22.62
97799			UNLISTED PHYSICAL MED SER/PROC	$7.00	$7.00
97810			ACUPUNCTURE 1 OR MORE NEEDLES,	$16.00	$14.00
97811			ACUPUNCTURE, ONE OR MORE NEEDL	$16.00	$14.00
97813			ACUPUNCTURE 1 OR MORE NEEDLES	$16.00	$14.00

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DME/P&O				**PURCHASE**	**RENTAL**
97814			ACUPUNCTURE, ONE OR MORE NEEDL	$16.00	$14.00
98925			OSTEOPATHIC MANIPULATIVE RX 1+	$7.00	$7.00
98940			CHIROPRACTIC MANIPULATIVE TREA	$6.00	$6.00
98941			CHIROPRACTIC MANIPULATIVE TREA	$6.00	$6.00
98942			CHIROPRACTIC MANIPULATIVE TREA	$6.00	$6.00
98960			EDUCATION AND TRAINING FOR PAT	$13.88	$11.79
98961			EDUCATION AND TRAINING FOR PAT	$6.85	$5.82
98962			EDUCATION AND TRAINING FOR PAT	$5.05	$4.29
98966	HH		TELEPHONE ASSESS & MGMT 5-10MI	$0.00	$0.00
98967	HH		TELEPHONE ASSESS & MGMT 15-20M	$0.00	$0.00
98968	HH		TELEPHONE ASSESS & MGMT 21-30	$0.00	$0.00
99051			SERVICES PROVIDED IN AN OFFICE	$5.00	$5.00
99051	SA		SERVICE(S) PROVIDED IN OFFICE	NA	$4.75
99053			SERVICE(S) PROVIDED BETWEEN 10	$5.00	$5.00
99060			SERVICE(S) PROVIDED ON AN EMER	$5.00	$5.00
99070			SUPPLIES AND MATERIALS (EXCEPT	BY REPORT	BY REPORT
99082			UNUSUAL TRAVEL	$40.72	$8.14
99152			MODERATE SEDATION SERVICES BY	$27.20	$23.12

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DME/P&O				**PURCHASE**	**RENTAL**
99153			MODERATE SEDATION SERVICES BY	$5.74	$4.87
99156			MODERATE SEDATION SERVICES BY	$40.14	$34.11
99157			MODERATE SEDATION SERVICES BY	$32.55	$27.67
99173			SCREENING TEST VIS ACUITY QUAN	$5.00	$5.00
99174			INSTRUMENT-BASED OCULAR SCREEN	$9.00	$7.65
99177			INSTRUMENT BASED EYE SCREENING	$11.00	$9.35
99183			PHYSICIAN OR OTHER QUALIFIED H	$27.00	$23.00
99184			INITIATION OF LOWERING HEAD OR	$113.11	$96.14
99190			ASSEMBLY AND OPERATION OF HEAR	$45.00	$38.00
99191			ASSEMBLY AND OPERATION OF HEAR	$33.75	$29.00
99192			ASSEMBLY AND OPERATION OF HEAR	$22.50	$19.00
99195			PHLEBOTOMY,THERAPEUTIC (SEPAR)	$19.00	$16.00
99199			PROCEDURE, SERVICE, OR REPORT	BY REPORT	BY REPORT
99201	FP		E/M INITIAL FP VS IN FP CLINIC	$83.70	$83.70
99201	FP	SB	E/M INITIAL BRIEF FP VS.CNM IN	NA	$31.50
99201	FP	52	E/M INITIAL FP VS IN FP CLINIC	$79.70	$79.70
99201	HF		PRESCRIPTION VISIT IN NARC CLI	NA	$27.00
99201	HG		PHYSICIAN VISIT-NEW PT (10 MIN	NA	$25.00

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DME/P&O				**PURCHASE**	**RENTAL**
99201	HH		NEW PATIENT OFFICE OR OTHER OU	$0.00	$0.00
99201	SB	52	E/M INITIAL BRIEF FP VS.CNM IN	NA	$27.50
99202	FP		E/M FP VISIT,NEW PATIENT IN FP	$83.70	$83.70
99202	FP	52	E/M FP VISIT,NEW PATIENT IN FP	$79.70	$79.70
99202	HF		PRESCRIPTION VISIT IN NARCOTIC	NA	$42.00
99202	HG		PHYSICIAN VISIT-NEW PT (20 MIN	NA	$50.00
99202	HH		NEW PATIENT OFFICE OR OTHER OU	$0.00	$0.00
99203	FP		E/M INITIAL FP VISIT IN FP CLI	$83.70	$83.70
99203	FP	52	E/M INITIAL FP VISIT IN FP CLI	$79.70	$79.70
99203	HF		NEW PATIENT OFFICE OR OTHER OU	$61.14	$61.14
99203	HH		MEW PT OFFICE OR OTHER OP 30MI	$0.00	$0.00
99204	FP	52	E/M INITIAL FP VISIT IN FP CLI	$79.70	$79.70
99204	HF		NEW PATIENT OFFICE OR OTHER PA	$92.31	$92.31
99204	HH		NEW PT OFFICE OR OTHER OP 45MI	$0.00	$0.00
99204	SB	52	E/M INITIAL FP VISIT IN FP CL	NA	$27.50
99205	HF		NEW PATIENT OFFICE OR OTHER OU	$115.60	$115.60
99205	HH		NEW PT OFFICE OR OTHER OP 60MI	$0.00	$0.00
99211			ESTABLISHED PATIENT OFFICE OR	$16.00	$14.00

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DME/P&O				**PURCHASE**	**RENTAL**
99211	FP		E/M FOLLOW UP VISIT--FP CLINIC	$41.90	$41.90
99211	FP	SB	E/M FOLLOW UP VS. BY CNM IN FP	NA	$16.40
99211	FP	52	E/M FOLLOW UP VISIT--FP CLINIC	$37.90	$37.90
99211	HF		PRESCRIPTION VISIT IN NARCOTIC	NA	$16.00
99211	HG		PHYSICIAN VISIT-EST PT IN OTF	NA	$25.00
99211	HH		OFFICE OR OTHER OUTPATIENT VIS	$0.00	$0.00
99211	HV		PRESCRIPTION VISIT IN SA CENTE	NA	$16.00
99211	SA		E/M ESTAB.PATIENT MINIMAL PROB	NA	$13.30
99211	SB		E/M ESTABLISHED PATIENT - VS B	NA	$11.20
99211	SB	52	E/M FOLLOW UP VS. BY CNM IN FP	NA	$12.40
99211	UC		E/M ESTAB.PATIENT MINIMAL PROB	$16.00	$16.00
99212	FP		E/M - FP VISIT IN FP CLINIC	$41.90	$41.90
99212	FP	52	E/M F/U VISIT IN FP CLINIC	$37.90	$37.90
99212	HF		ESTABLISHED PATIENT OFFICE OR	$49.06	$49.06
99212	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$44.15
99212	HH		ESTABLISHED PATIENT OFFICE OR	$0.00	$0.00
99212	SA	UC	E/M OFFICE/OP ESTAB PT CLINIC	NA	$44.15
99213	FP		E/M F/U VIVIT IN FAMILY PLANNI	$41.90	$41.90

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DME/P&O				**PURCHASE**	**RENTAL**
99213	FP	52	E/M F/U VISIT IN FAMILY PLANNI	$37.90	$37.90
99213	HF		ESTABLISHED PATIENT OFFICE OR	$81.60	$81.60
99213	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$73.44
99213	HH		ESTABLISHED PT OFFICE OR OTH 1	$0.00	$0.00
99213	SA	UC	E/M OFFICE/OP ESTAB PT CLINIC	NA	$73.44
99214	HF		ESTABLISHED PATIENT OFFICE OR	$119.85	$119.85
99214	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$107.87
99214	HH		ESTABLISHED PT OFFICE OR OTH 2	$0.00	$0.00
99214	SA	UC	E/M OFFICER/OP ESTAB PT CLINIC	NA	$107.87
99215	HF		ESTABLISHED PATIENT OFFICE OR	$161.06	$161.06
99215	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$144.95
99215	HH		ESTABLISHED PATIENT OFFICE OR	$0.00	$0.00
99215	SA	UC	E/M OFFICE/OP ESTAB PT CLINIC	NA	$144.95
99231			SUBSEQUENT HOSPITAL INPATIENT	$23.50	$20.60
99231	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	$19.60
99231	SB		E/M SUBSEQUENT HOSPITAL CARE B	NA	$16.50
99241			PATIENT OFFICE CONSULTATION, T	$44.00	$37.00
99241	SA		E/M OFFICE/OP CONSULT NEW/ESTA	NA	$35.15

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DME/P&O				**PURCHASE**	**RENTAL**
99242			PATIENT OFFICE CONSULTATION, T	$64.70	$54.40
99242	SA		E/M OFFICE OP CONSULT NEW/EST	NA	$51.68
99243			PATIENT OFFICE CONSULTATION, T	$64.70	$54.40
99243	SA		E/M OFFICE/OP CONSULT NEW/EST	NA	$51.68
99244			PATIENT OFFICE CONSULTATION, T	$91.10	$77.90
99244	SA		E/M OFFICE/OP CONSULT NEW/ESTA	NA	$74.00
99244	SM		CONSULTATION FOR SECOND OPINIO	$73.50	$62.50
99244	SN		CONSULTATION FOR THIRD OPINION	$73.50	$62.50
99245			PATIENT OFFICE CONSULTATION, T	$91.10	$77.90
99251			INPATIENT HOSPITAL CONSULTATIO	$34.50	$29.30
99252			INPATIENT HOSPITAL CONSULTATIO	$64.70	$54.40
99253			INPATIENT HOSPITAL CONSULTATIO	$64.70	$54.40
99254			INPATIENT HOSPITAL CONSULTATIO	$91.10	$77.90
99255			INPATIENT HOSPITAL CONSULTATIO	$91.10	$77.90
99281			EMERGENCY DEPARTMENT VISIT, SE	$16.00	$14.00
99281	SA		E/M EMERG.DEPT. VISIT NEW/EST	NA	$13.30
99282			EMERGENCY DEPARTMENT VISIT, LO	$23.50	$20.60
99282	SA		E/M EMERG. DEPT.VISIT NEW/EST	NA	$19.60

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DME/P&O				**PURCHASE**	**RENTAL**
99324			NEW PATIENT ASSISTED LIVING VI	$28.06	$23.85
99339			PHYSICIAN SUPERVISION OF PATIE	$39.10	$33.24
99340			PHYSICIAN SUPERVISION OF PATIE	$54.96	$46.72
99347			ESTABLISHED PATIENT HOME VISIT	$35.00	$35.00
99347	SA		E/M HOME VISIT ESTABLISHED PT	NA	$33.30
99348			ESTABLISHED PATIENT HOME VISIT	$51.50	$51.50
99348	SA		E/M HOME VISIT ESTABLISHED PT	NA	$48.90
99354			PROLONGED PHYSICANSERVICE FIRS	$66.20	$58.80
99354	SA		PROLONGED DETENTION SERVICE FI	NA	$55.90
99355			PROLONGED PHYSICIAN SERVICE 30	$33.10	$29.40
99355	SA		PROLONGED DETENTION SERVICE 30	NA	$27.90
99356			PROLONGED PHYS SERVIC INPATIEN	$66.20	$58.80
99358			PROLONGED EVALUATION AND MANAG	$56.76	$48.25
99359			PROLONGED EVALUATION AND MANAG	$27.39	$23.28
99366			MEDICAL TEAM CONFERENCE WITH P	$21.81	$18.53
99366	HH		MEDICAL TEAM CONFERENCE W/INTE	$0.00	$0.00
99367			MEDICAL TEAM CONFERENCE WITH P	$28.83	$24.51
99367	HH		MED TEAM CONFER W/ FTF 30MIN O	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
99368			MEDICAL TEAM CONFERENCE WITH N	$18.74	$15.93
99368	HH		MED TEAM CONF W/ NONPHYSICIAN	$0.00	$0.00
99385			E/M INITIAL PREV.MED AGES 18-3	$32.30	$25.00
99385	EP	HU	CHEC VISIT FOR AGES 18 TO 21	NA	$335.00
99385	HU	SA	CHEC VISIT AGES 18-21	NA	$318.25
99385	SA		E/M INITIAL PREV MED AGES 18 T	NA	$23.80
99385	SB		E/M INITIAL PREV MED AGES 18-3	NA	$22.60
99386			E/. INITIAL PREV.MED. AGES 40-	$32.30	$25.00
99386	SA		E/M INITIAL PREV.MED. AGES 40-	NA	$23.80
99386	SB		E/M INITIAL PREV MED AGES 40-6	NA	$22.60
99387			INITIAL NEW PATIENT PREVENTIVE	$32.30	$25.00
99387	SA		E/M INITIAL PREV. MED AGES 65	NA	$23.80
99387	SB		E/M INITIAL PREV MED AGE 65 +	NA	$22.60
99395			ESTABLISHED PATIENT PERIODIC P	$32.30	$25.00
99395	FP		E/M PERIODIC EVAL EST PT WO BI	$79.70	$79.70
99395	FP	SB	E/M PERIODIC EVAL.EST. PATIENT	NA	$31.50
99395	FP	22	E/M PERIODIC EVAL EST PT IN FP	$83.70	$83.70
99395	SA		E/M EST PT PREV MED AGES 18-39	NA	$23.80

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DME/P&O				**PURCHASE**	**RENTAL**
99395	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$22.60
99395	SB	52	E/M PERIODIC EVAL.IN FP CLINIC	NA	$27.50
99396			ESTABLISHED PATIENT PERIODIC P	$32.30	$25.00
99396	SA		E/M EST.PT. PREV.MED. AGES 40-	NA	$23.80
99396	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$22.60
99397			ESTABLISHED PATIENT PERIODIC P	$32.30	$25.00
99397	SA		E/M EST.PT. PREV.MED. AGES65&	NA	$23.80
99397	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$22.60
99401			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99402			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99403			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99404			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99406	HH		SMOKE & TOBACCO CESS COUN 3-10	$0.00	$0.00
99407	HH		SMOKEING & TOB USE CESS COUN >	$0.00	$0.00
99408			ALCOHOL AND/OR SUBSTANCE ABUSE	$15.21	$12.93
99408	HH		ALC&/OR SUBSTANCE SBIRT 15-30M	$0.00	$0.00
99409			ALCOHOL AND/OR SUBSTANCE ABUSE	$29.84	$25.36
99409	HH		ALC &/OR SUBSTANCE SBIRT >30MI	$0.00	$0.00

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DME/P&O				**PURCHASE**	**RENTAL**
99412	HH		E/M COUNSEL/GROUP, APPOX, 60 M	$0.00	$0.00
99415			PROLONGED OFFICE OR OTHER OUTP	$5.03	$4.28
99416			PROLONGED OFFICE OR OTHER OUTP	$2.31	$1.96
99420	HH		E/M ADM INTERP HLTH RISK ASSES	$0.00	$0.00
99441			PHYSICIAN TELEPHONE PATIENT SE	$7.03	$5.98
99441	HH		TELEPHONE EVAL & MGMT 5-10 MIN	$0.00	$0.00
99442			PHYSICIAN TELEPHONE PATIENT SE	$13.70	$11.64
99442	HH		TELEPHONE EVAL & MGMT 11-20MIN	$0.00	$0.00
99443			PHYSICIAN TELEPHONE PATIENT SE	$20.18	$17.15
99443	HH		TELEPHONE EVAL & MGMT 21-30MIN	$0.00	$0.00
99444			PHYSICIAN OR HEALTH CARE PROFE	BY REPORT	BY REPORT
99446			TELEPHONE OR INTERNET ASSESSME	BY REPORT	BY REPORT
99447			TELEPHONE OR INTERNET ASSESSME	BY REPORT	BY REPORT
99448			TELEPHONE OR INTERNET ASSESSME	BY REPORT	BY REPORT
99449			TELEPHONE OR INTERNET ASSESSME	BY REPORT	BY REPORT
99477			INITIAL INTENSIVE CARE OF NEWB	$179.60	$152.66
99483			ASSESSMENT OF AND CARE PLANNIN	$134.13	$114.01
99483	26		ASSESSMENT OF AND CARE PLANNIN	$91.26	$77.57

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MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective July 1, 2019	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99484			CARE MANAGEMENT SERVICES FOR B	$24.79	$21.07
99484	26		CARE MANAGEMENT SERVICES FOR B	$16.34	$13.88
99487			COMPLEX CHRONIC CARE MANAGEMEN	$46.49	$39.52
99488			COMPLEX CHRONIC CARE COORDINAT	BY REPORT	BY REPORT
99489			COMPLEX CHRONIC CARE MANAGEMEN	$23.86	$20.28
99490			CHRONIC CARE MANAGEMENT SERVIC	$21.33	$18.13
99492			INITIAL PSYCHIATRIC COLLABORAT	$83.28	$70.78
99492	26		INITIAL PSYCHIATRIC COLLABORAT	$45.03	$38.27
99493			SUBSEQUENT PSYCHIATRIC COLLABO	$66.11	$56.19
99493	26		SUBSEQUENT COLLABORATIVE CARE	$40.73	$34.62
99494			INITIAL OR SUBSEQUENT PSYCHIAT	$34.21	$29.08
99494	26		INITIAL OR SUBSEQUENT PSYCHIAT	$21.91	$18.62
99496			TRANSITIONAL CARE MANAGEMENT S	$119.54	$101.61
99496	26		TRANSITIONAL CARE MANAGEMENT S	$80.90	$68.76
99497			ADVANCE CARE PLANNING BY THE P	$43.04	$36.58
99498			ADVANCE CARE PLANNING BY THE P	$37.86	$32.18
99499			E/M UNLISTED PROCEDURE	BY REPORT	BY REPORT
99500	TH		NST/FHR MONITORING AT HOME	CONTRACT PRICING	NA

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CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99502			HOME VS NEWBORN CARE & ASSESSM	$35.00	$35.00
99502	SA		HOME VS NEWBORN CARE & ASSESSM	$33.25	$33.25
99504			HOME VS PTS RECEIVING MECHAN V	$35.00	$35.00
99600			UNLISTED HOME VISIT/PROCEDURE	BY REPORT	BY REPORT

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